# **North Carolina Department of Health and Human Services**

# **Adult Services**

**Initial Notice to the District Attorney and/or Law Enforcement, as required by G.S. 108A-109 and NC Administrative Code 71A .0803**

This notice shall be sent upon receiving or finding evidence indicating that a disabled person may have or has been abused, neglected and/or exploited. It shall precede and be followed by the Written Report of Adult Protective Services evaluation, if the report is accepted for an APS evaluation. If an APS worker has found evidence and reached a case decision simultaneously, the Written Report shall suffice as the notice.

To:      , Choose Title

       **Judicial District number of North Carolina**

To:      , **Law Enforcement Officer**

      , **Law Enforcement Agency**

From:      , **Director**

      , **County Department of Social Services**

Date notice sent to District Attorney and/or Law Enforcement:

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| --- | --- |
| **Name of Disabled Adult** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap to enter a date. |
| **Address** | Click or tap here to enter text. |
| **Telephone Number(s)** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Name of Alleged Perpetrator (1)** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap to enter a date. |
| **Address** | Click or tap here to enter text. |
| **Telephone Number(s)** | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Name of Alleged Perpetrator (2)** | Click or tap here to enter text. |
| **Date of Birth** | Click or tap to enter a date. |
| **Address** | Click or tap here to enter text. |
| **Telephone Number(s)** | Click or tap here to enter text. |

Disabled adult resides in what type setting: [ ] Home [ ] Institutional [ ] Other

please specify:Click or tap here to enter text.

Date of APS Report and allegation(s): Click or tap to enter a date.

Click or tap here to enter text.

An evaluation will continue by Adult Protective Services: [ ] Yes [ ] No

If No, please explain below:

Click or tap here to enter text.

The reporter was notified of this agency’s decision to accept or deny the reported allegations for APS [ ] Yes [ ] No

The information was forwarded to the District Attorney and/or Law Enforcement for possible criminal investigation. [ ] Yes [ ] No

Complete the following information if accepted for APS evaluation.

Mark the appropriate evidence: [ ] Neglect [ ] Abuse [ ] Exploitation

Description of acts committed or omitted by caretaker/perpetrator (if neglect is identified, what services were not provided to maintain physical and /or mental health.)

Click or tap here to enter text.

Describe how disabled adult was physically and/or emotionally injured. If exploitation, describe how the disabled adult’s resources were improperly or illegally used for another’s profit or advantage.

Click or tap here to enter text.

Description of how items 1 and 2 were identified.

Click or tap here to enter text.

Date evidence was found:

Click or tap to enter a date.

The name of the complainant and names of individuals who have knowledge of the disabled adult’s situation will be verbally provided to the District Attorney and/or Law Enforcement, upon request, when such information is needed to assist with a criminal investigation and/or prosecution.

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| Click or tap here to enter text. | Click or tap here to enter text. |
| **Name of DSS Contact** | **Telephone Number(s)** |
| Click or tap here to enter text. | Click or tap to enter a date. |
| **Signature of DSS Supervisor** | **Date** |