State of Kansas
Department for Children and Families
Prevention and Protection Services

PPS 10350
REV 07/2021

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 Types(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).

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