

NCA Trak Date: \_\_/\_\_/\_\_

CAC OF County  
Case Review Summary Sheet

Child: \_\_\_\_\_ Age: \_\_\_\_\_ Case Review Date: \_\_\_\_\_

Alleged Offender: \_\_\_\_\_ DOB \_\_\_\_\_ Relationship: \_\_\_\_\_

Referral Date: \_\_\_\_\_ Interview Date: \_\_\_\_\_

Interview Summary: FI \_\_\_\_\_  Disclosure  No Disclosure  Partial

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Concerns:

1.) \_\_\_\_\_

2.) \_\_\_\_\_

**Medical Exam**  Yes  No Examiner \_\_\_\_\_ Date \_\_\_\_\_

Reasons: \_\_\_\_\_

Conclusions/Findings: \_\_\_\_\_

**Mental Health Referral:**  Yes  No

Where: \_\_\_\_\_ Insurance Needs: \_\_\_\_\_

Reasons: \_\_\_\_\_

Concerns: \_\_\_\_\_

**Family Dynamics:**

Protective  Previous Abuse History \_\_\_\_\_

Substance Abuse Concerns  Other High Risk History \_\_\_\_\_

**CPS Resolution:**

Founded  Founded PR  Incomplete  Unfounded  N/A

Recommendations: \_\_\_\_\_

**Law Enforcement:**

Alleged Offender Interviewed  Yes  No

Next Steps: \_\_\_\_\_

Concerns/Issues: \_\_\_\_\_

District Court  Juvenile/Family Court  Superior Court

Forwarded to County Attorney  Yes  No(why) \_\_\_\_\_

County Attorney Decisions  Accept  Decline

Suggestions/Investigative Needs: \_\_\_\_\_

Charges: \_\_\_\_\_