

## All Children Excel (ACE) Referral Form – Police Form

Please complete both sides of this form and attach a copy of the police report(s). Please do not leave anything blank. All this information helps the screening team assess the case.

Send Referrals To: Kayla Rodriguez  
 Office of the Ramsey County Attorney  
 121 Seventh Place East, Suite 4500  
 St. Paul, MN 55101-5001  
 Fax: 651-266-2743

NAME OF REFERRING OFFICER				PHONE NUMBER	
ADDRESS OF REFERRING OFFICER				FAX NUMBER	
CHILD'S NAME (FIRST, MIDDLE, LAST)		STREET ADDRESS, CITY, COUNTY, STATE, ZIP			
CHILD'S PHONE NUMBER	D.O.B.	HEIGHT	WEIGHT	SEX	RACE
MOTHER'S NAME (FIRST, MIDDLE, LAST)		STREET ADDRESS, CITY, COUNTY, STATE, ZIP			
FATHER'S NAME (FIRST, MIDDLE, LAST)		STREET ADDRESS, CITY, COUNTY, STATE, ZIP			
CHILD LIVES WITH <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER (WHO?) _____			SCHOOL NAME / TEACHER'S NAME		GRADE
TYPE OF ALLEGED OFFENSE(S)		LOCATION AND DATE / TIME OF OFFENSE(S)		AMOUNT OF DAMAGE / LOSS	
VICTIM NAME	D.O.B.	HOME ADDRESS		HOME PHONE	
VICTIM'S PARENTS NAME (IF JUVENILE)		BUSINESS ADDRESS		BUSINESS PHONE	
COMPANION(S) IN ALLEGED OFFENSE(S)	D.O.B.	DISPOSITION BY POLICE			
DESCRIPTION OF OFFENSE(S):					
LAW ENFORCEMENT AGENCY			TYPE OR PRINT NAME OF ARRESTING OFFICER / BADGE NUMBER		

ITEMS BELOW FOR USE OF COUNTY ATTORNEY ONLY				
COUNT	MOC	CHARGING DECISION	DATE	DATE RECEIVED
1				
2				

DOES CHILD ADMIT OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	ATTITUDE
DID YOU HAVE CONTACT WITH THE PARENT(S)? <input type="checkbox"/> YES      MOTHER / FATHER / BOTH (CIRCLE ONE) <input type="checkbox"/> NO	
PARENT'S RESPONSE:	
DOES THE CHILD SPEAK ENGLISH FLUENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHAT LANGUAGE IS SPOKEN? _____	DOES THE PARENT SPEAK ENGLISH FLUENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WHAT LANGUAGE IS SPOKEN? _____
DESCRIBE ANY FACTS OR CIRCUMSTANCES THAT INDICATE THE CHILD MAY BE A SUBJECT OF ABUSE OR NEGLECT.	
HAVE YOU REPORTED THE INCIDENT TO CHILD PROTECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO    IF SO, DATE OF REPORT _____	
OTHER CONCERNS ABOUT THE CHILD AND/OR FAMILY:	
WHAT IS YOUR RECOMMENDATION FOR THE DISPOSITION OF THIS REFERRAL?	

IF YOU HAVE ANY QUESTIONS, PLEASE CALL:

KAYLA RODRIGUEZ (651) 266-3378