SUPPLEMENTARY QUESTIONS FOR CHILD ABUSE CASES

Please answer each question to the best of your ability. Mark D/K for “don’t know”; N/A for “not applicable” to your case.

1. **How many children accused you of sexually abusing them? \_\_\_\_**
	1. **For each child, list age at time of the alleged abuse, gender, and your relationship to each child** (*father, family friend, mother, none, etc.*)**.**

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* 1. **How old are the children now?**

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* 1. **If you know the full names and contact information (including address and telephone number) for the children, please provide below.**

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1. **Who did the children tell about the alleged abuse?**

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1. **Was the child’s first complaint against you taped?** [ ]  Yes  [ ]  No.

If “Yes,”

* 1. **Did you hear the tape?** [ ]  Yes [ ]  No
	2. **Was the tape used at trial?** [ ]  Yes [ ]  No
	3. **If the tape was not used at trial, why not?**

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* 1. **If you know where the tape is now, please tell us where.**

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1. **Why do you think the child made a complaint against you?**

Please answer separately for each child.

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1. **Was (were) part(s) of the child’s stories impossible to believe?** **[ ]  Yes** **[ ]  No**

Please answer separately for each child. If “Yes,” please explain.

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1. **Which, if any, child welfare agencies were involved? Who were the social worker(s) for each agency?**

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1. **Did your lawyer interview the child before your trial?** **[ ]  Yes** **[ ]  No**

**If yes, did your lawyer talk about the interviews with you? And what did your attorney tell you?**

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1. **Did the victim testify against you?** **[ ]  Yes** **[ ] No**

**If yes, what did the child say?**

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* 1. **Did your attorney cross-examine the child?** [ ]  Yes [ ]  No
1. **List the name, address and phone of any doctor who examined the child and who arranged for a doctor to see the child.**

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* 1. **Who made the arrangements?**  [ ]  Defense  [ ]  Prosecution  [ ]  Other
1. **If there was a second examination, list the name, address, and phone number of the doctor who conducted the examination as well as who arranged to have the second exam done.**

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1. **Were the medical reports used at trial?** [ ]  Yes [ ]  No

	1. **If yes, who used the reports?** [ ]  Defense [ ]  Prosecution [ ]  Other
	2. **If no, why not?**

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1. **Did the children have psychological exams?** [ ] Yes [ ]  No

	1. **Who arranged to have the exam done?** [ ]  Defense [ ]  Prosecution [ ]  Other
	2. **Please provide the name, address, phone number of person who did the exam.**

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1. **Did either the prosecution or the defense use the children's psychological reports at trial?** [ ]  Yes [ ]  No

	1. **If yes, who used the reports?** [ ]  Defense [ ]  Prosecution [ ]  Other
	2. **If no, why not?**

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1. **Were you given a psychological exam?** [ ]  Yes [ ]  No
	1. **If so, who gave it to you?**

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1. **Has the child accused other people of abuse?** [ ] Yes [ ]  No

**If so, please list the names of the others accused by the child and any contact information you may have for them.**

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