

**FORM 1**

Case No. \_\_\_\_\_

Date of Intake \_\_\_\_\_

**Intake Form**

**(Data may be obtained from the child and/or significant others.)**

**I. Identifying Data of the Child**

Name: \_\_\_\_\_ Alias, if any \_\_\_\_\_

Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Civil Status: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Birth Satus: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ If IP, please specify: \_\_\_\_\_

Physical Disability (if any) \_\_\_\_\_

Identifying marks (if any) \_\_\_\_\_

PresentAddress: \_\_\_\_\_

\_\_\_\_\_

Provincial Address: \_\_\_\_\_

\_\_\_\_\_

Highest educational attainment: \_\_\_\_\_

Last school attended: \_\_\_\_\_

Date/Year: \_\_\_\_\_ Status: \_\_\_\_\_ In-school \_\_\_\_\_ OSY

Address of school: \_\_\_\_\_



D. Remarks (other relevant information on the child's past and present)

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**III. Circumstances of Referral**

*(Information could be obtained from the law enforcement officer or accompanying party)*

Name of referring party: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Reason(s) for referral: \_\_\_\_\_

Date of Referral: \_\_\_\_\_

Offense Allegedly Committed: \_\_\_\_\_

Date and Place Where Offense was allegedly committed: \_\_\_\_\_

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Date of apprehension: \_\_\_\_\_ Place \_\_\_\_\_

Apprehended By: \_\_\_\_\_  
*Name* *Designation*

Agency/Address: \_\_\_\_\_  
\_\_\_\_\_

Contact No.: \_\_\_\_\_

Name of Victim *(if applicable)* \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact No.: \_\_\_\_\_

Relationship to the CICL \_\_\_\_\_

Name of Accompanying Person (*if applicable*): \_\_\_\_\_

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact No.: \_\_\_\_\_

**IV. Problem Presented**

A. Law Enforcement Officer's Report

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B. Child's Version

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Views of the child about the offense allegedly committed:

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V. Initial Assessment and Recommended Action

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**Name and Signature of Social Worker**

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**Date**