U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5488 Rev. (04-06)	**FAMILY ADVOCACY REPORT**	REPORT CONTROL NUMBER RCN-1750-1

PRIVACY ACT STATEMENT

Collection of information to identify and record incidents of family violence and provide protection and rehabilitation services to military members and their families is authorized by 42 U.S.C. 5101 *et. Seq.*; 14 U.S.C. 632 and E.O. 9397. Information concerning family member abuse and neglect is provided to the Department of Health and Human Services and is used for rehabilitation of individuals, and in cases involving minors, may be provided to other agencies for law enforcement purposes. Furnishing information is voluntary; however, failure to provide the information may delay receipt of services.

1. Allegation Number (FY#)	2. Reporting FAS	3. Date of Alleged Family Abuse/Neglect *(MM/DD/YY)*
4. 12 Week Determination Date *(MM/DD/YY)*	5. Name of Unit	6. Date CG Central Registry Checked *(MM/DD/YY)*

7. SOURCE OF INITIAL REFERRAL TO FAMILY ADVOCACY SERVICES *(x as applicable)*

a. MILITARY	b. CIVILIAN	c. NON-AFFILIATED
☐ Law Enforcement	☐ Law Enforcement	☐ Neighbor/Friend/Relative
☐ CG Medical/Dental	☐ Medical/Dental	☐ Self-Referral, Victim
☐ DOD Facility	☐ Social Services	☐ Self-Referral, Offender
(NAME: _____)	☐ Child Care/School/Recreation Center	☐ Other (Specify)
☐ Child Care/School/Recreation Center	☐ Clergy	_____
☐ Command	☐ Other (Specify)	_____
☐ Chaplain	_____	_____
☐ Other (Specify) _____		

8. TYPE OF ALLEGATION *(x one)*

☐ Child Abuse ☐ Child Neglect ☐ Parent Abuse
☐ Spouse Abuse ☐ Cohabitating Partner Abuse
☐ Sibling Abuse ☐ Elder Abuse ☐ Elder Neglect

9. NOTIFICATION FORWARDED TO CHILD PROTECTIVE SERVICES *(x one)*

☐ Yes ☐ No
Name of Agency _____
Date of Notification _____

10. TYPE OF REPORT TO REGISTRY *(x as applicable)*

☐ Initial
☐ Extension Request
☐ Final Case Status Determination

11. CASE STATUS *(x one)*

☐ Suspected – Assessment in Progress
☐ Substantiated – Family In Need of FAP Services
☐ Unsubstantiated – No FAP Services Required

12. SPONSOR DATA *(If sponsor is offender, x ☐ this box and go to item 15.)*

a. NAME *(Last, First, Middle Initial)*	b. MILITARY STATUS ☐ Active Duty Coast Guard ☐ Retired Coast Guard ☐ Reserve Coast Guard
c. SOCIAL SECURITY NUMBER	d. PAY GRADE/RATE/RANK

13. TYPE OF MALTREATMENT *(x as applicable)*

☐ Major Physical Injury ☐ Deprivation of Necessities ☐ Sexual Maltreatment
☐ Minor Physical Injury ☐ Emotional Maltreatment ☐ Fatality
☐ Child(ren) are secondary victim(s) to Domestic Violence

14. VICTIM DATA

a. NAME *(Last, First, Middle Initial)*	b. SOCIAL SECURITY NUMBER *(if available)*	c. SEX

d. DATE OF BIRTH *(MM/DD/YY)*	e. SUBSTANCE INVOLVEMENT	f. VICTIM RESIDES *(x one)*	g. INCIDENT OCCURRED *(x one)*
	☐ Alcohol	☐ CG Owned Housing	☐ CG Owned Housing
	☐ Drugs	☐ CG Leased Housing	☐ CG Leased Housing
h. # OF CHILDREN IN HOME	☐ Alcohol and Drugs	☐ Civilian Community	☐ Civilian Community
	☐ Unknown	☐ DOD Housing	☐ DOD Housing
	☐ No Involvement		

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15. PERPETRATOR DATA

a. NAME *(Last, First, Middle Initial)*	b. SOCIAL SECURITY NUMBER	c. DATE OF BIRTH *(YYMMDD)*	d. SEX

e. STATUS
- ☐ Active Duty Coast Guard
- ☐ Reserve Coast Guard
- ☐ Retired Coast Guard
- ☐ Coast Guard Dependent
- ☐ Civilian/Other
- ☐ USPHS

f. NUMBER OF SECONDARY OFFENDERS IN THIS CASE

g. PAY GRADE

h. RATE/RANK

i. RELATIONSHIP TO VICTIM *(x one)*

Interfamilial
- ☐ Natural Parent
- ☐ Step/Adoptive Parent
- ☐ Spouse
- ☐ Sibling
- ☐ Other (Specify) _____

Extra familial
- ☐ Neighbor/Friend/ Acquaintance
- ☐ Teacher
- ☐ Military Child Care
- ☐ Other Child Care
- ☐ Other (Specify) _____

j. HISTORY OF VIOLENCE AND/OR ABUSE *(x as applicable)*
- ☐ Has been referred to an alcohol rehabilitation program
- ☐ Has been referred to a drug rehabilitation program
- ☐ Involvement in previous established case of child abuse
- ☐ Involvement in previous established case of spouse abuse
- ☐ Offender was abused as a child
- ☐ Previous abuse history unknown
- ☐ No previous record of abuse

k. MARITAL STATUS *(x one)*
- ☐ Single
- ☐ Married
- ☐ Divorced/Separated
- ☐ Widowed

l. SUBSTANCE INVOLVEMENT *(x one)*
- ☐ Alcohol
- ☐ Drugs
- ☐ Alcohol and Drugs
- ☐ Unknown
- ☐ No Involvement

16. ACTIONS INVOLVED IN CASE TO DATE *(x as applicable)*

a. MILITARY
- ☐ Medical
- ☐ UCMJ Action
- ☐ CGIS Investigation
- ☐ Administrative Action
- ☐ Command Investigation

b. CIVILIAN
- ☐ Medical
- ☐ Police Investigation
- ☐ Social Services
- ☐ Court Involvement

17. DOES SPONSOR HAVE A SPECIAL NEEDS FAMILY MEMBER? ☐ YES ☐ NO

If Yes, has Member enrolled in the Special Needs Program? ☐ YES ☐ NO

18. BASIS FOR: SUBSTANTIATION ☐ UNSUBSTANTIATION ☐

19. CASE MANAGEMENT PLAN *(If additional space is needed, continue on plain paper)*

20. FAMILY ADVOCACY SPECIALIST (*Signature authenticates finding made in Block #11)*

a. TYPED NAME *(Last, First, Middle Initial)*	b. SIGNATURE	c. DATE SIGNED
d. NAME OF ISC	e. TELEPHONE NUMBER	

21. COMMAND SIGNATURE (*Signing acknowledges notification of final case status determination and Case Management Plan)*

a. TYPED NAME *(Last, First, Middle Initial)*	b. SIGNATURE	c. DATE SIGNED
d. NAME OF UNIT	e. TELEPHONE NUMBER	
f. Command Concurs with Case Management Plan ☐	g. Command Does Not Concur with Case Management Plan ☐	

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