

Emergency Services AFTER HOURS ALERT

DATE

Case Information

CASEWORKER	EXT	SUPERVISOR	EXT
AFTER HOURS CONTACT PHONE		AFTER HOURS CONTACT PHONE	
CASE NAME		CASE NUMBER	
TYPE OF CUSTODY		EX PARTE <input type="checkbox"/> YES <input type="checkbox"/> NO	MAGISTRATE/JUDGE
MOTHER		FATHER	
CHILD/DOB		CHILD/DOB	
CHILD/DOB		CHILD/DOB	

Additional Information *(additional information the worker should know, i.e., child's special needs)*

Caseworker Safety Concerns

<input type="checkbox"/> DRUGS	<input type="checkbox"/> GANGS	<input type="checkbox"/> WEAPONS	<input type="checkbox"/> VIOLENCE	<input type="checkbox"/> ANIMALS
EXPLAIN				
ACTIVE SAFETY PLAN <input type="checkbox"/> YES <input type="checkbox"/> NO		OVERSIGHT/CONTACT INFORMATION		

Type of Placement

<input type="checkbox"/> OWN HOME	<input type="checkbox"/> RELATIVE HOME	<input type="checkbox"/> FOSTER HOME	<input type="checkbox"/> GROUP HOME	<input type="checkbox"/> HOSPITAL
ADDRESS				

Paperwork Attached *(i.e., exparte, care agreements, clinic screens, juvenile record, referral)*

What do you want Emergency Services to do? *(clinic screen, care agreements, etc)*

<input type="checkbox"/> FOR NEWBORN DISCHARGE, NEWBORN PHOTO NEEDED
1.
2.
3.

Proposed Resolution *(be specific, also if proposed resolution requires an exparte, please include reasons for the exparte)*

SUPERVISOR SIGNATURE

DEPARTMENT MANAGER SIGNATURE

INTAKE SUPERVISOR/MANAGER SIGNATURE

*Use E-Sign (top left of screen), then choose fill & sign yourself to sign on signature lines