Medical Provider's name [Street Address] [City, ST ZIP Code] [Date]

CPS in County that child resides and law enforcement where potential crime occurred [Street Address]
[City, ST_ZIP Code]

Dear CPS in County that child resides and law enforcement where potential crime occurred:

The purpose of this letter is to provide written documentation of my concerns for significant physical harm to a child resulting from medical neglect. The child is NAME, DOB, MOTHER'S NAME, ADDRESS. I am the child's primary care physician/consulting physician and have known the child and her family since XX/XX/XXXX. The next several paragraphs include a summary of her medical condition (NOTE TO MEDICAL PROVIDER: IF YOU USE MEDICAL TERMS, ALSO INCLUDE LAY LANGUAGE THAT YOU WOULD USE IN TALKING WITH FAMILIES!), recommended and necessary medical care and risks to her if medical care is not provided. The risk of physical harm is very high and potentially life-threatening.

- What are the safety risks/urgent medical concerns? Include medical conditions, needed therapies, and a discussion if the therapies are better than the natural course of the disease, likely to be successful, and whether a reasonable parent would opt for the therapies.
 - o Bulleted format by topic is very helpful
- Family's understanding of the medical condition and recommended treatments
- Barriers to compliance that have been identified and addressed by my health care team
- Risks if no further action is taken: Short- and long-term risks

Thank you for your assistance.

Sincerely,

Medical Provider's name