WIU INVESTIGATOR NAME		TELEPHO	ONE NUMBER
WIU OFFICE			
VIU OFFICE			
ADDRESS			
COUNTY MANAGER NAME		TELEPH	ONE NUMBER
COUNTY OFFICE			
ADDRESS			
DE	CASE NAME	CLAIM NUMBER OR REFERRAL	DCN
RE:			

(SPV) or referral for investigation.

	WIU to FSD:			
Date	Additional information is needed to complete the investigation. Please contact me at			
Date	☐ Initial investigation complete. Please contact me at			
Date	FSD to WIU:			
	This notice is to confirm the results of the discussion held on regarding a possible IPV by the individual above.			
	☐ The investigator and county manager agree that the individual may have committed an IPV and that the evidence supports this. WIU will attempt to contact the individual as a part of the investigation, and may offer the IM-161. The county will initiate the ADH.			
	☐ The investigator and county manager agree that the individual may have committed an IPV, but there is doubt about the evidence or the individual's intent. WIU will attempt to contact the individual as a part of the investigation, but will <b>NOT</b> offer the IM-161. WIU may or may not recommend an ADH after contacting the individual.			
	☐ The investigator and county manager did not agree whether there is enough evidence to present the IM-161 at the investigator's interview with the suspected individual. The situation is being cleared through appropriate channels.			
	Date:			
	Date:			
	☐ There is not sufficient evidence to pursue a disqualification. WIU will not contact the individual.			
Date	WIU to FSD:			
	☐ The IM-161 was offered when WIU contacted the individual. If an Administrative Disqualification Hearing (ADH) is scheduled, <b>DO NOT</b> send the IM-161 with the hearing packet.			
	☐ The IM-161 was <b>NOT</b> offered by WIU. Either there was still doubt about the evidence or the individual's intent, or WIU was not able to contact the individual. When the Administrative Disqualification Hearing (ADH) is scheduled, send the IM-161 with the hearing packet.			