## NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF SOCIAL SERVICES CHILD PROTECTIVE SERVICES RESPONSIBLE INDIVIDUALS LIST FORM

RIL Form #\_\_\_\_\_

RESPONSIBLE INDIVIDUAL				
1. Responsible Individual Name, Last	Responsible Individual, First	MI 2. Date of Birth	3. Age 4. Race 5. Sex	6. Social Security Number
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INVESTIGATIVE ASSESSMENT FINDING				
7. County 8. CR Form Number 9. I	Date of Initial Report 10. Dat	te of Case Decision 11. R	IL Indicator 12. Date Notice to I	Responsible Individual Delivered
JUDICIAL REVIEW (AOC-J-131) HEARING				
13. Date AOC-J-131 Filed 14. D	ate of Judicial Review 15. D	Director Determ. 16. JR Determ.	17. Reserved	18. Date Judicial Review Signed
JUVENILE PETITION (AOC-J-130) - No Longer In Use				
19.	21.	22. 23.		
ORIGINAL RIL INDICATOR STATUS DSS-5104 #39				
24. RIL Code 25. Date of RIL placement	26. Reserved	27. Reserved	28. Date Criminal Order Signed	29. Criminal Code