

Today's Date: _____

**Blue Sky Bridge
INTERVIEW REQUEST INTAKE FORM**

REFERRAL AGENCY: _____

Person: _____

Case Number/ Trails ID: _____

Phone Number: _____

Email: _____

Office Number: _____

OTHER AGENCY INVOLVED: _____

Person: _____

Case Number/ Trails ID: _____

Phone Number: _____

Email: _____

Office Number: _____

VICTIM TO BE INTERVIEWED

Name: _____ Age: _____ DOB: _____ Gender Identity: _____ Sex: _____

Language Spoken at Home: _____ IEP: Yes No Unknown Race: _____

Mental Health Issues/Diagnosis: Yes No Unk History of sexually reactive behavior: Yes No Unk

Notes (Relevant Information- Education, Behavior, Diagnosis, Mental Health, Accomodations Nedded for FI):

ADDITIONAL VICTIM TO BE INTERVIEWED

Name: _____ Age: _____ DOB: _____ Gender Identity: _____ Sex: _____

Language Spoken at Home: _____ IEP: Yes No Unknown Race: _____

Mental Health Issues/Diagnosis: Yes No Unk History of sexually reactive behavior: Yes No Unk

Notes (Relevant Information- Education, Behavior, Diagnosis, Mental Health, Accomodations Nedded for FI):

Requesting Interview for more than 2 Victims? Yes No *If yes, please complete the additional Child Intake Form*

NON-OFFENDING CAREGIVER(S) INVOLVED:

1. Caregiver Coming to BSB Yes No

Name: _____ Age: _____ DOB: _____ Gender Identity: _____ Sex: _____

Relationship: _____ Custody: Yes No Child resides in household? Yes No

Address: _____ City, State, Zip: _____

Language: _____ Phone: _____ Text: Yes No

Race: _____ Email Address: _____

Other Info: _____

2. Caregiver Coming to BSB Yes No

Name: _____ Age: _____ DOB: _____ Gender Identity: _____ Sex: _____

Relationship: _____ Custody: Yes No Child resides in household? Yes No

Address: _____ City, State, Zip: _____

Language: _____ Phone: _____ Text: Yes No

Race: _____ Email Address: _____

Other Info: _____

ALLEGED OFFENDER INFORMATION:

1. Name: _____ Age: _____ DOB: _____

Relationship: _____ Race: _____ Language: _____ Sex: M / F

Last Contact with Victim: _____ In Custody or Charged?: _____

2. Name: _____ Age: _____ DOB: _____

Relationship: Race: _____ Language: _____ Sex: M / F

Last Contact with Victim: _____ In Custody or Charged?: _____

CASE INFORMATION (per referral source at time of scheduling)

Date of Alleged Event: _____ Date of Outcry: _____

Minimal Facts Interview? Yes No By: LE CPS Other _____

Acute Medical Exam Completed? Yes No If yes, where? _____ Findings: _____

City & County of Alleged Incident: _____

Areas of Investigation:

- | | | |
|--|---|--|
| <input type="checkbox"/> Sexual Abuse
Type: _____ | <input type="checkbox"/> Child on Child - Under 10 | <input type="checkbox"/> Domestic Violence Witness |
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Contributing to Delinquency of a Minor
(Alcohol, Drugs, etc.) | <input type="checkbox"/> Homicide Witness |
| <input type="checkbox"/> Neglect | <input type="checkbox"/> Injurious Environment – Drug Exposed, etc. | <input type="checkbox"/> Abduction |
| <input type="checkbox"/> Sexual Abuse Witness | <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Human Trafficking |
| <input type="checkbox"/> Sexualized Behaviors | <input type="checkbox"/> Exposure to Pornography | <input type="checkbox"/> Outcry Witness |
| | | <input type="checkbox"/> Other: _____ |

Alleged event per investigative party:

Please provide any additional information by email and email Completed form to schedule@blueskybridge.org

*Please keep in mind the information on this intake form is subject to subpoenas.