



**State of New Jersey**  
**DEPARTMENT OF HUMAN SERVICES**  
**Division of Developmental Disabilities**

**MIKIE SHERRILL**  
Governor

**DR. DALE G. CALDWELL**  
Lt. Governor

**STEPHEN CHA, MD, MHSR**  
Acting Commissioner

**JONATHAN S. SEIFRIED, MA**  
Assistant Commissioner

**P.O. Box 726**  
**Trenton, NJ 08625-0726**

Department of Human Services  
Office of Risk Management  
Stephen Komninos' Law Investigation Report Request

Individual's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Requestor's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Requestor's relationship to Individual: Guardian  Other

If "Other," please describe: \_\_\_\_\_

Date of incident: \_\_\_\_\_ Incident #: \_\_\_\_\_

Please check off the reason(s) for the request of the investigation report:

- Provision of care (service delivery)
- Treatment of the individual
- Assessment of the individual
- Evaluation of the individual
- Supervision of the individual

Please email a copy of this form to [DDD.ORM-SKL@dhs.nj.gov](mailto:DDD.ORM-SKL@dhs.nj.gov)

**The Division will review this request to determine whether the investigation report contains information not already provided which is needed in connection with the provision of care, treatment, assessment, evaluation, or supervision of the individual, and the provision of information is in the best interests of the individual. If the request is approved, the names of caregivers, other service recipients, and some third parties that appear in the report will be redacted.**

Requestor's Signature \_\_\_\_\_ Date of request: \_\_\_\_\_