



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

Date of Request: _____

Ver 1 - 2021

Who are you?

Last Name _____ First Name _____ Middle Initial _____

Street Address _____ 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 _____ Okay to send an email? Yes No

How do you know this child or family? Mark all that apply.

Child's Parent

Child's Legal Guardian

Child's Grandparent

Other Relatives

Specify _____

Kinship Provider

Child

Foster 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 _____

Who is the child?

Child 1

Legal Last Name _____ Legal First Name _____ Middle Initial _____
Age _____ Date of Birth ____ / ____ / ____ (Month/Date/Year) Sex Male Female

Child 2

Legal Last Name _____ Legal First Name _____ Middle Initial _____
Age _____ Date of Birth ____ / ____ / ____ (Month/Date/Year) Sex Male Female

Child 3

Legal Last Name _____ Legal First Name _____ Middle Initial _____
Age _____ Date of Birth ____ / ____ / ____ (Month/Date/Year) Sex Male Female

Child 4

Legal Last Name _____ Legal First Name _____ Middle Initial _____
Age _____ Date of Birth ____ / ____ / ____ (Month/Date/Year) Sex Male Female

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 _____ Okay to send an email? 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 _____ Okay to send an email? Yes No

Who is the family's Child Protection Specialist?

Full Name _____ County _____
Phone number _____
Add Supervisor (if known) _____

Please describe your reason for requesting Ombudsman assistance:

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

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 Chief Safety and Community Liaison? 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

Friend

Family Member

CASA/GAL

Attorney General's Office

Community Professional or Service Provider

Specify _____

Teacher or School Employee

Specify _____

Media (TV or radio)

Internet

Directory Assistance or Phone Book

Conference, Training, or Workshop

Specify _____

Other

Specify _____

Acronyms you might see:

CASA - Court Appointed Special Advocate

CPS - Child Protection Specialist

CFSD - Child and Family Services Division

AG - Attorney General

GAL - Guardian ad Litem

DPHHS - Department of Public Health and Human Services

DOJ - Department of Justice

OCFO - Office of the Child and Family Ombudsman

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