

SUSPECTED CHILD ABUSE REPORT

**To Be Completed by Mandated Child Abuse Reporters
Pursuant to Penal Code Section 11166**

CASE NAME **Green**
 CASE NUMBER **6834992**

PLEASE PRINT OR TYPE

Part A: Reporting Party	NAME OF MANDATED REPORTER Sarah Kensington	TITLE Therapist	MANDATED REPORTER CATEGORY Therapist
	REPORTER'S BUSINESS/AGENCY NAME AND ADDRESS Community Counseling Services, Anytown, 1901 Washington Street, USA 63123	Street City Zip	DID MANDATED REPORTER WITNESS THE INCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	REPORTER'S TELEPHONE (DAYTIME) 800-555-1212	SIGNATURE	TODAY'S DATE

Part B: REPORT NOTIFICATION	<input type="checkbox"/> LAW ENFORCEMENT <input type="checkbox"/> COUNTY PROBATION <input checked="" type="checkbox"/> COUNTY WELFARE/CPS (Child Protective Services)	AGENCY County Child Protective Services
	ADDRESS Street City Zip 122 Welfare Lane	DATE/TIME OF PHONE CALL 00/00/0000 5:30 PM
	OFFICIAL CONTACTED - TITLE Ms. Ms. Deirdre Taylor, Child Abuse Hotline Operator	TELEPHONE 800-555-1122

Part C: VICTIM One Report Per Victim	NAME (LAST, FIRST, MIDDLE) Green, Samara (Sammi)		BIRTH DATE OR APPROX. AGE 9-years-old	SEX F	ETHNICITY English	
	ADDRESS Street City Zip 3456 Smith Avenue, Anytown, USA			TELEPHONE (314) 555-1212		
	PRESENT LOCATION OF VICTIM Same as above		SCHOOL Jefferson Elementary	CLASS Ms. Hamilton	GRADE 3	
	PHYSICALLY DISABLED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	DEVELOPMENTALLY DISABLED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	OTHER DISABILITY (SPECIFY)		PRIMARY LANGUAGE SPOKEN IN HOME Spoken in home	
	IN FOSTER CARE? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	IF VICTIM WAS IN OUT-OF-HOME CARE AT TIME OF INCIDENT, CHECK TYPE OF CARE: <input type="checkbox"/> DAY CARE <input type="checkbox"/> CHILD CARE CENTER <input type="checkbox"/> FOSTER FAMILY HOME <input type="checkbox"/> FAMILY FRIEND <input type="checkbox"/> GROUP HOME OR INSTITUTION <input type="checkbox"/> RELATIVE'S HOME		TYPE OF ABUSE (CHECK ONE OR MORE) <input type="checkbox"/> PHYSICAL <input checked="" type="checkbox"/> MENTAL <input type="checkbox"/> SEXUAL <input type="checkbox"/> NEGLIGENCE <input type="checkbox"/> OTHER (SPECIFY)		
	RELATIONSHIP TO SUSPECT Daughter	PHOTOS TAKEN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	DID THE INCIDENT RESULT IN THIS VICTIM'S DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK			

Part D: INVOLVED PARTIES Victim's Siblings Victim's Parents/Guardians Suspect	NAME BIRTH DATE SEX ETHNICITY		NAME BIRTH DATE SEX ETHNICITY		
	1. James Green Approx 13 years M		3.		
	2. Anthony Hartwin Jr Approx 2 years M		4.		
	NAME (LAST, FIRST, MIDDLE) Hartwin, Anna K.		BIRTH DATE OR APPROX. AGE Approx 30	SEX F	ETHNICITY
	ADDRESS Street City Zip 3456 Smith Avenue, Anytown, USA 63123		HOME PHONE (800) 555-1122	BUSINESS PHONE Dollar General, Midtown	
	NAME (LAST, FIRST, MIDDLE) Green, William		BIRTH DATE OR APPROX. AGE Approx 32	SEX M	ETHNICITY
	ADDRESS Street City Zip 6789 Utica Blvd., Anytown, USA 63123		HOME PHONE (800) 555-2323	BUSINESS PHONE Unknown	
	SUSPECTS NAME (LAST, FIRST, MIDDLE) Hartwin, Anthony (Tony) Sr.		BIRTH DATE OR APPROX. AGE Approx 3q	SEX M	ETHNICITY
	ADDRESS Street City Zip 3456 Smith Avenue, Anytown, USA 63123		HOME PHONE (800) 555-3232	BUSINESS PHONE	
	OTHER RELEVANT INFORMATION Stepfather to victim; biological father to Anthony Hartwin Jr.				

Part E: INCIDENT INFORMATION	IF NECESSARY, ATTACH EXTRA SHEET(S) OR OTHER FORM(S) AND CHECK THIS BOX <input type="checkbox"/> IF MULTIPLE VICTIMS, INDICATE NUMBER:	
	DATE/TIME OF INCIDENT 00/00/0000 3:30PM	PLACE OF INCIDENT Hartwin Residence; 3456 Smith Avenue
	NARRATIVE DESCRIPTION (What victim(s) said/what the mandated reporter observed/what person accompanying the victim(s) said/similar or past incidents involving the victim(s) or suspect) Ms. Kensington reported that during an in-home therapy session this afternoon, she and Sammi were discussing "personal space" and "touches." Sammi stated that "Tony" touched her "privates." Ms. Kensington asked which Tony she was referring to--"baby Tony" or "Daddy Tony" to which Sammi answered, "Daddy Tony." Ms. Kensington completed the therapy session, returned to her office and made the call. She is not aware of any previous incidents or history but noted that Mr. Hartwin is a stay-at-home Dad who care for the children when Mrs. Hartwin works.	