

**FNE Program Child Advocacy Request Form  
Safe Passage**

Please email this form to Deb Paton at [dpaton@safepassagecac.org](mailto:dpaton@safepassagecac.org) when a child presents with a report of child sexual and/or physical abuse.

Name of Child: \_\_\_\_\_

Reporting Parent/Caregiver: \_\_\_\_\_

Law Enforcement Agency Responding: \_\_\_\_\_

Case Number: \_\_\_\_\_

Officer Responding: \_\_\_\_\_

DHS Notified:       Yes      Name/Referral Number: \_\_\_\_\_  
                          No                       N/A

Date of Exam: \_\_\_\_\_

Injury Present:                               Yes               No

Follow-up Medical Exam Recommended:       Yes               No

Reason: \_\_\_\_\_

Follow-up Medical Exam to be completed at:       Memorial Hospital               Safe Passage

Assailant Name: \_\_\_\_\_

Patient/Assailant Relationship: \_\_\_\_\_

Additional Details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FNE: \_\_\_\_\_

Date: \_\_\_\_\_

