METROPOLITAN SCHOOL DISTRICT
LAWRENCE TOWNSHIP

Dr. Shawn A. Smith
Superintendent

Lawrence Education & Community Center
5720 Wheeler Road
Indianapolis, IN 46216
(317) 423-8200

Custody Receipt

To the Parent/Guardian of: _____ _____
(Child's name) *(Date)*

Indiana law REQUIRES that every report of suspected abuse or neglect be thoroughly and promptly investigated.

As part of an investigation, an interview with _____
(Child's Name)
was conducted today at _____ by _____
(School) *(DCS Case Worker/Agency)*

It was determined at the close of the interview that protection of the child required that the child be taken into custody.

**If DCS took child into custody and no interview was conducted on school grounds, check here: □

At_____, _____
(Time) *(Child's Name)*

was taken into custody by _____
(DCS or Law Enforcement Agency)

Please contact the Department of Child Services at _____
(Telephone Number)

So that you may begin working on a resolution of this situation involving your child.

(name)	*(agency)*