

7. Risk

Do you believe that the child(ren) named at Section 3 have experienced or are at risk of experiencing harm from any of the following by any person who has had contact with the child?

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| any form of domestic abuse/violence | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| child abduction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| child abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| drugs, alcohol or substance abuse | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| other safety or welfare concerns | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered Yes to any of the above, please complete form C1A (Supplemental information form).

If Other, please give details