

Denver Metro Domestic Violence Fatality Review Committee

Case Assessment Form

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Defendant Name: _____ Date of Incident: _____

Victim Name: _____ Date of Review: _____

- 1) Did the Defendant make any contacts or exhibit any behaviors to anyone else besides the victim that could be interpreted as warning signs?

Did he or she experience any barriers to receiving services?

- 2) What steps did the victim take to protect herself/himself, the children and significant others.

Did he or she experience any barriers to receiving services?

- 3) What actions were taken by family, friends, or co-workers?

Did they experience any barriers?

- 4) Please list the individuals involved in the case:

- 5) Which agencies had been contacted prior to homicide?

Were there barriers to receiving services?

- 6) Which agencies might have had something to offer, but were not contacted?

What were the possible barriers to accessing services?

- 7) What interventions might have been helpful?

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8) How do prevention strategies flow from #7?

9) What was the “trigger” that occurred?

10) What factors occurred within 24 hours prior to the homicide?

...within 1 week prior to the homicide?

...within 1 month prior to the homicide?

11) How did the defendant have access to the victim?

12) Action Plan: