Dallas Children's Advocacy Center
PROVIDING JUSTICE
RESTORING HOPE

Referral for PSB Program

Date of Referral

Referred by:	
First Name	Last Name
Referring Agency	Title
Phone Number	E-Mail Address

Type of Abuse:				
SXAB	PHAB	Witness SXAB	Witness PHAB	Child Fatality
☐	☐	☐	☐	☐
NSUP	Trafficking	PSB		
☐	☐	☐		

Child to receive PSB Services:	
First Name	Last Name
Date of Birth	Race/Ethnicity
Primary Language	Gender

Caregiver of child to receive PSB Svcs:		
First Name	Last Name	DOB
Relationship to the Child	Primary Language	
Address	City, State ZIP	
Primary Phone	Secondary Phone	
Race/Ethnicity	Gender	
E-Mail Address	Does the child live with this caregiver?	
	◯ Yes	◯ No

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Alleged Offender (if applicable):	
First Name	Last Name
Date of Birth	Relationship to the Child
Race/Ethnicity	Gender

Case Information:			
Was a Forensic Interview completed?		Where was the FI Completed?	
◯ Yes	◯ No		
If no FI, please explain:		Have charges been filed?	
		◯ Yes	◯ No
		◯ N/A	◯ Unknown
Sexual Abuse Details:			
Fondling over clothes	Fondling Under Clothes	Digital Penetration – Vagina	Digital Penetration – Anus
☐	☐	☐	☐
Penile-Vaginal Penetration	Penile-Anal Penetration	Oral to Victim	Oral to Suspect
☐	☐	☐	☐
Exposure by Suspect	Voyeurism by Suspect	Exposure to Pornography	Use of Object in Abuse
☐	☐	☐	☐
Pregnancy of Victim	Hx of Abortion by Victim	Force sex act by other	One Time Occurrence
☐	☐	☐	☐
Multiple Occurrences	Sexually Acting-Out Behaviors	Other	
☐	☐	☐	
Physical Abuse Details:			
Failure to Thrive	Hospitalization	Abusive Head Trauma	Blunt Force Trauma
☐	☐	☐	☐
Fracture to Arm(s)	Fracture to Leg(s)	Fracture to Rib(s)	Fracture to Head
☐	☐	☐	☐
Other			
☐			

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Case Information:			
Did the child make a disclosure?		Was a Medical Exam completed?	
○ Yes	○ No	○ Yes	○ No
○ Inconclusive	○ Unknown	○ Inconclusive	○ Unknown
Please provide a brief summary of the case:			

DFPS Information:	
Investigator/Caseworker First Name	Investigator/Caseworker Last Name
Phone	E-Mail
Case Name	Case Number

Law Enforcement Information:	
Detective's First Name	Detective's Last Name
Phone	E-Mail
Jurisdiction/Agency	Report/Offense Number

Reset Form **Submit Form** **Print Form**