

**Superior Court of California
County of Los Angeles**

**APPENDIX 1
REPORT OF CHILD'S INJURIES PURSUANT TO
WELFARE AND INSTITUTIONS CODE SECTION 317, SUBDIVISION (e)**

DEPENDENCY ATTORNEY NAME:

OFFICE ADDRESS:

OFFICE TELEPHONE:

OFFICE FAX:

ASSIGNED COURT:

COURT TELEPHONE:

ATTORNEY FOR:

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF LOS ANGELES
JUVENILE DEPENDENCY COURT**

| | | |
|------------------|---|-------------------------------------|
| IN THE MATTER OF |) | COURT DEPARTMENT: |
| |) | |
| |) | |
| |) | CHILD'S CASE NUMBER: |
| |) | |
| |) | |
| |) | NEXT COURT DATE: |
| |) | |
| |) | REPORT OF CHILD'S INJURIES |
| |) | PURSUANT TO WELFARE AND |
| |) | INSTITUTIONS CODE |
| A CHILD |) | SECTION 317, SUBDIVISION (e) |
| _____ |) | |

A preliminary investigation regarding the above-captioned child is complete and dependency counsel submits this report to the court pursuant to Welfare and Institutions Code section 317(e) for a court determination as to whether further action should be commenced. If the court refers this matter to outside counsel, such counsel is advised to independently investigate the information contained in this report as it is based solely on documents and information available at this time.

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County of Los Angeles**

1. CHILD'S INFORMATION

- H) NAME:
- I) DATE OF BIRTH:
- J) CHILD'S SOCIAL SECURITY NUMBER:
- K) CHILD'S MEDI-CAL NUMBER:
- L) CHILD'S DRIVER'S LICENSE NUMBER, IF APPLICABLE:
- M) CHILD'S LANGUAGE:

2. CHILD'S CONTACT INFORMATION

- A) CURRENT RESIDENCE:
- B) TELEPHONE NUMBER:
- C) CARETAKER'S NAME AND RELATIONSHIP TO CHILD:
- D) NAME AND LOCATION OF CHILD'S CURRENT SCHOOL:
- E) NAME AND TELEPHONE NUMBER OF CHILD'S CSW AND CSW'S SUPERVISOR:
- F) NAME OF CHILD'S CASA:

3. CHILD'S BACKGROUND INFORMATION

- A) WHY IS THE CHILD UNDER THE JURISDICTION OF THE COURT?
- B) MOTHER'S NAME, ADDRESS AND TELEPHONE:
- C) FATHER'S NAME, ADDRESS AND TELEPHONE:
- D) REGIONAL CENTER CLIENT? YES _____ NO _____
 - i. NAME OF REGIONAL CENTER:
 - ii. CLIENT IDENTIFICATION NUMBER:
- E) SPECIAL EDUCATION STUDENT? YES _____ NO _____

- i. REASON FOR CLASSIFICATION:

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ii. DATE OF LAST IEP MEETING:

- F) MENTAL HEALTH ISSUES:
- G) PREEXISTING MEDICAL CONDITIONS:

4. INCIDENT INFORMATION

- A) DATE(S) OF INCIDENT(S):
- B) DATE(S) AND MANNER CHILD'S DEPENDENCY ATTORNEY RECEIVED NOTIFICATION OF CHILD'S INJURY:

DATE:

MANNER:
- C) PHYSICAL LOCATION WHERE INCIDENT OCCURRED:
- D) DETAILED DESCRIPTION OF INCIDENT(S) (ATTACH A SEPARATE SHEET IF NECESSARY):
- E) LAW ENFORCEMENT AGENCY REPORT NUMBER:

5. DAMAGES

- A) INJURIES SUSTAINED (INCLUDE AS MUCH INFORMATION AS POSSIBLE):
- B) MEDICAL TREATMENT REQUIRED/RECEIVED (PLEASE INCLUDE NAMES, ADDRESSES OF PROVIDER(S), AND CHILD'S PATIENT IDENTIFICATION NUMBER, IF KNOWN):

6. LIABILITY

- A) NAME, ADDRESS AND TELEPHONE OF CHILD'S RESIDENCE AT THE TIME OF INJURY:
- B) NATURE OF CHILD'S RESIDENCE AT TIME OF INCIDENT (CHECK ALL THAT APPLY):

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- _____ HOME OF PARENT(S)
- _____ HOME OF GUARDIAN(S)
- _____ HOME OF RELATIVE(S)
- _____ FOSTER CARE HOME
- _____ FOSTER FAMILY AGENCY
- NAME:
- _____ GROUP HOME
- _____ OTHER

- C) NAMES OF POTENTIAL DEFENDANT(S), IF KNOWN, AND DESCRIPTION OF INVOLVEMENT IN INCIDENT:
- D) NAMES OF OTHER POTENTIAL PLAINTIFFS, IF KNOWN (INCLUDING KNOWN SIBLINGS) AND DESCRIBE RELATIONSHIP TO CHILD:
- E) NAME OF SIBLING'S DEPENDENCY ATTORNEY, IF KNOWN (INCLUDING CONTACT INFORMATION):
- F) NAMES, ADDRESSES AND TELEPHONE NUMBERS OF WITNESSES AND/OR OTHER SUPPORTING CONTACTS:

7. ADDITIONAL INFORMATION

PLEASE IDENTIFY (AND ATTACH IF POSSIBLE) ANY SUPPORTING DOCUMENTATION THAT YOU EITHER POSSESS OR WHICH YOU KNOW EXISTS.

This report is complete to the best of my knowledge at the time of filing. If I receive any further information or documents prior to notification that a tort attorney has accepted this case, I will file them as a supplement to this report with the office of the Presiding Judge as soon as possible.

DATED: _____

Respectfully submitted,

By: _____
Dependency Court Attorney for Child