

**5-402.A Form for Signature of Interviewing Case Worker**  
**Department of Child Safety Request for Interview at School**

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

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

Child(ren)'s Names: \_\_\_\_\_

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), 8-471(E)(3), and AAC R-6-5-5508(C) to interview a child without notice to or consent of the parent, guardian, or custodian. See Attorney General Opinions (AG Opinions) 175-219, 174-234, 188-062, 104-003. Do not contact directly or indirectly, the parents, the 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 198-008.

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 (PS-058) or provide the parents, guardians or custodians a Temporary Custody Notice (CPS-1000A) in accordance with A.R.S. 8-823.

Under state and federal law, any information I 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.

DCS Representative Signature: \_\_\_\_\_

DCS Representative Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Attach Copy of DCS ID to form.