



CHILD'S NAME:  	CASE NUMBER:  
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**DECISION OF SOCIAL WORKER OR SOCIAL SERVICES AGENCY**

8. Social worker information:

- a. Name:
- b. Agency:
- c. Address:
- d. Telephone number:

9. After consideration of the application above, the SOCIAL WORKER HAS DECIDED

- a.  to commence proceedings in juvenile court on these allegations.
- b.  not to commence proceedings in juvenile court on these allegations because (*specify*):

See attachment 9. Number of pages attached: \_\_\_\_\_

10. I declare I am a social worker of the county in which this application was submitted and am duly authorized to make this decision.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF SOCIAL WORKER)