

Juvenile Firesetter Intervention/Education Referral Form
Call 1-866-KID-FIRE or Fax to 1-501-978-6411

Date:

Your Agency:		Your Name:		Your Phone:													
Child's Name:		Incident address:															
Child's gender:		Child's Age		Date of Birth:													
Address of Child:			ZIP code:		County:												
Name of Parent or Guardian			School:														
Home Phone:			School Phone:														
Work Phone:			Grade:														
Who initiated the process of getting help for child's fire play: <table border="0" style="width:100%"> <tr> <td><input type="checkbox"/> Fire Chief</td> <td><input type="checkbox"/> Parent/guardian</td> <td><input type="checkbox"/> Juvenile Court</td> </tr> <tr> <td><input type="checkbox"/> Fire Investigator</td> <td><input type="checkbox"/> Mental health</td> <td><input type="checkbox"/> DHS</td> </tr> <tr> <td><input type="checkbox"/> Firefighter</td> <td><input type="checkbox"/> School</td> <td><input type="checkbox"/> Public</td> </tr> <tr> <td><input type="checkbox"/> Law Enforcement</td> <td><input type="checkbox"/> AR Children's Hospital</td> <td><input type="checkbox"/> Other</td> </tr> </table>						<input type="checkbox"/> Fire Chief	<input type="checkbox"/> Parent/guardian	<input type="checkbox"/> Juvenile Court	<input type="checkbox"/> Fire Investigator	<input type="checkbox"/> Mental health	<input type="checkbox"/> DHS	<input type="checkbox"/> Firefighter	<input type="checkbox"/> School	<input type="checkbox"/> Public	<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> AR Children's Hospital	<input type="checkbox"/> Other
<input type="checkbox"/> Fire Chief	<input type="checkbox"/> Parent/guardian	<input type="checkbox"/> Juvenile Court															
<input type="checkbox"/> Fire Investigator	<input type="checkbox"/> Mental health	<input type="checkbox"/> DHS															
<input type="checkbox"/> Firefighter	<input type="checkbox"/> School	<input type="checkbox"/> Public															
<input type="checkbox"/> Law Enforcement	<input type="checkbox"/> AR Children's Hospital	<input type="checkbox"/> Other															
Where did the incident occur? <ul style="list-style-type: none"> <input type="checkbox"/> Apartment <input type="checkbox"/> Duplex <input type="checkbox"/> Single Family home <input type="checkbox"/> Other type residence <input type="checkbox"/> Out building <input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Commercial building <input type="checkbox"/> Vehicle <input type="checkbox"/> Dumpster <input type="checkbox"/> Mailbox <input type="checkbox"/> Yard/landscaping <input type="checkbox"/> Vacant lot <input type="checkbox"/> Wildland <input type="checkbox"/> Other: 		Ignition source? <ul style="list-style-type: none"> <input type="checkbox"/> Lighter <input type="checkbox"/> BBQ lighter <input type="checkbox"/> Matches <input type="checkbox"/> Candle <input type="checkbox"/> Lantern <input type="checkbox"/> Gas stove <input type="checkbox"/> Electric stove <input type="checkbox"/> Wood stove/fireplace <input type="checkbox"/> Fireworks <input type="checkbox"/> Accelerant use <input type="checkbox"/> Other: 		What was ignited initially: <ul style="list-style-type: none"> <input type="checkbox"/> Lighter only <input type="checkbox"/> Matches only <input type="checkbox"/> Paper/cardboard <input type="checkbox"/> Bedding/bed <input type="checkbox"/> Clothing <input type="checkbox"/> Toys <input type="checkbox"/> Furniture <input type="checkbox"/> Closet <input type="checkbox"/> Ignitable liquids <input type="checkbox"/> Fireworks <input type="checkbox"/> Trash <input type="checkbox"/> Leaves/yard waste <input type="checkbox"/> Bushes, trees, shrubs <input type="checkbox"/> Wildland <input type="checkbox"/> People, animals, self <input type="checkbox"/> Other: 													
Area of origin:		Where was the ignition source obtained? <ul style="list-style-type: none"> <input type="checkbox"/> Home out of reach <input type="checkbox"/> Home easy access <input type="checkbox"/> School <input type="checkbox"/> Friend <input type="checkbox"/> Store <input type="checkbox"/> Restaurant <input type="checkbox"/> Other: 		Where there injuries? <ul style="list-style-type: none"> <input type="checkbox"/> The firesetter <input type="checkbox"/> Other people <input type="checkbox"/> Animal 													
Did the child act alone?		Name and number of child's counselor/therapist/probation officer:															
Child's Firesetting History:					# of fires:												
Comments:				Referred to:													