
FAMILY INFORMATION:

MOTHER/CARETAKER

FATHER/CARETAKER

NAME _____
ADDRESS _____
HOME PHONE _____
WORK PHONE _____

OTHER CHILDREN IN HOUSEHOLD:

NAME	AGE	SEX	SCHOOL
NAME _____	AGE _____	SEX _____	SCHOOL _____
NAME _____	AGE _____	SEX _____	SCHOOL _____
NAME _____	AGE _____	SEX _____	SCHOOL _____

OTHER RECORDS OR SUSPECTED INDICATORS OF FORMER NEGLECT OR ABUSE:

NOTICE: PURSUANT TO MINNESOTA STATUTE 626.556, SCHOOL OFFICIALS SHALL NOT DISCLOSE TO THE PARENTS, LEGAL CUSTODIAN, GUARDIAN, OR OFFENDER THAT A REQUEST TO INTERVIEW THE CHILD HAS BEEN MADE UNTIL AFTER THE ABUSE INVESTIGATION HAS BEEN CONCLUDED.

SUBD. 4 - IMMUNITY FROM LIABILITY

ANY PERSON PARTICIPATING IN GOOD FAITH AND EXERCISING DUE CARE IN MAKING A REPORT PURSUANT TO THIS SECTION SHALL HAVE IMMUNITY FROM ANY LIABILITY, CIVIL OR CRIMINAL, THAT OTHERWISE MIGHT RESULT BY REASON OF HIS ACTION.

For additional forms or information contact Wright County Human Services:

Child Protection Intake, Kathleen Lamberts	(763) 682-7449
After hours, weekends and holidays	(763) 477-8333
Child Protection Supervisor, Jessica Nelson	(763) 682-7401
Family Assessment/Co-location Supervisor, Marianne Charbonneau	(763) 682-7395