|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | MISSOURI DEPARTMENT OF SOCIAL SERVICES  CHILDREN’S DIVISION  **COURTESY REQUEST** | | | | | | | | | |
| **Case Name** | | | | | | **Incident Number** | | **Report Date** | | |
| **Address** | | | | | | | | **Home Phone** | | |
| **Request County** | | **Requesting Worker** | | | | **Phone** | | **Request Date** | | |
| **Brief description of reported allegations/additional information:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **Requested Contacts/Information may require:** 24 or 72 hour contacts; development or signing of safety plan; secure signed release forms; distribute CS-24 or 24A; observe/document injuries; assure medical attention/treatment/follow-up/SAFE exam; conduct interviews with victims/siblings/collaterals/perpetrators…etc.; initiate law enforcement involvement or co-involvement; or other (describe). | | | | | | | | | | |
| **Request**: | | | | | | | | | | |
|  | | | | | | | | | | |
| **Contact Deadlines:** | | | **24 hours**  **72 hours**  **Other (Date)** | | | |  | | | |
| **Courtesy County** | | **Courtesy Worker** | | | | **Phone** | | | | **Date Assigned** |
| **Courtesy Narrative** (Please include dates/times/locations of interviews/contacts): | | | | | | | | | | |
|  | | | | | | | | | | |
| **Documents Attached** (Reports, Releases, Records, etc...)**:** | | | | |  | | | | | |
| **Documents Given** (CS-24, CS-24a, etc...)**:** | | | |  | | | | | **Date Completed** | |