

**Sexual Abuse of Children**

Victim's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Your Name and Relationship (Parent/Guardian) to Minor Child: \_\_\_\_\_

\_\_\_\_\_

If Parent/Guardian is married, Spouse's Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

When/where is best time to reach you? \_\_\_\_\_

Date(s) of Incident(s) (approximate time(s) if known) \_\_\_\_\_

Location of Incident(s) \_\_\_\_\_

Perpetrator's Name/Address \_\_\_\_\_

Any known details of Incident(s) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did your child go to the ER? YES \_\_\_\_\_ NO \_\_\_\_\_

Was a Rape Kit done @ ER? YES \_\_\_\_\_ NO \_\_\_\_\_

Were police called to the scene? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, do you have a copy of incident report? YES \_\_\_\_\_ NO \_\_\_\_\_

Which Police or Sheriff's department came for report?  
\_\_\_\_\_

Is your child under any psychiatric or psychological care as a result? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, the name of the physician: \_\_\_\_\_

Was the perpetrator (rapist) known to you or your child? \_\_\_\_\_

If so, how long have you or your child known the perpetrator? \_\_\_\_\_

Perpetrator's Address: \_\_\_\_\_

\_\_\_\_\_

Has the perpetrator attacked anyone previously? YES \_\_\_ NO \_\_\_ Unknown \_\_\_

Any other attorney involved? YES \_\_\_\_\_ NO \_\_\_\_\_