



REQUEST FOR INTERVIEW AT SCHOOL

Date _____

Name of School

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

Name of Child(ren)

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. R-21-4-103(F) 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, I16-004. 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

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