

**ABUSE AND NEGLECT INVESTIGATION:
PERSONAL REPRESENTATIVE NOTIFICATION DOCUMENTATION FORM**

Chapter 394 of the Laws of 2014 require personal representatives to be notified when a service recipient will be interviewed as part of an abuse and neglect investigation. This form is an optional template to document that this notification has occurred.

Personal representatives of alleged victims shall be notified of the intent to interview within 24 hours and personal representatives of potential witnesses shall be notified of the intent to interview within 48 hours. At the request of the Justice Center or the delegate investigatory entity, the service provider shall provide the investigator with pertinent information necessary to safely conduct an interview. Providers may use this form to comply with this requirement.

IMPORTANT: When contacting personal representatives of potential witnesses, service providers must not disclose confidential information regarding the allegation (e.g. detailed circumstances of the incident, names of subjects or victims, etc.) to such personal representative. The service provider shall inform the potential witness' personal representative that the potential witness may have information regarding an incident involving another unnamed service recipient who is the alleged victim and that the incident does not involve harm to the potential witness.

NAME OF SERVICE RECIPIENT:		Check: <input type="checkbox"/> ALLEGED VICTIM <input type="checkbox"/> POTENTIAL WITNESS
Employee who attempted notification:	Date:	Method of contact:
Name of personal representative:		Phone number:
Address:		
Information provided by the personal representative regarding the most effective way to communicate with the service recipient during an interview:		
NAME OF SERVICE RECIPIENT:		Check: <input type="checkbox"/> ALLEGED VICTIM <input type="checkbox"/> POTENTIAL WITNESS
Employee who attempted notification:	Date:	Method of contact:
Name of personal representative:		Phone number:
Address:		
Information provided by the personal representative regarding the most effective way to communicate with the service recipient during an interview:		
NAME OF SERVICE RECIPIENT:		Check: <input type="checkbox"/> ALLEGED VICTIM <input type="checkbox"/> POTENTIAL WITNESS
Employee who attempted notification:	Date:	Method of contact:
Name of personal representative:		Phone number:
Address:		
Information provided by the personal representative regarding the most effective way to communicate with the service recipient during an interview:		

NAME OF SERVICE RECIPIENT:		Check: <input type="checkbox"/> ALLEGED VICTIM <input type="checkbox"/> POTENTIAL WITNESS
Employee who attempted notification:	Date:	Method of contact:
Name of personal representative:		Phone number:
Address:		
Information provided by the personal representative regarding the most effective way to communicate with the service recipient during an interview:		
NAME OF SERVICE RECIPIENT:		Check: <input type="checkbox"/> ALLEGED VICTIM <input type="checkbox"/> POTENTIAL WITNESS
Employee who attempted notification:	Date:	Method of contact:
Name of personal representative:		Phone number:
Address:		
Information provided by the personal representative regarding the most effective way to communicate with the service recipient during an interview:		

If you require additional space, please attach information to this form.

INFORMATION FROM SERVICE PROVIDER

At the request of the Justice Center or delegate investigatory entity, the service provider shall provide the investigating agency with pertinent information necessary to safely conduct an interview.

<input type="checkbox"/> Check here if this information has been provided to the Justice Center or delegate investigatory entity.	
Date information was provided:	Method of delivery:
Additional comments (optional):	

SIGNATURE

DATE