

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES
CHILD PROTECTIVE SERVICES
RESPONSIBLE INDIVIDUALS LIST FORM**

RIL Form # _____

RESPONSIBLE INDIVIDUAL

1. Responsible Individual Name, Last	Responsible Individual, First	MI	2. Date of Birth	3. Age	4. Race	5. Sex	6. Social Security Number

INVESTIGATIVE ASSESSMENT FINDING

7. County	8. CR Form Number	9. Date of Initial Report	10. Date of Case Decision	11. RIL Indicator	12. Date Notice to Responsible Individual Delivered

JUDICIAL REVIEW (AOC-J-131) HEARING

13. Date AOC-J-131 Filed	14. Date of Judicial Review	15. Director Determ.	16. JR Determ.	17. Reserved	18. Date Judicial Review Signed

JUVENILE PETITION (AOC-J-130) - No Longer In Use

19.	20.	21.	22.	23.

ORIGINAL RIL INDICATOR STATUS DSS-5104 #39

24. RIL Code	25. Date of RIL placement	26. Reserved	27. Reserved	28. Date Criminal Order Signed	29. Criminal Code