

Department of Health & Social Services

Office of Children's Services Director's Office

> P.O. Box 110630 Juneau, Alaska 99811-0630 Main: 907.465.3191 Fax: 907.465.3397

REQUEST FOR INTERVIEW - CHILD ABUSE OR NEGLECT

This form is to be used by Department authority to interview a student at scho of Health and Social Services (DHSS) is	ol. As required by	y AS 47.17.027(a), th	e Alaska Department
On behalf of DHSS, I formally request that	t the	_ School District mak	e available to me,
	on		
Name of Child	100	Date	
for the purpose of conducting an intervien neglect investigation by DHSS pursuant		school in furtheranc	e of a child abuse or
The school district may not inform the poccurring, Immediately after conducting arthe child's parent(s) or guardian, DHSS slor guardian that the interview occurred un	n interview and afte hall make every rea	er informing the child of asonable effort to not	of the intention to notify ify the child's parent(s)
I affirm that (1) there is reasonable caused by a person responsible for the child's welfare, an indetermine whether the child was abused interest of the child.	velfare, or (2) as a terview at school i	result of conditions s a necessary part o	created by a person of the investigation to
A school official ☐ shall or ☐ sha 47.17.027(a)].	ll not be presen	t during the interv	iew. [Alaska Statute
If a school official cannot be present do the child objects or DHSS determines that the prinvestigation.			l interfere with the
☐ This child is being placed in the cu Need of Aid, Alaska Statute 47.17 Child P The Office of Children's Services will c	Protection]		
Worker's Name	itle	P	Phone