



CONSENT OF PARENT, GUARDIAN, OR CUSTODIAN TO INTERVIEW CHILD(REN)

State Form 52013 (R3 / 6-24)
DEPARTMENT OF CHILD SERVICES

Instructions: *The Family Case Manager (FCM) must complete this form and obtain signatures of the parent, guardian, or custodian prior to interviewing a child, unless exigent circumstances exist. The signed form should be uploaded to the case management system. See policy 4.05 Consent to Interview Children for additional information.*

Printed name of parent, guardian, or custodian		<input type="checkbox"/> Current legal custodian of child(ren)
Address (number and street, city, state, and ZIP code) of parent, guardian, or custodian		
Name of child involved	Relationship to child	
Name of child involved	Relationship to child	
Name of child involved	Relationship to child	
<i>To list additional children, use additional forms.</i>		

ADVISEMENT

You are hereby advised that the Indiana Department of Child Services (DCS) wishes to obtain a statement from your child(ren) related to this assessment, and the information obtained may be used in legal proceedings.

Subject to any pre-interview agreement regarding terms/conditions of the interview, decisions regarding:

1. The location of the interview; and
2. The attendance of the parent, guardian, or custodian or any other individual during the interview is at the discretion of DCS.

Be advised that if you do not allow the child(ren) to be interviewed, DCS may seek a court order requiring you to allow access to the child for the purpose of conducting an interview.

ACKNOWLEDGEMENT BY PARENT, GUARDIAN, OR CUSTODIAN

I acknowledge that I have been advised of the contents of this document, and I understand the provisions of this consent as stated above.

I am the parent, guardian, or custodian of a child(ren) alleged to be a victim, witness, or perpetrator of Child Abuse and/or Neglect (CA/N) and have been informed that DCS is conducting an assessment of the allegations in accordance with Indiana Code 31-33-8-1 *et seq.* I give my consent for the above-mentioned child(ren) to be interviewed by a representative of DCS as part of the assessment of these allegations. I am willing to allow my child(ren) identified in this consent to be interviewed and examined at this time.

Signature of parent, guardian, or custodian

Date (month, day, year)

Printed name of parent, guardian, or custodian

Signature of DCS representative

Date (month, day, year)

Printed name of DCS representative