



Illinois Fire Safety Alliance
 Juvenile Fire Setter Intervention Program
 Juvenile Fire Setter Reporting System



Case Number (provided by JFSIP) _____ Fire Department _____

Interventionist _____ Contact Number _____

Date of Incident _____ Time of Incident _____ Alarm Number (if applicable) _____

Incident Address _____

Street City County zip

Juvenile Name _____ Parent/Guardian Name _____

Juvenile Age _____ Grade Level _____ Gender _____ Check here if this is an update from a previous report.

Known previous fire sets _____

Box A: Incident Information
 Number of injuries _____
 Number of people displaced _____
 Dollar loss estimate (per report)
 \$ _____

Box B: Referral source
 Parent/guardian
 Fire investigator
 Other fire department
 Law enforcement
 Mental health agency
 Juvenile justice
 School
 Other _____

Box C: Family Unit
 Biological parents
 Mother only/single parent
 Father only/single parent
 Step-family
 Adoptive family
 Foster family
 Mother w/partner
 Father w/partner
 Grandparents
 Other female relative
 Other male relative
 Friends-no relation
 Extended family/many relatives
 Other _____

Box D: Caregiver at time of incident
 Parent/Guardian
 Sitter (approximate age) _____
 School
 No one
 Other _____

Box E: Incident Involvement
 Juvenile acted alone
 Other known juveniles involved
 Other unknown juveniles involved
 Other _____

Box F: Where did the incident take place? *Property use*
 Single family home
 Apartment
 Vehicle
 Wildland
 Yard/park/landscaping
 Vacant lot
 Street/alley/sidewalk
 School
 Dumpster/trash
 Church
 Commercial building
 Other residence
 Other Structure
 Other _____
 Area of origin: _____

Box G: What was the ignition source? *Form of heat*
 Match
 Lighter
 Candle
 Flare
 Multi-purpose lighter (BBQ)
 Gas stove
 Wood burning stove
 Electric stove
 Explosive devices
 Fireworks
 Other _____
 Accelerant used? Yes / No

Box H: Where was the ignition source obtained?
 Home
 Convenience store
 Other retail store
 Restaurant
 Motel/hotel
 School
 Outdoors
 Other person/friend
 Other _____

Box I: What material was ignited or attempted?
 Paper/tissue/cardboard
 Bedding/bed
 Clothing
 Furniture
 Part of a building
 Flammable liquids/aerosols
 Fireworks/explosives
 Toys
 Trash/leaves/grass/twigs
 Bushes/trees/shrubs
 Agricultural crops
 Wildland
 People/animals/self
 Insects
 Other _____

Box J: Intervention provided (check all that apply)
 Parent/child interviews
 Screening instrument completed
 Fire Safety Education
 Gave smoke alarms
 Referral to mental health agency
 Referral to juvenile justice: _____
 None available
 Family no show
 Family refused service
 Unable to contact
 Other _____

Contact the
**IFSA JUVENILE FIRE SETTER
 INTERVENTION PROGRAM**
 to obtain a case number.
 800-634-0911
 847-400-4864



Illinois Fire Safety Alliance
 Juvenile Fire Setter Intervention Program
 Juvenile Fire Setter Reporting System



Brief description of the incident: _____

Description of the Intervention/Fire Safety Education provided: _____

Release Information:

I _____ give _____
Parent/Guardian (Print) Name and Title (Print)
 of the _____ permission to provide this completed document
Referring Agency (Print)
 to the Illinois Fire Safety Alliance.

Signed _____ Date _____
{Relationship to child}

Signed _____ Date _____
{Relationship to child}

Witness _____ Date _____

The Juvenile Fire Setter Reporting System was created by the Illinois Fire Safety Alliance Juvenile Fire Setter Intervention Program Team to obtain statistics and recidivism rates for juvenile fire setting within Illinois.

Upon referral of a juvenile fire setter, contact the IFSA office to obtain a case number 847-390-0911 or 800-634-0911 or the JFSIP Helpline 847-400-4864. Upon completion of the intervention, this completed form can be submitted to the IFSA office via fax: 847-390-0920, email: jfsi@ifsa.org, or mail: PO Box 911, Mount Prospect, IL 60056.