90-150 APPENDIX B. FORM 07-104 HHSA

COUNTY OF SAN DIEGO
HEALTH AND HUMAN SERVICES AGENCY

SUMMARY OF INFORMATION FROM EVIDENCE VIEWED

CASE NAME:_____

CASE NUMBER:_____

Nature of evidence viewed:_____

This is to certify that the above evidence was viewed on_____
(Date)

by_____
(Name & Worker No.)