

REPEAL

State of California Department of Justice
 Child Abuse or Severe Neglect Indexing Form
 SCIA 8583 (Rev. 3/08)

CHILD ABUSE OR SEVERE NEGLECT INDEXING FORM

FOR DOJ RCN USE ONLY

Entire Form To be Completed by Submitting Child Protective Agency
 Pursuant to Penal Code section 11160

- INITIAL REPORT
 AMENDED REPORT (attach copy of original 8583 and complete Sections A, C and all other applicable fields)

A. SUBMITTING AGENCY

1 SUBMITTING AGENCY: (Enter complete name and agency type, i.e. Police, Sheriff, Welfare, Probation) _____ 2 AGENCY REPORT NO./CASE NAME: _____

3 AGENCY ADDRESS: Street _____ City _____ Zip Code _____ 4 NAME OF INVESTIGATING PARTY _____ 5 AGENCY TELEPHONE: () _____

B. INCIDENT INFORMATION

1 DATE OF REPORT: _____ 2 The nature and allegations of child abuse or severe neglect are not unfounded. DETERMINATION MADE (check only one box)
 SUBSTANTIATED (Penal Code section 11165 12(b)) INCONCLUSIVE (Penal Code section 11165 12(c))

3 DATE OF INCIDENT: _____ 4 TYPE OF ABUSE (check one or more)
 PHYSICAL INJURY MENTAL / EMOTIONAL SUFFERING SEXUAL ABUSE, ASSAULT, EXPLOITATION
 SEVERE NEGLECT WILLFUL HARMING / ENDANGERMENT UNLAWFUL CORPORAL PUNISHMENT OR INJURY

C. AMENDED REPORT INFORMATION

Original Agency Report No/Case Name: _____ Date of Incident: _____ Type of Abuse: _____

CHANGED TO INCONCLUSIVE ADDED ADDITIONAL INFORMATION
 CHANGED TO SUBSTANTIATED CORRECTED REPORT INFORMATION
 NOW UNFOUNDED UNDERLYING INVESTIGATIVE FILE NO LONGER AVAILABLE

Comment: _____

D. PARTIES

	1 NAME Last	First	Middle	AKA	D O B	APPROX AGE	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	R A C E				
VICTIMS	DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				IS VICTIM DEVELOPMENTALLY DISABLED (4512(A) W&I)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN							
	2 NAME Last				AKA				D O B	APPROX AGE	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	R A C E
	DID VICTIM'S INJURIES RESULT IN DEATH? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN				IS VICTIM DEVELOPMENTALLY DISABLED (4512(A) W&I)? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN							
SUSPECTS	3 NAME Last				AKA				D O B	APPROX AGE	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	R A C E
	ADDRESS: Street City Zip Code HGT WGT EYES HAIR				SOCIAL SECURITY NUMBER				DRIVER'S LICENCE NUMBER			
	RELATIONSHIP TO VICTIM <input type="checkbox"/> PARENT/STEPARENT <input type="checkbox"/> SIBLING <input type="checkbox"/> OTHER RELATIVE <input type="checkbox"/> FRIEND / ACQUAINTANCE <input type="checkbox"/> STRANGER											
OTHER	4 NAME Last				AKA				D O B	APPROX AGE	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	R A C E
	5 NAME Last				AKA				D O B	APPROX AGE	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	R A C E
	6 NAME Last				AKA				D O B	APPROX AGE	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	R A C E
	7 NAME Last				AKA				D O B	APPROX AGE	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	R A C E

* RACE CODES: W-White, B-Black, H-Hispanic, I-American Indian, F-Filipino, P-Pacific Islander, C-Chinese, J-Japanese, A-Other Asian, Z-Asian Indian, D-Cambodian, G-Guamanian, U-Hawaiian, K-Korean, L-Laotian, S-Samoan, V-Vietnamese, O-Other, X-Unknown

USE ADDITIONAL SHEET(S) IF NECESSARY CHECK HERE IF ADDITIONAL SHEET(S) IS ATTACHED.