



Office of the Child & Family Ombudsman

# Montana Department of Justice Office of the Child & Family Ombudsman Request for Assistance:

Date of Request: \_\_\_\_\_

of .201f

## Who are you?

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Country \_\_\_\_\_

Is your street address the same as your mailing address?  Yes  No

If no, please provide an address to receive mail:

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Home/Work/Cell Okay to leave a message?  Yes  No

Secondary Phone \_\_\_\_\_ Home/Work/Cell Okay to leave a message?  Yes  No

Email Address \_\_\_\_\_ Okay to send an email?  Yes  No

## How do you know this child or family?

Child's Parent

Child's Legal Guardian

Child's Grandparent

Other Relative

Specify \_\_\_\_\_

Child

Licensed Parent

Community Professional or Service Provider

Teacher or School Employee

Specify \_\_\_\_\_

Law Enforcement Professional

Specify \_\_\_\_\_

Child's Attorney

Parent's Attorney

Office of the Public Defender

Other Attorney

Specify \_\_\_\_\_

DPHHS Employee

Attorney General's Office

County Attorney

CASA/GAL

Specify \_\_\_\_\_

Other Relationship

Specify \_\_\_\_\_

### Acronyms you might see:

**CASA** - Court Appointed Special Advocate

**GAL** - Guardian ad Litem

**CPS** - Child Protection Specialist

**DPHHS** - Department of Public Health and Human Services

**CFSD** - Child and Family Services Division

**DOJ** - Department of Justice

**AG** - Attorney General

*Optional information:*

- African American
- American Indian or Alaska Native
- Asian American
- Native Hawaiian Pacific Islander
- Hispanic
- Caucasian
- Multi-racial
- Other \_\_\_\_\_

Primary language: \_\_\_\_\_

Are you hearing impaired?  Yes  No

Are you vision impaired?  Yes  No

Do you require interpretation or translation services?

Yes  No

*Who is the child?*

(If more than one child please provide name, age, birth date, and sex for each child on additional pages.)

Legal Last Name \_\_\_\_\_ Legal First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Age \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (Day/Month/Year) Sex  Male  Female

*Who is the responsible adult where the child lives now?*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
 Current Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Primary Phone \_\_\_\_\_ Home/Work/Cell \_\_\_\_\_ Okay to leave a message?  Yes  No  
 Secondary Phone \_\_\_\_\_ Home/Work/Cell \_\_\_\_\_ Okay to leave a message?  Yes  No  
 Email Address \_\_\_\_\_ Okay to send an email?  Yes  No

*Does the child have an attorney?*

Yes  No  Don't Know If Yes and available, attorney's name and phone number

*Does the child have a Court Appointed Special Advocate (CASA) or a Guardian ad litem (GAL)?*

Yes  No  Don't Know If Yes and available, CASA/GAL's name and phone number

*Child's optional information:*

- African American
- American Indian or Alaska Native
- Asian American
- Native Hawaiian Pacific Islander
- Hispanic
- Caucasian
- Multi-racial
- Other \_\_\_\_\_

Child's primary language: \_\_\_\_\_

Is the child hearing impaired?  Yes  No

Is the child vision impaired?  Yes  No

Does the child require interpretation or translation services?  
 Yes  No

*Who is the child's mother?*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Home/Work/Cell Okay to leave a message?  Yes  No

Secondary Phone \_\_\_\_\_ Home/Work/Cell Okay to leave a message?  Yes  No

Email Address \_\_\_\_\_ Okay to send an email?  Yes  No

Does the mother have an attorney?  Yes  No  Don't know

If Yes and available, attorney's name and phone number

*Mother's optional information:*

- African American
- American Indian or Alaska Native
- Asian American
- Native Hawaiian Pacific Islander
- Hispanic
- Caucasian
- Multi-racial
- Other \_\_\_\_\_

Mother's primary language: \_\_\_\_\_

Is the mother hearing impaired?  Yes  No

Is the mother vision impaired?  Yes  No

Does the mother require interpretation or translation services?  
 Yes  No

*Who is the child's father?*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Home/Work/Cell \_\_\_\_\_ Okay to leave a message?  Yes  No

Secondary Phone \_\_\_\_\_ Home/Work/Cell \_\_\_\_\_ Okay to leave a message?  Yes  No

Email Address \_\_\_\_\_ Okay to send an email?  Yes  No

Does the father have an attorney?  Yes  No  Don't know

If Yes and available, attorney's name and phone number

\_\_\_\_\_

*Father's optional information:*

- African American
- American Indian or Alaska Native
- Asian American
- Native Hawaiian Pacific Islander
- Hispanic
- Caucasian
- Multi-racial
- Other \_\_\_\_\_

Father's primary language: \_\_\_\_\_

Is the father hearing impaired?  Yes  No

Is the father vision impaired?  Yes  No

Does the father require interpretation or translation services?  
 Yes  No

*Who is the family's Child Protection Specialist?*

Name \_\_\_\_\_ County \_\_\_\_\_

Phone number \_\_\_\_\_

Continued...





*How did you hear about the Ombudsman Office?*

- |  |   |
|--|---|
| <input type="checkbox"/> DPHHS Employee  | <input type="checkbox"/> Media (TV or radio)                                |
| <input type="checkbox"/> Friend  | <input type="checkbox"/> Internet   |
| <input type="checkbox"/> Family Member   | <input type="checkbox"/> Directory Assistance or Phone Book                 |
| <input type="checkbox"/> CASA/GAL  | <input type="checkbox"/> CASA/GAL   |
| <input type="checkbox"/> Attorney General's Office                                   | <input type="checkbox"/> Conference, Training, or Workshop<br>Specify _____ |
| <input type="checkbox"/> Community Professional or Service Provider<br>Specify _____ | <input type="checkbox"/> Other<br>Specify _____                             |
| <input type="checkbox"/> Teacher or School Employee<br>Specify _____                 |   |

**If you have questions about filling out this form or would like help filling out the form, please call the Ombudsman office at 1-844-252-4453 (1-844-25CHILD) or email the Ombudsman at DOJOMBUDSMAN@mt.gov.**



P.O. Box 201417, Helena, MT 59620  
EMAIL: DOJOMBUDSMAN@mt.gov TOLL-FREE: 1-844-25CHILD (1-844-252-4453)  
FAX: (406) 444-2759

**Office of the Child & Family Ombudsman**