

Date Reported	Reported By	Place of Event (Sub-county, Ward, Village/Estate)	Parent(s)/Guardian(s) (Name & Contact)		Children			School/Class	
					Name	Age/ DOB	Sex (m/f)		
	Reported by		Mother		Main Child				
					Sibling				
	Contact				Sibling				
	Respondent		Father		Sibling				
					Sibling				
	Contact				Sibling				
	Reported by		Mother		Main Child				
					Sibling				
	Contact				Sibling				
	Respondent		Father		Sibling				
					Sibling				
	Contact				Sibling				
	Reported by		Mother		Main Child				
					Sibling				
	Contact				Sibling				
	Respondent		Father		Sibling				
					Sibling				
	Contact				Sibling				
	Reported by		Mother		Main Child				
					Sibling				
	Contact				Sibling				
	Respondent		Father		Sibling				
					Sibling				
	Contact				Sibling				
	Reported by		Mother		Main Child				
					Sibling				
	Contact				Sibling				
	Respondent		Father		Sibling				
					Sibling				
	Contact				Sibling				

Case Details		Summons	Intervention(s)	Final Intervention (Case Closure)	Name and Signature of Officer	
Case Category	Serial (e.g. 001/15)			Date resolved		
		Date Issued				
		Date Came		Date		
		Date Issued				
		Date Came		Date		
		Date Issued				
		Date Came		Date		
		Date Issued				
		Date Came		Date		
		Date Issued				
		Date Came		Date		



Department of Children Services

Child Protection Case Register

County: _____

Sub County: _____

Serial Number: **CCO/_ _/_ _/_ _/5/29/_ _ _ _**

Date Opened: _____

Date Closed: _____