



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

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

Ver 05 - 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 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 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 \_\_\_\_\_

## 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

### 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	Father's Primary language: _____
American Indian or Alaska Native	Is the father hearing impaired? Yes No
Asian American	Is the father vision impaired? Yes No
Native Hawaiian Pacific Islander	Does the father require interpretation or translation services? Yes No
Hispanic	
Caucasian	
Multi-racial	
Other _____	

### 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 help 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, Child Protection Specialist Supervisor, and/or the Regional Administrator? 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?

## 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                                   | Conference, Training, or Workshop  |
| Attorney General's Office                  | Specify _____                      |
| Community Professional or Service Provider |                                    |
| 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 a crime? Mark all that apply:

- |                                       |                                 |
|---------------------------------------|---------------------------------|
| Adult physical assault                | Domestic and/or Family Violence |
| Adult sexual assault                  | DUI/DWI Incidents               |
| Adults Sexually Abused as Children    | Human Trafficking               |
| Arson                                 | Kidnapping                      |
| Bullying (verbal, cyber, or physical) | Stalking/Harassment             |
| Child Physical Abuse or Neglect       | Drug charges/convictions        |
| Child Pornography                     | Specify                         |
| Child Sexual Abuse/Assault            | Other violent crime             |
|                                       | 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](mailto:DOJOMBUDSMAN@mt.gov).



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