

CASE #:	SHERIFF'S OFFICE		Case #:
	DOMESTIC VIOLENCE SUPPLEMENT		Page _____ of _____
			Officer: _____ ID#: _____
	Describe All Conditions Observed		Date: _____ Time: _____
			911 Tape Available: <input type="checkbox"/> Yes <input type="checkbox"/> No
(Crime scene, Emotional, Physical)			
Time Lapse: (Between incident and observation)			
Excited Utterances:			
VICTIM Name: _____		SUSPECT Name: _____	
Employer: _____		Employer: _____	
Address: _____		Address: _____	
<input type="checkbox"/> Angry <input type="checkbox"/> Cooperative <input type="checkbox"/> Abrasions <input type="checkbox"/> Apologetic <input type="checkbox"/> Irrational <input type="checkbox"/> Scratches <input type="checkbox"/> Crying/Tearful <input type="checkbox"/> Nervous <input type="checkbox"/> Lacerations <input type="checkbox"/> Fearful/Afraid <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Drugs/Alcohol <input type="checkbox"/> Hysterical <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> Other (explain) <input type="checkbox"/> Calm <input type="checkbox"/> Threatening/Belligerent		<input type="checkbox"/> Angry <input type="checkbox"/> Cooperative <input type="checkbox"/> Abrasions <input type="checkbox"/> Apologetic <input type="checkbox"/> Irrational <input type="checkbox"/> Scratches <input type="checkbox"/> Crying/Tearful <input type="checkbox"/> Nervous <input type="checkbox"/> Lacerations <input type="checkbox"/> Fearful/Afraid <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Drugs/Alcohol <input type="checkbox"/> Hysterical <input type="checkbox"/> Complaint of Pain <input type="checkbox"/> Other (explain) <input type="checkbox"/> Calm <input type="checkbox"/> Threatening/Belligerent	
Notes: _____		Notes: _____	
RELATIONSHIP BETWEEN VICTIM/SUSPECT (Mark all that apply)		LETHALITY THREAT ASSESSMENT OF SUSPECT	
<input type="checkbox"/> Spouse <input type="checkbox"/> Related by Blood <input type="checkbox"/> Child in Common <input type="checkbox"/> Cohabitants <input type="checkbox"/> Former Spouse <input type="checkbox"/> Related by Marriage <input type="checkbox"/> Parent/Adult Child <input type="checkbox"/> Former Cohabitant <input type="checkbox"/> Other (explain)		Length of relationship: _____ years _____ months If applicable: Date relationship ended: _____ Prior history of domestic violence: <input type="checkbox"/> Yes <input type="checkbox"/> No Prior history of violence documented: <input type="checkbox"/> Yes <input type="checkbox"/> No Number of prior incidents: _____ <input type="checkbox"/> Minor <input type="checkbox"/> Serious Court of jurisdiction: _____	
Notes/Other Cities Lived In: _____		Has suspect ever threatened to kill victim? <input type="checkbox"/> Yes <input type="checkbox"/> No Does suspect have access to weapons? <input type="checkbox"/> Yes <input type="checkbox"/> No Types of weapons: _____ If firearm, is suspect restricted due to: <input type="checkbox"/> Felony Conviction <input type="checkbox"/> DV Misdemeanor Conviction <input type="checkbox"/> Active Protective Order Suspect abuses: <input type="checkbox"/> Drugs <input type="checkbox"/> Alcohol Recent separation between victim/suspect: <input type="checkbox"/> Yes <input type="checkbox"/> No Is suspect: <input type="checkbox"/> Controlling <input type="checkbox"/> Jealous <input type="checkbox"/> Possessive Is victim currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Does suspect have a mental health history? <input type="checkbox"/> Yes <input type="checkbox"/> No Has suspect recently been terminated from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Are there prior incidents of strangulation? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the suspect on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the suspect threatened to kill children or pets? <input type="checkbox"/> Yes <input type="checkbox"/> No Has the suspect threatened suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a current protective order in place? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a divorce pending? <input type="checkbox"/> Yes <input type="checkbox"/> No Is there a child custody case pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	
MEDICAL TREATMENT Was Medical at Scene: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> Hospital <input type="checkbox"/> Will Seek Own Dr. <input type="checkbox"/> Paramedics <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Medical Agencies: _____ <input type="checkbox"/> EMS Case #: _____ <input type="checkbox"/> Hospital Name: _____			
EVIDENCE COLLECTED			
Evidence collected from: <input type="checkbox"/> Crime Scene <input type="checkbox"/> Hospital <input type="checkbox"/> Other (explain) Photo's: <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> 35mm <input type="checkbox"/> Polaroid <input type="checkbox"/> Digital Tapes: <input type="checkbox"/> Audio <input type="checkbox"/> Video <input type="checkbox"/> Answering Machine <input type="checkbox"/> None Photographs taken by: _____ Victim's injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No Suspect's injuries: <input type="checkbox"/> Yes <input type="checkbox"/> No Children present: <input type="checkbox"/> Yes <input type="checkbox"/> No Weapon used: <input type="checkbox"/> Yes <input type="checkbox"/> No Weapon recovered: <input type="checkbox"/> Yes <input type="checkbox"/> No Firearm impounded for safety: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Firearm left in residence: <input type="checkbox"/> Yes <input type="checkbox"/> No			
VICTIM CONTACT INFORMATION			
Victim's home phone: _____ Cell: _____			
V. work phone: _____ email: _____			
V's closest relative(s): Name: _____ Address _____ Phone _____			
V's closest relative(s): Name: _____ Address _____ Phone _____			

