

## Request for Cross-Jurisdictional Assistance

Dear Child Death Review Coordinator (or Investigator):

It has come to the attention of our Child Death Review Team that we may share interest in obtaining information related to the death of a child. We would appreciate your assistance in the following manner:

The child is a resident of our county, but died in your county. Our team would like you to provide us with information on the circumstances of the death, including:

- Autopsy
- Death Scene Investigation
- EMS Run report
- Crash Report
- Fire Report
- Child Death Review Team Report

The child died in our county, but is a resident of your county. Our team reviewed the death. If your team would like access to our review findings, we would be happy to provide it to you upon request.

The child died in our county, but is a resident of your county. As such, your team will likely be reviewing the death, pursuant to state law \_\_\_\_\_. We would also like to review this death, to better understand the circumstances and how our community can ensure that similar deaths may be prevented. We would like you to provide us with your Child Death Review Team findings.

Attached is the information that we have on the child's death. Thank you for your attention. You may contact me at \_\_\_\_\_.

Sincerely,

Your Name

*CONFIDENTIAL*

**Information on the Child:**

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County of Death \_\_\_\_\_ Name of Child \_\_\_\_\_

Mother \_\_\_\_\_ Father \_\_\_\_\_

Resident Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Date of Death \_\_\_\_\_ Age at Death \_\_\_Yrs \_\_\_Days \_\_\_Hrs \_\_\_Min

Date of Birth \_\_\_\_\_ Race \_\_\_ Sex \_\_\_ Autopsy \_\_\_ Yes \_\_\_ No

Medical Examiner/Coroner \_\_\_\_\_ Phone: \_\_\_\_\_

Lead Investigator/Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

Cause of Death \_\_\_\_\_

Other key information regarding circumstances of death, please describe in detail: