



DEPARTMENT OF JUSTICE
CRIME VICTIM AND SURVIVOR SERVICES DIVISION
Post-Assessment/Forensic Interview Summary

Form Instructions

- Fields marked with * are required. Please write clearly or use Fillable PDF option.
 - **Accuracy** – If this form is not filled out accurately or completely, the Medical Assessment or Forensic Interview report will be requested.
 - **Concerns of Physical or Sexual Abuse** - CVC must know if the child was referred for sexual or physical abuse so that the medical assessment can be paid in case there are no findings of a compensable crime.
 - If **referred for High Risk** environment CVC must know the nature of the “High Risk” (ex: SA, PA, DV, etc.).
 - **Crime date (if known)** - If the child is referred for multiple incidents (separate offenders) and/or has disclosed multiple crime types, then a separate application may be needed. Contact us for questions.
 - **Referred for** - reason why the child was being sent to the CAC.
 - **Disclosure content** – Disclosure noted should be what was disclosed to CAC, DHS or Law Enforcement. Additional detail/context of disclosure that the child made to Law Enforcement, DHS or CAC is required.
 - “*Child disclosed*” is not sufficient.
 - “*These diagnoses are based on the interview, medical evaluation, etc.*”
 - Disclosure content box may be used to provide additional history or relevant information.
 - Example of disclosure:
 - Highly concerning for physical abuse, bruising on right leg observed, caused by suspect hitting victim on leg with belt
 - **Child Neglect** – If a child is referred for neglect, medical findings must be listed in the disclosure box.
 - **Child Witness to Domestic Violence** – if the child witnessed physical or sexual abuse between family members, this must be included in the disclosure context box.
 - **No Compensable Disclosure** – mark “No Compensable Disclosure” when emotional abuse, psychological abuse, high risk environment, witness to a crime (not to include DV)) was disclosed.
-



DEPARTMENT OF JUSTICE
CRIME VICTIM AND SURVIVOR SERVICES DIVISION
Post-Assessment/Forensic Interview Summary

Center/CAC*: _____ Date of Visit*: _____
Patient*: _____ Patient DOB*: _____
Type of Service*: Interview Only Exam Only Interview & Exam
Reported Agency*: _____ Report #: _____ Reported Date: _____
Caseworker*: _____ Examiner*: _____
Referred For*: _____ Interviewer*: _____
Crime Date(s) or Date Range*: _____
Were there concerns of Physical or Sexual Abuse? Yes No
Crime Location*: Crime occurred out of state Crime occurred in multiple states including Oregon
(If neither are checked CVC will note that the crime happened in Oregon)

Name(s) of Alleged Suspect(s)*:

Name of Alleged Suspect Unknown
Name*: _____ DOB: _____ Relation to Victim: _____
Name: _____ DOB: _____ Relation to Victim: _____

Evaluated and Disclosure: Check ALL that apply * (If a crime type is selected the row is required)

- No Disclosure No observation of injuries
- No Compensable Disclosure (for use see form instructions)
- Physical Abuse/Karly's Law: Observed by CAC Disclosed to CAC/LEA/DHS
- Sexual Abuse: Medical Finding Disclosed to CAC/LEA/DHS
- Drug Endangered Child: Child's Positive Labs; Child's labs positive for: _____
- Child Neglect: Medical Finding Disclosed to CAC/LEA/DHS
- Witness to Domestic Violence (witness SA, PA, DV): Disclosed to CAC/LEA/DHS
(*Explain in Disclosure Content Box Below*)

Disclosure Content* (*This field is required.* Include injuries, medical findings, disclosure (please provide context of injury), and CAC assessment and/or diagnosis): (*For examples, see instruction page*)