**Form 14 Case Management Matrix**

**Family Investigations Bureau – Case Management Review**

Revise as needed see section B3E for example of completed form, delete yellow highlight.

|  |  |  |  |
| --- | --- | --- | --- |
| DR# |       | DR Date |       |
|  |  |  |  |
| Status |       | Incident Date |       |
|  |  |  |  |
| Radio Code |       | Related Reports |       |
|  |  |  |  |
| Det. Serial # |       | Det. Name |       |

**Detective - Case submitted / charged?** [ ]  Yes, consider complete [ ]  No, continue review

**Detective – Investigation / Case Management**

1. Interview Process Overall: [ ]  Yes [ ]  No

|  |  |  |  |
| --- | --- | --- | --- |
| Individual(s) | Audio / Video | Impounded | Summarized / Transcribed |
|  | Yes | No | Yes | No | Yes | No |
| Victim(s)  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Suspect(s)\* | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
| Witness(es) | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |
|  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  | [ ]  |

\*Attempt documented if suspect declines interview

1. Evidence Overall: [ ]  Yes [ ]  No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. Medical Exam
 |  |  |  |  |
|  | Yes | No | N/A | Undetermined |
| Was DR generated within 72 hours of incident? | [ ]  | [ ]  | [ ]  | [ ]  |
| If yes: |  |  |  |  |
|  | Was medical exam completed? | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Are medical results summarized? | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Are medical results impounded? | [ ]  | [ ]  | [ ]  | [ ]  |
| If no: |  |  |  |  |
|  | Was a medical exam scheduled by detective? | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Was medical exam performed? | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Are medical results summarized? | [ ]  | [ ]  | [ ]  | [ ]  |
|  | Are medical results impounded? | [ ]  | [ ]  | [ ]  | [ ]  |
|  |  |  |  |  |  |
| 1. Other evidence reviewed / impounded / summarized? e.g. clothing, DNA, photographs
 | [ ]  | [ ]  | [ ]  | [ ]  |

If ‘No’, note reason:

1. Case Management Overall: [ ]  Yes [ ]  No

|  |  |  |  |
| --- | --- | --- | --- |
| Was case status appropriate? | Yes | No | N/A - Undetermined |
|  | * Open (active investigation with a degree of solvability)
 | [ ]  | [ ]  | [ ]  |
|  | * Pended (all interviews conducted, all evidence gathered, all attempts at contacts were conducted)
 |
|  | * Closed (case concluded & no further investigation is required e.g. all suspects have been identified, located, charged, etc.)
 |
|  |  |  |  |  |
| Was case cleared appropriately? | [ ]  | [ ]  | [ ]  |
|  | * Cleared by Arrest
 |
|  | * Exceptionally Cleared (suspect identified, arrest supported, reason cannot arrest, suspect’s exact location known; requires supervisory approval)
 |
|  | * Unfounded (complaint determined false; requires supervisory approval)
 |
|  |  |  |  |  |
| Was use of “Information Only” appropriate? | [ ]  | [ ]  | [ ]  |
|  | * Information Only (outside city of Phoenix jurisdiction, doubt if crime occurred)
 |
|  |  |
| Were there periods greater than 1 year for which work was not documented in PACE ?  | [ ]  | [ ]  | [ ]  |
|  |  |

**Detective’s investigation completed per policy/practice?** [ ]  Yes [ ]  No

Interviews, Evidence and Case Management must have overall scores of “Yes”

**Does case need additional review by FIB / Child Crimes?** [ ]  Yes [ ]  No

**Has FIB / Child Crimes staff conducted additional case review?** [ ]  Yes [ ]  No [ ]  NA

e.g. by supplement or case management notation, not just a reassignment

Notes:

**Active Evidence?** [ ]  Yes [ ]  No

Reviewer:       Date: