

SMITH WATTS & ASSOCIATES, LLC
DSS CASE

DATE: _____

COUNTY: _____

NAME: _____

ADDRESS: _____
(Include City, State, Zip)

TELEPHONE NUMBERS: _____
(Home) (Work) (Cell) (Other)

DATE OF BIRTH: _____ SOCIAL SECURITY: _____

DRIVER'S LICENSE NUMBER: _____ EMAIL: _____

EMPLOYER: _____
(Include Address of Employer)

NAME OF CHILDREN	DATE OF BIRTH	MOTHER(with address)	FATHER(with address)

INVESTIGATOR'S NAME: _____ CASEWORKER: _____

DSS TREATMENT PLAN: _____

IS THIS YOUR FIRST DSS CASE: _____ YES _____ NO
IF YES PLEASE EXPLAIN WHEN, CHILDREN INVOLVED, CHARGES, OUTCOME: _____

GUARDIAN AD LITEM OF CHILDREN: _____

PRESENT LOCATION OF CHILDREN: _____
(Include Name of Individual, Address, City, State, Zip)

DESCRIBE WHAT HAPPENED: _____

