



**NOTICE OF AVAILABILITY OF COMPLETED REPORTS AND INFORMATION:  
ASSESSMENT OF ALLEGATIONS OF CHILD ABUSE AND/OR NEGLECT**

State Form 48201 (R13 / 7-20)  
DEPARTMENT OF CHILD SERVICES

- INSTRUCTIONS:**
1. The Family Case Manager (FCM) will provide **both** verbal and written notice to **each** parent, guardian, custodian, and/or perpetrator.
  2. To obtain a copy of the report, the parent, guardian, custodian, and/or perpetrator will
    - a. Come to the local Department of Child Services (DCS) office with photo identification and fill out a request for the report; or
    - b. Complete the enclosed request form and mail it, along with a copy of their photo identification, to the local DCS office.

The \_\_\_\_\_ county Department of Child Services (DCS) office received a report alleging that:

- your child(ren) is(are) a victim(s) of child abuse and/or neglect; and/or
- you are an alleged perpetrator of child abuse and/or neglect; and/or
- your child(ren) is(are) an alleged perpetrator of child abuse and/or neglect.

DCS is conducting an assessment of the allegations. In accordance with IC 31-33-18-4 and IC 31-33-18-2, you are advised regarding case number \_\_\_\_\_ that:

- the reports and information described under IC 31-33-18-1 relating to the child abuse or neglect assessment; and
- the juvenile court's records described under IC 31-39, if the child abuse or neglect allegations are pursued in juvenile court; are available upon the written request of the parent, guardian, custodian, and/or perpetrator except as prohibited by Federal law.

The policy of the DCS allows Child Protective Service up to forty (40) days from the date a report of child abuse or neglect is received to complete a written report of the assessment; with the exception of near fatality / fatality reports, which will be available upon completion.

I acknowledge that I have verbally advised the parent, guardian, custodian, and/or perpetrator named below of the contents of this document and provided him or her with a copy.

Name of parent / relationship to child / name of child	Date copy provided ( <i>month, day, year</i> )
Address ( <i>number and street, city, state, and ZIP code</i> )	
Signature of FCM	Printed name of FCM
Address of the DCS county office ( <i>number and street, city, state, and ZIP code</i> )	Telephone number of the DCS county office (      )