

**CHILD ABUSE AND NEGLECT
 PROTECTIVE SERVICE ALERT REPORT**

Type only. Do not complete by hand.

Date whereabouts became unknown (month, day, year):

| <u>Caretaker (s)</u> (last name, first name, middle initial) | <u>Birth date</u> (month, day, year) | <u>M-male, F-female</u> | <u>Race</u> | <u>Social security number</u> |
|---|---|-----------------------------|-------------|-------------------------------|
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| <u>Child (ren)</u> (last name, first name, middle initial) | <u>Birth date</u> (month, day, year) | <u>M-male, F-female</u> | <u>Race</u> | <u>Social security number</u> |
|---|---|-----------------------------|-------------|-------------------------------|
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Name / description of each caretaker believed to have physical custody of child.

Name / description of each child

Summary of situation / reason for alert

Special needs of child

Suspected destination

Mode of transportation

Usual source of income

Instructions if child / caretaker is / are found:

Action taken by Agency:

- Notified Law Enforcement
- Notified Court for Pick-Up Order
- Warrant Issued for Arrest of Caretaker(s) with Child(ren)
- Other

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| | |
|----------------------|-----------------------|
| Agency name | Telephone Number |
| Street address | City, State, Zip Code |
| Contact Person Name: | Telephone Number |

Case situation: Child Abuse / Neglect Investigation Was in Process
 Child Abuse / Neglect Report Was Received but Not Initiated

Date of Court Ordered for Protective Custody: _____
Date Custody Obtained: _____
Child(ren) Taken in Violation of: _____
Other: _____

| | | |
|---------------------------------|------------------------------------|---------|
| Name of Person Completing Form: | Date Completed: (month, day, year) | County: |
|---------------------------------|------------------------------------|---------|

Attachment(s) None Court Order Copies Warrant Copies Medical Information
 Photo(s) Additional Information

STATE REQUESTING THE PROTECTIVE SERVICE ALERT:

KANSAS SERVICE SEARCH DONE? YES NO

Additional information:

