

<p style="text-align: center;"><b>DAVIE COUNTY, NC</b>  <b>FIRE MARSHAL'S OFFICE</b>  STANDARD OPERATING GUIDELINES</p>	REVISION DATE  6/4/2018
<p style="text-align: center;">SUB DOCUMENT</p> <p style="text-align: center;"><b>JUVENILE FIRE SETTER INTERVENTION</b></p>	ADMIN PAGE 1 OF 2
<p style="text-align: right;">DCFM #</p>	300-001B

1. GUIDELINES

- 1.1. A juvenile is defined as a child between the ages of 5 – 15 years of age. (For judicial intervention)
- 1.2. Any juvenile that is involved with their first fire at their own residence with damage caused by careless playing with fire should be interviewed along with the parents or guardian by fire suppression personnel at the scene. The Fire Marshal or a Deputy Fire Marshal shall be notified. All information and the interview shall be documented.
- 1.3. Any juvenile involved with two or more fires at their own residence regardless of damage caused by playing with fire, the Fire Marshal or a Deputy Fire Marshal is to be notified and respond to the scene to conduct an interview and follow up.
- 1.4. Any juvenile involved with deliberately setting fire to other's property, the Fire Marshal or a Deputy Fire Marshal is to respond to the scene to conduct interview and follow up with possible referral to Juvenile Justice.
- 1.5. Any contact with a Juvenile that's involved in a fire shall require the completion of the Juvenile Contact Report along with complete documentation of the interview and statements.
- 1.6. Always advise the parents or guardians that the Fire Department is **NOT** in a position to provide professional counseling and they should seek the assistance of their family physician, an employee assistance plan or their county's local mental health provider.
- 1.7. All Juvenile Fire Setters will be transported by EMS to Davie Medical Center for evaluation.

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**Davie County Fire Marshal's Office  
Juvenile Contact Report**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Current Address \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Location of Incident \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Narrative \_\_\_\_\_

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Contacting Officer \_\_\_\_\_