

### Notification to Law Enforcement APS reports Please type or print

Involved Adult: \_\_\_\_\_ Date Received by APS: \_\_\_\_\_

To: \_\_\_\_\_ Police Dept. \_\_\_\_\_ Sheriff Dept. \_\_\_\_\_ County Atty. \_\_\_\_\_ District Atty. \_\_\_\_\_ Attorney General

Police or Sheriff Dept.: \_\_\_\_\_ County or District Atty.: \_\_\_\_\_

From: \_\_\_\_\_ DCF Region: \_\_\_\_\_ Date: \_\_\_\_\_

The Department for Children and Families (DCF) has received a report of abuse, neglect, or exploitation of an adult, which is being reported to your agency in accordance with the state statute K.S.A. 39-1433 regarding Reporting Abuse, Neglect, or Exploitation of Certain Persons. DCF is a mandated reporter to law enforcement when a criminal act has occurred or appeared to occur. **Your review of this matter is requested. If your agency plans to proceed with an investigation or other action, please contact us.**

Date report received by DCF: \_\_\_\_\_

Allegation Type(s): \_\_\_\_\_ Abuse \_\_\_\_\_ Neglect \_\_\_\_\_ Exploitation \_\_\_\_\_ Fiduciary Abuse \_\_\_\_\_ Sexual Abuse

Allegation Information (Please type a summary of the allegation):

\_\_\_\_\_ APS Specialist requesting Law Enforcement accompany on Home Visit

DCF is mandated to initiate an investigation within: \_\_\_\_\_ 24 hrs. \_\_\_\_\_ 3 working days \_\_\_\_\_ 5 working days

Please notify us immediately if you DO NOT want DCF to proceed without coordinating our investigation with your department. Per K.S.A. 39-1433(3) APS must complete its investigation within 30 working days, however, if conducting the investigation within 30 working days would interfere with an ongoing criminal investigation, the time period for the investigation shall be extended, but the investigation and evaluation shall be completed within 90 working days. The investigation may be reopened and a new finding made based on additional evidence provided as a result of the criminal investigation.

**INVOLVED ADULT INFORMATION (Please Type):**

Name (Last, First): \_\_\_\_\_ DOB/Age: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ County: \_\_\_\_\_

**ALLEGED PERPETRATOR INFORMATION (Please Type):**

**ALLEGED PERPETRATOR 1:**

Name (Last, First): \_\_\_\_\_ DOB/Age: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ County: \_\_\_\_\_

Relationship to Involved Adult: \_\_\_\_\_

**ALLEGED PERPETRATOR 2:**

Name (Last, First): \_\_\_\_\_ DOB/Age: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ County: \_\_\_\_\_

Relationship to Involved Adult: \_\_\_\_\_

**ALLEGED PERPETRATOR 3:**

Name (Last, First): \_\_\_\_\_ DOB/Age: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_ County: \_\_\_\_\_

Relationship to Involved Adult: \_\_\_\_\_

**Notification to Law Enforcement APS reports**  
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**Involved Adult:** \_\_\_\_\_ **Date Received by APS:** \_\_\_\_\_

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**ALLEGED PERPETRATOR 4:**

**Name (Last, First):** \_\_\_\_\_ **DOB/Age:** \_\_\_\_\_ **M** \_\_\_\_\_ **F** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Relationship to Involved Adult:** \_\_\_\_\_

**Report submitted by:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**APS Specialist- Attach a copy of the PPS 10100 and 10110**

