

Richmond Violence Fatality Review Team Case Facts Summary

Part I: Overview of Case

Review Date: _____ Case Name: _____

Decedent/ Victim(s)	<u>Name/Date of Death</u>	<u>Manner and Cause of Death</u>
V1:	_____	_____
V2:	_____	_____
V3:	_____	_____
Suspect	S1: _____	_____

Location(s) of Death(s): _____

Street Address: _____ Zip Code: _____

Length of time at address: _____ Additional Residence Details _____

Relationship of Parties: Married Divorced Cohabiting Partners
 Former Dating Partners (not cohabitating) Former Cohabiting Partners
 Parent Other: _____

Children in Common (name, age, sex, place of residence at time of incident): _____

Victim's Children (name, age, sex, place of residence at time of incident): _____

Suspect's Children (name, age, sex, place of residence at time of incident): _____

Relationship(s) of Parties Involved: _____

Part II: Basic Demographic Information For Victim(s) and Suspect

	<u>Victim 1(V1)</u>	<u>Victim 2(V2)</u>	<u>Victim 3(V3)</u>	<u>Suspect(S1)</u>
Gender	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> male <input type="checkbox"/> female
Age at Death	_____ years	_____ years	_____ years	_____ years
Race	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other	<input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other

Immigration Info. _____

**In this form, please use the codes V1-V3 and S in the narrative sections to differentiate between parties. If additional persons are involved, please use the victim/suspect supplemental form*

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Part II: Basic Demographic Information For Victim(s) and Suspect

	<u>Victim 1(V1)</u> _____	<u>Victim 2(V2)</u> _____	<u>Victim 3(V3)</u> _____	<u>Suspect(S1)</u> _____
Military History	<input type="checkbox"/> Yes _____	<input type="checkbox"/> Yes _____	<input type="checkbox"/> Yes _____	<input type="checkbox"/> Yes _____
Pregnant	<input type="checkbox"/> Yes gestational length _____	<input type="checkbox"/> Yes gestational length _____	<input type="checkbox"/> Yes gestational length _____	<input type="checkbox"/> Yes gestational length _____
Employment	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
Highest Ed. Completed	<input type="checkbox"/> less than H.S. <input type="checkbox"/> H.S. Grad./GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree	<input type="checkbox"/> less than H.S. <input type="checkbox"/> H.S. Grad./GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree	<input type="checkbox"/> less than H.S. <input type="checkbox"/> H.S. Grad./GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree	<input type="checkbox"/> less than H.S. <input type="checkbox"/> H.S. Grad./GED <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree
Income Level	<input type="checkbox"/> less than \$14,999 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$34,999 <input type="checkbox"/> \$35,000-\$44,999 <input type="checkbox"/> \$45,000+	<input type="checkbox"/> less than \$14,999 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$34,999 <input type="checkbox"/> \$35,000-\$44,999 <input type="checkbox"/> \$45,000+	<input type="checkbox"/> less than \$14,999 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$34,999 <input type="checkbox"/> \$35,000-\$44,999 <input type="checkbox"/> \$45,000+	<input type="checkbox"/> less than \$14,999 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$34,999 <input type="checkbox"/> \$35,000-\$44,999 <input type="checkbox"/> \$45,000+
Benefits Received	<input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Relief <input type="checkbox"/> Medicaid <input type="checkbox"/> Daycare	<input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Relief <input type="checkbox"/> Medicaid <input type="checkbox"/> Daycare	<input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Relief <input type="checkbox"/> Medicaid <input type="checkbox"/> Daycare	<input type="checkbox"/> TANF <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Food Stamps <input type="checkbox"/> General Relief <input type="checkbox"/> Medicaid <input type="checkbox"/> Daycare
Dependent on Social Services For Income?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no

Part III: Prior Agency History for Domestic Violence and/or Other Reasons

Agency	V1	V2	V3	S1	Description of Interaction with Agency
Police	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____ _____ _____

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Part III: Prior Agency History for Domestic Violence and/or Other Reasons

Agency	V1	V2	V3	S1	Description of Interaction with Agency
Commonwealth's Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Victim Witness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
YWCA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Community Corrections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
JDR Court	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Magistrate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Court Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sheriff's Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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Part III: Prior Agency History for Domestic Violence and/or Other Reasons

Agency	<i>V1</i>	<i>V2</i>	<i>V3</i>	<i>S1</i>	Description of Interaction with Agency
Batterer Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Medical Examiner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Part IV: Services Unable to Access

List any services that parties tried to access and were unable to access	<u>Description of Interaction</u>
_____	_____
_____	_____
_____	_____

Part V: Risk Factor Summary

Item	<i>V1</i>	<i>V2</i>	<i>V3</i>	<i>S1</i>	Detailed Description
Criminal History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Protective Order History <i>*(include current and past orders)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Alcohol Abuse <i>*please include length of time and alcohol of choice</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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Part V: Risk Factor Summary

Item	V1	V2	V3	S1	Detailed Description
Drug Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>*please include length of time and drug of choice</i>					
Drugs/Alcohol Involved in Incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>*please include how involved in incident</i>					
Mental Health Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>*please include length of time and concerns</i>					
Threats/Attempts of Suicide/ Homicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>*please include who threats were made to, and or how attempts were made</i>					
Documented Medical Concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recent Dissolution of Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>*(i.e., divorce, separation, breakup) specify in description</i>					
Recent Loss of Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Change in Financial Situation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Start of New Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
New Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Declined Interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Part V: Risk Factor Summary

Item	V1	V2	V3	S1	Detailed Description
*Please specify which ones					_____
Access to Weapons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
*Please specify which and how					_____
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Part VI: Family/Community Awareness of Abuse

Were children aware of domestic violence? yes no *Specify:* _____

Did children witness death? yes no *Specify:* _____

Was family aware of domestic violence? yes no *Specify:* _____

Were others aware of domestic violence? yes no *Specify:* _____

*Please indicate who and for how long

Part VI: Family/Community Awareness of Abuse

Were children aware of domestic violence? yes no *Specify:* _____

Did children witness death? yes no *Specify:* _____

Was family aware of domestic violence? yes no *Specify:* _____

Were others aware of domestic violence? yes no *Specify:* _____

*Please indicate who and for how long

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Synopsis:

Key Findings:

Date of Team Approval:

Submitted by :

(Name)

(date)