



Montana Department of Justice Office of the Child & Family Ombudsman **REQUEST FOR ASSISTANCE:**

Date of Request: _____

05 - 2020

Who are you?

Last Name _____ First Name _____ Middle Initial _____

StreetAddress _____ Apt. # _____

City/State/Zip _____ County _____

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? Mark all that apply.

Child's Parent

Child's Attorney

Child's Legal Guardian

Parent's Attorney

Child's Grandparent

Office of the Public Defender

Other Relatives

Other Attorney

Specify _____

Specify _____

Kinship Provider

DPHHS Employee

Child

Attorney General's Office

Foster Parent

County Attorney

Community Professional or Service Provider

CASA/GAL

Teacher or School Employee

Specify _____

Specify _____

Other Relationship

Law Enforcement Professional

Specify _____

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 - Atterny General

OCFO - Office of the Child and Family Ombudsman

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 below or on additional pages)

Legal Last Name _____ Legal First Name _____ Middle Initial _____

Age _____ Date of Birth ____/____/____ (Date/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...

Please describe your reason for requesting Ombudsman assistance:

Include as much information as you can. What happened? When, where, and who?

Also, include names and contact information of other people you think have more information:

Help us understand how you believe the Ombudsman can assistance you:

Please use additional sheets of paper as needed to explain. You may provide documentation you think will help us to understand your concern:

Please tell us everything you have already done about this concern:

For example: Have you contacted the Child Protection Specialist, local supervisor, the Regional Administrator and/or the Critical Incident and Complaints Manager? Please give the name or of anyone you have already contacted and tell us what happened so far.

What would you like to see happen for this child or family?

What help do you hope to have from the Ombudsman?

How did you hear about the Ombudsman Office?

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

The following question assists in security grant funding. Your identity is not used.
Are you or anyone involved in the Request a victim of the crime? Mark all that apply:

- | | |
|------------------------------|-------------------------------|
| None | Adult molestation |
| Child physical abuse | Adult molested as child |
| Child sexual abuse | Elder abuse |
| Domestic and Family Violence | Robbery |
| Child sexual assault | Survivor of a homicide victim |
| Adult sexual assault | Other violent |
| OUI/DWI Crashes | Specify _____ |
| Assault | Other nonviolent |
| | 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.



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