

### Notification to Law Enforcement of APS Substantiated Finding Please type or print

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

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

Police or Sheriff Dept.: \_\_\_\_\_ Law enforcement Dept \_\_\_\_\_ County or District Atty.: \_\_\_\_\_ Name \_\_\_\_\_

DCF Region: East, Kansas City, West, Wichita Submission Date: \_\_\_\_\_ Date \_\_\_\_\_

The Department for Children and Families (DCF) has received and investigated a report of abuse, neglect, or exploitation of the involved adult named below. **The finding from this investigation has been substantiated.** Per statute, this information is being provided to the Attorney General's Office, and your agency may be contacted in regard to the investigation. Your review of this report is requested. If your agency has not been involved and plans to proceed with an investigation or other action, please contact us.

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

Allegation Type(s):  Abuse  Neglect  Financial Exploitation  Sexual Abuse

Closure Summary information:

#### INVOLVED ADULT INFORMATION:

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

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

Phone: \_\_\_\_\_ Phone numbers \_\_\_\_\_ County: \_\_\_\_\_ County \_\_\_\_\_

#### SUBSTANTIATED PERPETRATOR INFORMATION IDENTIFIED

##### SUBSTANTIATED PERPETRATOR:

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

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

Phone: \_\_\_\_\_ Phone numbers \_\_\_\_\_ County: \_\_\_\_\_ County \_\_\_\_\_

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

Report submitted by: \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone number \_\_\_\_\_ Fax: \_\_\_\_\_ Fax number \_\_\_\_\_

Assigned Adult Protective Specialist: \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone number \_\_\_\_\_ Fax: \_\_\_\_\_ Fax number \_\_\_\_\_

Adult Protective Specialist Email: \_\_\_\_\_

APS Specialist - Attach a copy of the CAP (if applicable).

Continued from Previous page:

