

**CHILD ABUSE NEGLECT REPORT**

Referral Start D/T: 12Sep00 11:24:00 Case Number: 950575 Priority: 3 Case Disposition: Substantiated  
 Intake Completion D/T: 12Sep00 13:46:07 Region/Office: T East Jordan Neighborhood Offi Family Structure: Single Female with Chi  
 Child First Seen D/T: 29Sep00 07:20:00 Intake Worker: Roner, Lisa Socio-Eco Status: Working/Lower Middle  
 Investigation End Dt: 17Oct00 CPS CaseWorker: Richards, Barry Initial Risk: HR  
 Extension Appr Until Dt: Referral Source: Final Risk: HR

**Family Address**

Street Address : \_\_\_\_\_ Phone: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Person Section**

Name Last,First MI	Client ID	DOB	AGE	Role	Rel to PV	M/F	In Home	Race	Hisp	Mili-Exam Type	Exam Date	For Substantiated Victims Onl		
												Severity	Disp of Child	Characteristics
Bierly, Peter B	080208321	17Sep84	15Z	BR	M	Y	W	IN	U					
Bierly, Leigh S	040434225	13Jun98	2VI	SI	F	Y	Z	IN	U					
Bierly, Jordan B	030233396	09Apr93	7VI	PR	M	Y	Z	IN	U	M	10Oct00	2	SC	IH,IP,MF,DS,HL*
Bierly, Elizabeth E	060193389	19Dec57	42PT	MO	F	Y	Z	IN	U					
Bierly, Timothy B	090208321	12Jan82	18OX	BR	M	Y	W	IN	U					

**Allegation Section**

Allegation	Alleged Victim	Alleged Perpetrator	Access to Child	Site of Abuse	Allegation Disposition
Medical Neglect - Other	Bierly, Jordan B	Bierly, Elizabeth E	Y	Child's Home	Substantiated

Evidence confirmed medical neglect; child was hospitalized.

**Child Hospitalized 4 DAYS**  
**After being taken from mother**

**Perpetrator Address (if different than family address)**

Street Address: \_\_\_\_\_ Phone: ( ) - \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

and Hospitalized due to  
 Shelter mother not giving  
 Jordan Lynch 2 DAYS in a row.  
 One of those DAYS being FAST  
 SUNDAY - Following DAY MOM ASKED  
 for Jordan to be put in  
 Hospital !!!  
 you cannot not feed a juvenile diabetic!

Note: \* in the characteristics column in the Person Section means there are more characteristics associated with the person.