

Date: _____ Location: _____ Case #: _____

Type of Operation _____ County: _____

Case Agent (Full Name/ID#): _____

Other related case numbers: _____

Social Worker (name and #, including Area Code): _____

Social Worker Respond to Scene: YES NO Prior CPS History: YES NO

Adults/Defendants (Last Name, First Name)	Relationship to Children	Arrested
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Child Name	DOB	Age	Sex	Med. Eval.	Toxicology (+/-)	Detained (Y/N)	Placement (FH/Rel) (Other)
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Photos Taken: YES NO Child Interviews Conducted: YES NO Total Children: _____

CARE OF MINOR CHILD FACT SHEET

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At time of arrest:

_____ Condition of Home:

Weapons: YES NO Loaded: YES NO Location: _____

Drugs:

Meth Lab Seized: YES NO

Chemicals Present: YES NO

Type of drug seized (one drug per line):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Drug Paraphernalia (one drug per line):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Location of Narcotics/Paraphernalia:

Dangerous Conditions:

Room Locked: YES NO Open Containers: YES NO Type: _____

Containers in reach of child: YES NO Which Child: _____

Other dangerous conditions present:

Investigative Synopsis:

Please attach the summary section of your report to this fact sheet before sending to BNE Headquarters.