



Douglas A. Ducey  
Governor

Gregory McKay  
Director

REQUEST FOR INTERVIEW AT SCHOOL

DATE

NAME OF SCHOOL

ADDRESS (No., Street, City, State, ZIP)

RE: CHILD(REN)'S NAME(S)

Dear School Administrator/Personnel:

I am an investigator employed by the Arizona Department of Child Safety (DCS). DCS is mandated by law to investigate allegations of child abuse and neglect. Title 8, Chapter 4 of the Arizona Revised Statutes (A.R.S.). As part of my investigation, I need to speak with one or more children at this school. Please provide me with immediate access to the above-named child(ren).

I am authorized by A.R.S. § 8-802(B), A.R.S. § 8-471(E)(3), and A.A.C. R6-5-5508(C) to interview a child without notice to or consent of the parent, guardian or custodian. See Arizona Attorney General Opinions (AG Opinions) I75-219, I75-234, I88-062, I04-003. Do not contact, directly or indirectly, the parents, guardians or custodians of the above-named child(ren) unless specifically requested or authorized by me, the assigned DCS investigator.

Because of the sensitive and confidential nature of a DCS investigation, school personnel and others are not permitted to be present during the interview(s) of the child(ren), nor can they be informed of what was discussed. See A.R.S. § 8-807, AG Opinion I98-008.

If at any time I determine, pursuant to A.R.S. § 8-821, that temporary custody is clearly necessary to protect the child(ren) from abuse or neglect, I will provide you with a Notice of Removal and provide the parents, guardians, or custodians a Temporary Custody Notice in accordance with A.R.S. § 8-823.

**Under state and federal law, any information you have or may obtain during this investigation is confidential, including this form and the fact that the above-named child(ren) have been contacted regarding allegations of abuse or neglect. DO NOT disseminate this information to any person unless specifically authorized by applicable law or court order.**

Thank you for your cooperation.

DCS REPRESENTATIVE'S SIGNATURE

DCS REPRESENTATIVE'S NAME

ADDRESS (No., Street, Site Code, City, State, ZIP)

PHONE NO.

FAX NO.

EMAIL ADDRESS

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1 • Free language assistance for Department services is available upon request. • Ayuda gratuita con traducciones relacionadas a los servicios del Departamento está disponible a solicitud del cliente.