

Form JCAB-1

*Empowering Dreams for the Future*

**OUTSIDE AGENCY INTERVIEWS AND INVESTIGATIONS**

**NOTE:** To be completed anytime a Non-Cobb County Board of Education governmental/law enforcement investigation occurs (except for routine visits by probation officer) and/or a student is released to the custody of governmental/law enforcement agencies. This form shall remain in the school.

**INTERVIEW**

|  |  |
| --- | --- |
| **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | , | of the |  | Law Enforcement Agency, or |

*(Name of Officer) (City or County)*

|  |  |  |
| --- | --- | --- |
|  | interviewed |  |

*(Other Government Agency) (Student’s Name)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| at |  | at |  | a.m./  p.m. |

*(School) (Time)*

I will notify this student’s parent/guardian of the interview as soon as possible. Should the parent/guardian make contact with the school prior to my ability to notify the parent/guardian, please have /him/ her call:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **,** | of |  | **,** | at |  |

*(Name of Officer/Agent) (Agency) (Telephone number)*

for more information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature of Officer/Agent)*  *(Date Signed)*

***Verified by:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 *(Signature of School Official) (Date)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Witness) (Date)*

**REMOVAL FROM CAMPUS**

|  |  |
| --- | --- |
| **Date:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | , | of the |  | Law Enforcement Agency, or |

*(Name of Officer/Agent) (City or County)*

|  |  |
| --- | --- |
|  | hereby assume responsibility for the welfare and care of |

*(Other Agency)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | having taken |  | into custody from |

|  |  |  |  |
| --- | --- | --- | --- |
|  | School at |  | a.m./  p.m., prior to the end of the normal |

school day. I will be responsible for the safe delivery of this student to the school, home or other approved destination. I will notify this student’s parent/guardian of the removal as soon as possible. Should the parent/guardian make contact with the school prior to my ability to notify the parent/guardian, please have he/she call

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **,** | of |  | **,** | at |  |

*(Name of Officer/Agent) (Agency) (Telephone number)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Signature of Officer/Agent)*  *(Date Signed)*

***Verified by:*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Was student arrested?*  
 *(Signature of School Official) (Date)*  Yes  No

DPS-PII-03