CASE #: Page _____ of _____	Suspect Information: (Check all that apply)	<input type="checkbox"/> On scene	<input type="checkbox"/> Fled scene	<input type="checkbox"/> Interviewed
		<input type="checkbox"/> Witness statement obtained	<input type="checkbox"/> Not arrested	<input type="checkbox"/> Arrested
		<input type="checkbox"/> Arrested/Booked into jail	<input type="checkbox"/> Given No Contact order	<input type="checkbox"/> Given No Contact order at jail

Victim given: Domestic violence pamphlet Sheriff's Case Number Victim advocacy contact information

WITNESSES/CHILDREN PRESENT

Name:	Age:	Name:	Age:	Name:	Age:
Witness statement: <input type="checkbox"/> Yes <input type="checkbox"/> No		Witness statement: <input type="checkbox"/> Yes <input type="checkbox"/> No		Witness statement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Apologetic	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Apologetic	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Apologetic	<input type="checkbox"/> Cooperative
<input type="checkbox"/> Afraid	<input type="checkbox"/> Nervous	<input type="checkbox"/> Afraid	<input type="checkbox"/> Nervous	<input type="checkbox"/> Afraid	<input type="checkbox"/> Nervous
<input type="checkbox"/> Calm	<input type="checkbox"/> Angry	<input type="checkbox"/> Calm	<input type="checkbox"/> Angry	<input type="checkbox"/> Calm	<input type="checkbox"/> Angry
<input type="checkbox"/> Tearful/Crying	<input type="checkbox"/> Threatening	<input type="checkbox"/> Tearful/Crying	<input type="checkbox"/> Threatening	<input type="checkbox"/> Tearful/Crying	<input type="checkbox"/> Threatening
<input type="checkbox"/> Hysterical	<input type="checkbox"/> Injured	<input type="checkbox"/> Hysterical	<input type="checkbox"/> Injured	<input type="checkbox"/> Hysterical	<input type="checkbox"/> Injured

Drawing representative of: Victim Suspect

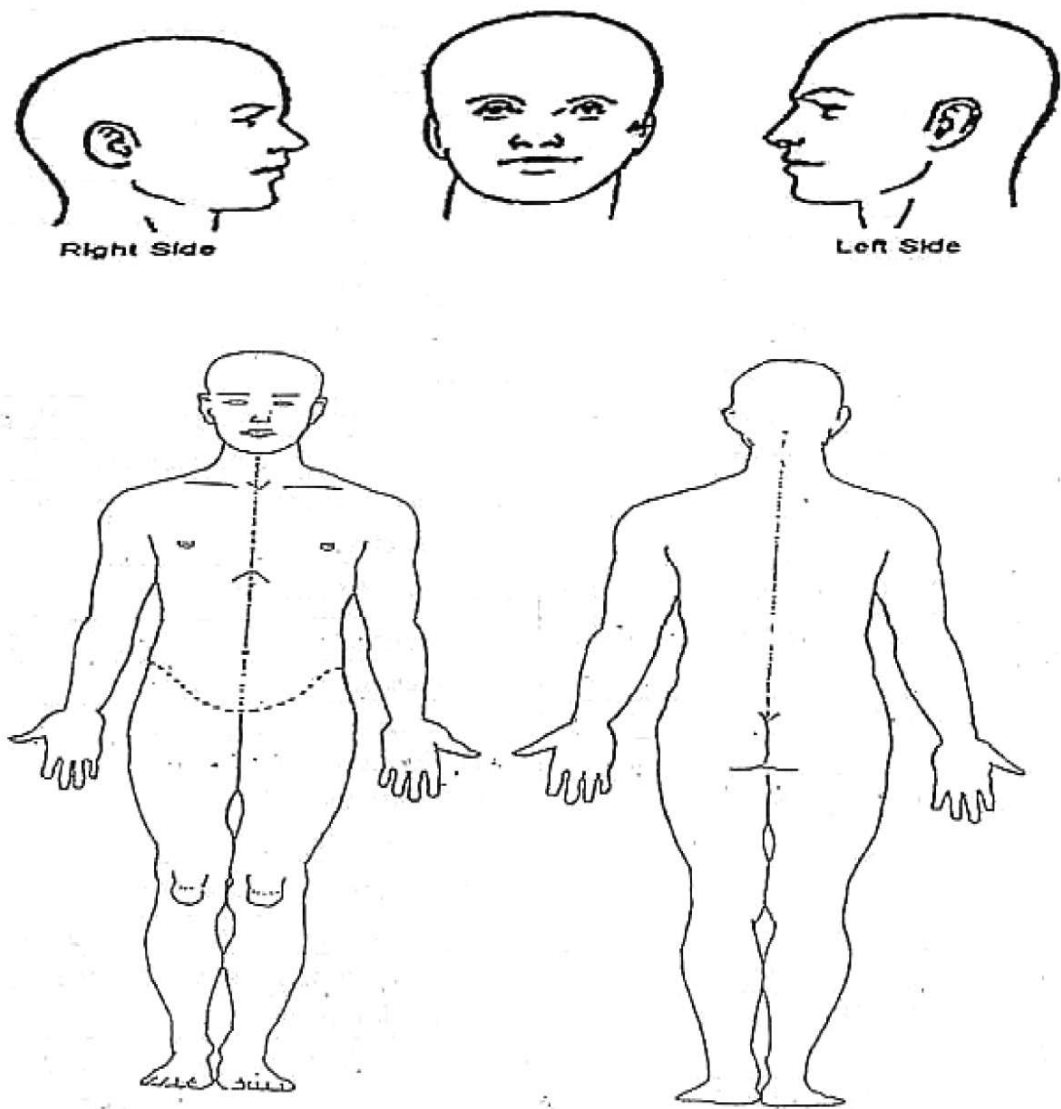


DIAGRAM: Describe each injury documented (i.e., redness, cuts, scratches, bruises, etc.) Use separate diagram for each person described.
