



JFSI Number: _____ Case Number: _____
 Fire Department Name: _____ FDID: _____ Contact Person: _____
 Report Date: _____ Report Authorization: _____
 Address: _____ City: _____ Zip: _____ County: _____
 Fire Department Response: _____
 Incident Date/Time: _____ Alarm Number: _____
 Incident Location: _____
 Ignition Source: _____
 Where was the ignition source obtained: _____
 Item First Ignited: _____
 Was Accelerant Used: _____ What Accelerant: _____

DOB: _____ Age: _____ Gender: _____
 Race: _____
 Ethnicity: _____
 Number of Previous Fires Set: _____
 Referral Source: _____
 Other (describe): _____
 Family Type: _____

Intervention & Disposition of Person Under 18:
 (Choose all that apply) Ctrl + Click to select multiple.

Other (describe): _____
 Parent Screening Tool Interview Score: _____
 Youth Screening Tool Interview Score: _____

DOB: _____ Age: _____ Gender: _____
 Race: _____
 Ethnicity: _____
 Number of Previous Fires Set: _____
 Referral Source: _____
 Other (describe): _____
 Family Type: _____

Intervention & Disposition of Person Under 18:
 (Choose all that apply) Ctrl + Click to select multiple.

Other (describe): _____
 Parent Screening Tool Interview Score: _____
 Youth Screening Tool Interview Score: _____

JFSI Number: _____ Case Number: _____

Subject Information (continued)

DOB: _____ Age: _____ Gender: _____

Race: _____

Ethnicity: _____

Number of Previous Fires Set: _____

Referral Source: _____

Other (describe): _____

Family Type: _____

Intervention & Disposition of Person Under 18:
(Choose all that apply) Ctrl + Click to select multiple.

Other (describe): _____

Parent Screening Tool Interview Score: _____

Youth Screening Tool Interview Score: _____

DOB: _____ Age: _____ Gender: _____

Race: _____

Ethnicity: _____

Number of Previous Fires Set: _____

Referral Source: _____

Other (describe): _____

Family Type: _____

Intervention & Disposition of Person Under 18:
(Choose all that apply) Ctrl + Click to select multiple.

Other (describe): _____

Parent Screening Tool Interview Score: _____

Youth Screening Tool Interview Score: _____

Notes/Remarks:

