

State \_\_\_\_\_ County \_\_\_\_\_ Case # \_\_\_\_\_ Childrens' Names \_\_\_\_\_

Parties' Names \_\_\_\_\_ Versus \_\_\_\_\_ Birthdate(s) / Gender \_\_\_\_\_

Child Disclosed:  Physical Abuse  Sexual Abuse  Child Pornography  Domestic Violence Reported To \_\_\_\_\_

Identified Perpetrator \_\_\_\_\_ Children Live With \_\_\_\_\_ Alleged Parental Alienation Syndrome (Y/N) \_\_\_\_\_

Please assign a grade based on ensuring child safety from a perpetrator of physical/ sexual child abuse/dominant agresor of domestic violence.

A = Ordered or Recommended permanent appropriate protection to ensure child safety.

B = Ordered or Recommended temporary protection and supervised visitation of the perpetrator/aggressor with a professional monitor.

C = Ordered or Recommended temporary protection and supervised visitation of the perpetrator/aggressor with a relative.

D = Ordered or Recommended shared custody without appropriate protection to ensure child safely

F = Ordered or Recommended placement with a perpetrator and/or supervised/no contact with a protective parent

Professional	County Practicing In	First and Last Name	Grade	Reason For Grade
Judge				
Judge				
Judge				
Judge				
Judge				
Judge				
Judge				
Commissioner				
Commissioner				
Commissioner				
Referee (Juvenile)				
Referee (Juvenile)				

<b>Professional</b>	<b>County Practicing In</b>	<b>First and Last Name</b>	<b>Grade</b>	<b>Reason For Grade</b>
<b>Evaluator</b>				
<b>Evaluator</b>				
<b>Amount charged to Mother</b>		<b>Amount charged to Father</b>		

<b>Mediator</b>				
<b>Mediator</b>				
<b>Mediator</b>				
<b>Mediator</b>				
<b>Mediator</b>				
<b>Social Worker</b>				
<b>Social Worker</b>				
<b>Social Worker</b>				
<b>Social Worker</b>				
<b>Social Worker</b>				
<b>CPS Investigator</b>				
<b>CPS Investigator</b>				
<b>CPS Investigator</b>				
<b>Police</b>				
<b>Police</b>				
<b>Police</b>				
<b>Sheriff</b>				
<b>Sheriff</b>				
<b>Sheriff</b>				
<b>District Attorney</b>				

<b>Professional</b>	<b>County Practicing In</b>	<b>First and Last Name</b>	<b>Grade</b>	<b>Reason For Grade</b>
<b>District Attorney</b>				
<b>District Attorney</b>				
<b>Advocate for Child</b>				
<b>Advocate for Child</b>				
<b>Advocate for DV Victim</b>				
<b>Advocate for DV Victim</b>				
<b>Therapist - Child</b>				
<b>Therapist - Child</b>				
<b>Therapist - Child</b>				
<b>Therapist - Mother</b>				
<b>Therapist - Mother</b>				
<b>Therapist - Mother</b>				
<b>Therapist - Father</b>				
<b>Therapist - Father</b>				
<b>Therapist - Father</b>				
<b>Therapist - Reunify</b>				
<b>Therapist - Parents</b>				
<b>Therapist - Other</b>				
<b>Attorney - Child</b>				
<b>Attorney - Child</b>				
<b>Attorney - Mother</b>				
<b>Attorney - Mother</b>				
<b>Attorney - Mother</b>				

Professional	County Practicing In	First and Last Name	Grade	Reason For Grade
Attorney - Father				
Attorney - Father				
Guardian ad Litem				
Special Master				
Special Advocate				
MDIC Interviewer				
Medical Professional				
Medical Professional				
Medical Professional				
Medical Professional				
Other				
Other				
Other				

**Contact Information**

Protective Parent Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship to Child \_\_\_\_\_