



## Drug Endangered Children Case Specific Data Collection Form

LAW ENFORCEMENT COMPONENT			
Date	Location	Case Number	X-Ref
LEA Case Agent:		Agency:	
Social Worker:		Responded: Yes: <input type="checkbox"/> No: <input type="checkbox"/>	
Type of Operation			
<input type="checkbox"/> Search Warrant <input type="checkbox"/> Parole <input type="checkbox"/> Probation <input type="checkbox"/> Consent <input type="checkbox"/> Other **			
** Explain "Other":			
<input type="checkbox"/> Open		<input type="checkbox"/> Closed	
<input type="checkbox"/> Pending			
Adult/Defendant	Relationship to Children	Arrested	Convicted of 273 PC
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drugs			
<input type="checkbox"/> Meth <input type="checkbox"/> Marijuana <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin <input type="checkbox"/> LSD <input type="checkbox"/> Other **			
** Other Types Explain:			
Drug Weights: Type/Grams/Dosage/Units/# of Plants:			
Drugs: Type/Street Value:			
Clandestine Lab			
<input type="checkbox"/> Meth <input type="checkbox"/> Butane Honey Oil <input type="checkbox"/> Precursor <input type="checkbox"/> Other              Type:			
Production Capacity:			
WSIN/E.P.I.C./LA Clear Cards Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Drug Paraphernalia: <input type="checkbox"/> Yes <input type="checkbox"/> No		Location:	
Weapons			
Weapons <input type="checkbox"/> Yes <input type="checkbox"/> No		Type/Location/Condition Found:	
# Shotguns	# Rifles	# Handguns	Full-Auto <input type="checkbox"/> Yes <input type="checkbox"/> No
Arrests			
Adults:	Juveniles:	Felony:	Misd: Other:
Child Endangerment			
# Defendants Arrested:		PC 273a	PC 273b
300 W&I Action: <input type="checkbox"/> Yes <input type="checkbox"/> No		Children Removed:	Children Removed w/o CPS

**Drug Testing**

<input type="checkbox"/> Hair	<input type="checkbox"/> Urine	<input type="checkbox"/> Blood				
# of Children Positive for CS:	Meth <input type="checkbox"/>	Cocaine <input type="checkbox"/>	Heroin <input type="checkbox"/>	Marijuana <input type="checkbox"/>	Other <input type="checkbox"/>	Unk. <input type="checkbox"/>
If unknown explain:						

**PROSECUTION COMPONENT**

Case Referred for Prosecution:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Charges Filed:				

**Conviction Type**

# Trials	# Pleas	# Felony	# Misd.	#273a	#273b
<input type="checkbox"/> Acquittal	<input type="checkbox"/> Case Dismissed/Dropped	<input type="checkbox"/> Referred to Other Jurisdiction			

**Dispositions**

# Sentenced Prison:	# Sentenced Jail:	# to Probation:	# to Diversion:
Probation Revocation:	Parole Revocation:	Restitution Ordered:	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CHILDREN SERVICES COMPONENT**

**Type of Abuse**

<input type="checkbox"/> Physical	<input type="checkbox"/> Psychological	<input type="checkbox"/> Sexual	<input type="checkbox"/> Emotional	<input type="checkbox"/> Neglect
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**Type of Response**

<input type="checkbox"/> On-Site	<input type="checkbox"/> Less than 24 hrs	<input type="checkbox"/> 24 hrs – 10 days	<input type="checkbox"/> 11 days or more
Prior CSD History	<input type="checkbox"/> Yes <input type="checkbox"/> No	Child Interviews Conducted	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Services Offered**

Parent/ Caretaker	<input type="checkbox"/> Yes <input type="checkbox"/> No	Parents Ordered Drug Testing	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical</b>	<input type="checkbox"/> Initial Medical Assessment	<input type="checkbox"/> 0-6 months	<input type="checkbox"/> 6-12 months <input type="checkbox"/> No services
<b>Dental</b>		<input type="checkbox"/> 0-6 months	<input type="checkbox"/> 6-12 months <input type="checkbox"/> No services
<b>Educational</b>		<input type="checkbox"/> 0-6 months	<input type="checkbox"/> 6-12 months <input type="checkbox"/> No services
<b>Counseling</b>		<input type="checkbox"/> 0-6 months	<input type="checkbox"/> 6-12 months <input type="checkbox"/> No services

Child #	Sex	Age	Detained	Initial Placement	Placement 0-6 months	Placement 0-12 months
1.			Yes/No	Foster Home/Relative	Foster Home/Relative	Foster Home/Relative
2.			Yes/No	Foster Home/Relative	Foster Home/Relative	Foster Home/Relative
3.			Yes/No	Foster Home/Relative	Foster Home/Relative	Foster Home/Relative
4.			Yes/No	Foster Home/Relative	Foster Home/Relative	Foster Home/Relative
5.			Yes/No	Foster Home/Relative	Foster Home/Relative	Foster Home/Relative

Adopt Out:	<input type="checkbox"/> Yes <input type="checkbox"/> No	List child by number if adopted out:
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\*\* Explain:

Medical Care:

Children Service Narrative:

Referrals/Follow-up Appointments:

Case Dispo Last Updated:							
	Date	Initials	Date	Initials	Date	Initials	Date Initials