On-Site Youth Firesetting Questionnaire

Child's name: _____

Date: _____

Gender: M   F

DOB: _____

Address: _____

City: _____ State: _____ ZIP: _____

Critical Information

1. Was this an intentionally set fire of a structure with intent to harm others? Yes   No

2. Did the child attempt or threaten to harm self or others? Yes   No

3. Was this a total loss fire or one which caused major damage or death? Yes   No

Yes to any or all items above is an extreme case.

Consider immediate hospitalization.

4. Has the child set other damaging fires? Yes   No

5. Was this fire on school grounds? Yes   No

6. Did the child attempt to destroy their own or another person's property? Yes   No

7. Was an incendiary device used? Yes   No

8. Was the fire out of anger or revenge? Yes   No

Yes to these questions indicates this is a high-priority YFPI case. Please refer this youth immediately to your local YFPI team or call the duty officer.

Parent/Guardian information

Child lives with: Mother   Father   Both   Foster parents   Other

Name: _____

Address (if different): _____

City: _____State: _____ Zip: _____Phone: _____

Caregiver's attitude: Cooperative   Uncooperative   Indifferent   Conncerned

Parent/Guardian information

Name:

Address (if different):_____

City: _____ State: _____ Zip: _____ Phone: _____

Caregiver's attitude: Cooperative   Uncooperative   Indifferent   Concerned

Fire information

Date of Fire: _____ Time: _____ Run Number: _____

What was burned? _____

Source of ignition: Lighter   Novelty lighter   Matches   Other: _____ Accessed from: _____

Other juveniles involved? Yes   No   (If yes, fill out a separate form for each youth.)

Location to home: At home   Away from home   Occupied structure   Unoccupied structure

Comments/observations

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_____

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