



## Serious Injury Report

Child's Name: Child's Date of Birth: Child's PID:  
Date and time of incident: FOCUS Intake # Reason:

Is family currently active with DFS?  
Has initial response been completed?

### Caregiver information:

Name:	Address:
Name:	Address:
Name:	Address:

Are there any other children in the home? If yes, please list names and dates of birth:

DFS history: If yes, please list DFS case type and number, and indicate any substantiations:

DYRS history: DPBHS history:

Incident Narrative (describe the allegation, who was injured, nature of the injury, family supports, and include any next steps.)

Is law enforcement involved? If yes, list jurisdiction:  
MDT members (please list all members who are currently involved.)

Please document any additional information pertinent to this incident (substance abuse, mental health, domestic violence, etc.)

Name of responding caseworker: Report completed by: