CONNECTICUT
State Fire Marshal

Youth Firesetting Intake Information
Referral Information

Date Received _____
Agency/Department Initial Contact Person _____
Person/Agency Requesting Service _____
Phone# _____
Youth's Name_____
Address _____
City _____
Age _____ DOB _____ Male ____ Female ____

Parents/Caregivers

Father _____ Work# _____ Home# _____
Mother _____ Work# _____ Home# _____

Other adults in the home
Name Relationship
_____ _____
_____
_____
Brothers/Sisters
Name Age
_____
_____
_____
_____
_____

School _____Grade _____

Incident Information
Did the fire dept. respond? Yes____No____ Incident # _____
Date _____
Where did the incident take place?
_____
What was set on fire?
_____
What was the ignition source?
_____
Have there been any other fires set?
_____
Action Taken
Screening Interview Date _____