MDT Case Review Form

VICTIM: _____ DOB: _____

Parents/Guardian: _____

County where crime occurred:_____

Alleged Perperator:_____

Investigative Law Enforcement Officer: _____

Cabinet for Health & Family Services: _____

Forensic Interviewer: _____ Date:_____

DETECTIVE: _____ SOCIAL WORKER: _____

DISCLOSURE:

_____

_____

_____

ARE THERE ADA or CULTURAL NEEDS/CONCERNS TO CONSIDER FOR THIS CHILD OR FAMILY? Yes No

MEDICAL EXAM: Yes No If yes: When _____Where_____

Case Review Notes: (Provide date of review /brief discussion/follow-up)

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Rev. 3/2016

Case Review Notes: (Provide date of review)