

NAME OF CASE: _____

NAME OF AGENCY: _____

CHILD ABUSE COORDINATOR: _____

DATE OF MEETING: day month year

(Form is filled in for the alleged offender v/v each victim if applicable)

NAME OF VICTIM(S)	BIRTHDATE	NAME OF OFFENDER(S)	BIRTHDATE

Criteria Reviewed

CRITERIA	Ö YES	Ö NO
Disclosure from Victim		
Hearsay Evidence		
Other Witness(es) to Abuse		
Admission by Offender		
Past History of Abuse (Offender)		
More than One Victim with Disclosures		
Criminal Charges		
Criminal Conviction		
Past History of Related Convictions (Offender)		
Past History of Abusive Behaviour (Offender)		
Behavioural Indicators (Victim)		
Behavioural Indicators (Offender)		
Position of Trust (Offender)		
Other (please specify)		

OFFENDER'S NAME		BIRTHDATE	
CHILD VICTIM		BIRTHDATE	

A: Opinion [Section 12(1)(b)] Is the Committee of the opinion that the person abused the child?

(Type in whatever is applicable) The opinion of the Committee is that the name of offender did or did not (sexually, physically or emotionally) abuse Name of victim (s) on dates of alleged abuse in town or city at address if known.

Results of Vote from Mandatory and Other Members			
Total mandatory ()	number affirmative ()	Total other ()	number affirmative ()

Reasons for Opinion [Section (13)]:

Fill in where the opinion is that the person abused a child

B: Opinion [Section 12(1)]: Is the committee of the opinion that the person’s name should be entered onto the Child Abuse registry?

(Type in whatever applies) The Committee is of the opinion that the name of Name of offender should/should not be entered onto the Child Abuse Registry.

Results of Vote from Mandatory and Other Members

Total mandatory ()	number affirmative ()	Total other ()	number affirmative ()
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Reasons for Opinion [Section (13)]:

For Agency

Abuse Coordinator		Date Completed	
Agency Director		Date Reviewed	