

Tribal Victims Services Program
Family Violence Supplemental Information

Police Case #: _____ Reporting Officer Name: _____ Badge: _____

Incident Date: _____ Report Date: _____ Location of Incident: _____

Victim:

Name: _____ DOB: _____ ☐ M ☐ F Race: _____

If under 18, Non-offending Parent/Guardian: _____ DOB: _____ ☐ M ☐ F Race: _____

Address: _____ Tel #: _____ Other Safe Contact #: _____

Aggravating Factors/suspicion of: ☐ Alcohol use ☐ Drug use ☐ Mental Health ☐ Pregnancy

Is victim a vulnerable adult: ☐ Yes ☐ No – If 'yes', report must be forwarded to Social Services Adult Social Worker within 36 hrs.

Victim provided written statement: ☐ Yes ☐ No Photos taken of injuries: ☐ Yes ☐ No ☐ None Apparent

Victim was provided with Community Resources Packet: ☐ Yes ☐ No

Suspect Information:

Name: _____ DOB: _____ ☐ M ☐ F Race: _____

Address: _____ Tel #: _____ Other Contact #: _____

Aggravating Factors/suspicion of: ☐ Alcohol use ☐ Drug use ☐ Mental Health ☐ Pregnancy

Photos taken of Suspect at time of incident investigation: ☐ Yes ☐ No

Relationship to Victim: ☐ Spouse ☐ Ex-spouse ☐ Partner ☐ Ex-partner ☐ Other _____

Was Arrested: ☐ Yes ☐ No – if 'No' skip to next section Arrest Location: _____

On Charges: _____ Bond \$: _____ Victim requests notification if bond is made? ☐ Yes ☐ No

Court of Jurisdiction: ☐ Tribal District Court ☐ County District Court (county) _____

Children/Vulnerable Adults in Household:

☐ No children or vulnerable adults witnessed the incident and no children or vulnerable adults are normally resident to the household.

Child or Vulnerable Adult #1 - If child - School: _____ Grade: _____ Parent(s): ☐ Victim ☐ Suspect ☐ Other

Name: _____ DOB: _____ ☐ M ☐ F Race: _____

☐ There is a custody/guardianship order pertaining to this person. Custody/Guardianship is with: _____

Child or Vulnerable Adult #2 - If child - School: _____ Grade: _____ Parent(s): ☐ Victim ☐ Suspect ☐ Other

Name: _____ DOB: _____ ☐ M ☐ F Race: _____

☐ There is a custody/guardianship order pertaining to this person. Custody/Guardianship is with: _____

Summary of Incident: Do not attach copy of the SOR/SAR or Officer's Narrative - Summarize physical injuries, significant property damage, observed emotional reactions and other concerns that you have for the victim, children or other residents. If children or vulnerable adults were present indicate where they were during the incident and what observed effect it had on them.

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Victim: _____ **Case#** _____ **Date of incident:** _____

Initial Risk Assessment: History questions may be supplemented by your prior knowledge and experience with the family. Questions regarding the victim's current fears/concerns/beliefs should be answered solely by the victim.

Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	The suspect has a history of: <input type="checkbox"/> Violence <input type="checkbox"/> Mental Health Issues <input type="checkbox"/> Alcohol Abuse <input type="checkbox"/> Drug Abuse-Type of Drug(s): _____
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	The suspect currently or recently used alcohol/drugs? Type of substance: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Suspect has prior domestic violence charges? If "Yes", indicate jurisdiction in summary.
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Do you have a current PFA/PFS/RO pertaining to this offender? Court: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	The current incident resulted in physical injuries. <i>(schedule time to do follow-up photos)</i>
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Did you seek medical treatment for injuries from this incident?
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Did you seek medical treatment for injuries from prior incidents with this suspect? <i>If medical treatment was sought for this or prior incidents, indicate treating medical facility in summary.</i>
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Did this incident involve the use of weapons? Type: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Did the suspect threaten to use weapons during this incident? Type: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Prior incidents involved the use of weapons. Type: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Did the suspect threaten to use weapons during prior incidents? Type: _____
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Is the suspect experiencing financial problems?
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Are you currently pregnant?
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Does s/he often express extreme jealousy or behave in controlling ways? <i>(describe)</i>
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Was there recently or is there going to be a relationship separation between the two of you?
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Is there conflict over child custody / visitation / paternity? <i>(circle all that apply)</i>
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/> If "Yes", indicate who & when in summary?	Has the suspect threatened to kill someone in the past? <i>(check all that apply)</i> <input type="checkbox"/> Self <input type="checkbox"/> Victim <input type="checkbox"/> Children <input type="checkbox"/> Prior Intimate Partner <input type="checkbox"/> Other _____
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Has the suspect beaten / tortured / killed family pets?
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	During this incident, the suspect attempted to Strangle _____ and/or Smother _____ <i>(circle all that apply)</i>
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	During prior incidents, the suspect attempted to Strangle _____ and/or Smother _____
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Would you say the abuse is becoming worse and/or is happening more often?
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Are you currently or have you ever considered/planned/attempted suicide?
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Does s/he say or do things of a sexual nature that make you feel bad or that physically hurt you? i.e. forced or coerced sex, initiates sex after a violent incident or degrading/demeaning sexually.
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Are you frightened or afraid of further violence/injury? Can you tell me why?
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Do you think s/he will kill you? Can you tell me why you think that?
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Do you think s/he will harm your children / other family members / pets? <i>(circle)</i>
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Do you think s/he is stalking you? Can you tell me why you think that?
Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Refused <input type="checkbox"/>	Do you feel isolated from family or friends? <i>(give details, including if victim resides in isolated area)</i>
Observations or Comments – 	
Opinions: The victim appears very frightened and/or afraid. Yes <input type="checkbox"/> <i>(describe in summary)</i> No <input type="checkbox"/> Unsure <input type="checkbox"/> I feel this victim is at high risk of experiencing further abuse from this suspect. Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>	

Printed Name of Individual Completing Assessment

Signature

Date _____