

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)				

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

Mediator				
Mediator				
Mediator				
Mediator				
Mediator				
Social Worker				
Social Worker				
Social Worker				
Social Worker				
Social Worker				
CPS Investigator				
CPS Investigator				
CPS Investigator				
Police				
Police				
Police				
Sheriff				
Sheriff				
Sheriff				
District Attorney				

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

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 _____