

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

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 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: _____ , District Attorney for the (#) _____ Judicial District
 _____ , North Carolina

From: _____ , Director
 _____ , County Department of Social Services

I. Date Notice sent to District Attorney and/or Law Enforcement: _____	
II. Identifying Information:	
Name of Disabled Adult:	Date of Birth:
Address:	Telephone Number(s):
Name of Alleged Perpetrator(s):	Telephone Number(s):
Address:	
Disabled Adult resides in what type of setting: Domestic <input type="checkbox"/> Institutional <input type="checkbox"/>	
III. Date of APS Report and Allegation(s):	
IV. An evaluation will continue by Adult Protective Services: Yes <input type="checkbox"/> No <input type="checkbox"/>	
If no, explain:	

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

V. Complete the following information if accepted for APS evaluation.

Mark the appropriate evidence: Abuse Neglect Exploitation

1. 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.)

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

3. Description of how items 1 and 2 were identified.

4. Date evidence was found:

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.

Name of DSS Contact

Telephone Number(s)

Signature of DSS Supervisor

Date