

Case Information Form

Definition of terms as defined by Alaska statutes:

Decedent(s):

Domestic violence perpetrator:

Domestic violence victim:

Contents of the Case Information Form

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Anchorage Domestic Violence Fatality Review

This face sheet to be stored separately from rest of data

Face Sheet

Case #

Date review initiated:

Date review completed:

Identifying Information:

For cases of homicide, or when a death occurs in the course of self defense:

| name of person directly responsible for the fatality: | Gender | relationship to decedent(s) | If deceased, date of death | Date of Birth |
|---|--------|---|----------------------------|---------------|
| | | | | |
| Aliases/Alaska Known As | | | | |
| Did this person commit suicide following a completed or attempted homicide? | | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown | | |

Decedents:

| decedent(s) name | Gender | relationship to perpetrator of homicide | date of death | Date of Birth | Death |
|------------------|--------|---|---------------|---------------|--|
| | | | | | <input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> accident <input type="checkbox"/> other |
| | | | | | <input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> accident <input type="checkbox"/> other |
| | | | | | <input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> accident <input type="checkbox"/> other |
| | | | | | <input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> accident <input type="checkbox"/> other |

Aliases/Alaska Known As

Please note: none of the information on this page except for the case number will be entered into a permanent database. This information, which connects a set of names to a case number, will be kept long enough to ensure that fatalities are not reviewed more than once by different regions, and then destroyed. Thus, all documentation of the case in the records of the Domestic Violence Fatality Review Project will be designated by case # and not names.

Date of review:

Domestic Violence Fatality Review Case # _____

A. Short narrative overview:

B. Type of Incident

homicide attempted homicide suicide

attempted suicide other _____

5. Check all that apply:

deceased

- domestic violence perpetrator
- domestic violence victim
- children of dv victim
- children of dv victim and perpetrator
- children of dv perpetrator, but not the dv victim's
- other family of dv victim
- other family of dv perpetrator
- friends of dv victim
- new intimate partner of dv victim
- advocates/lawyers for dv victim
- co-workers of dv victim
- police officer
- bystanders
- other (specify):

person(s) who are the direct cause of death

- domestic violence perpetrator
- domestic violence victim
- domestic violence victim turned perpetrator
- child of dv victim and / or perpetrator
- person hired by or acting on behalf of domestic violence perpetrator
- person hired by or acting on behalf of domestic violence victim
- law enforcement
- other (specify):

C. Demographic information:

7. Identification of dv victim and dv perpetrator

Has the panel identified a domestic violence victim and a domestic violence perpetrator? yes no

If yes, what did the panel base this identification on?

- Filings for any of the civil orders for protection
- testimonies from friends and family
- perpetrator treatment records
- histories of arrest and prosecution for dv
- histories of seeking help from programs for victims of dv

8. Race

Please note that racial identifications can be complicated by citizen/immigrant status as well as assimilation/acculturation. Panel members should take care to consider race in relation to immigration/citizen status.

| Domestic violence victim's racial identification | | Domestic violence perpetrator's racial identification |
|--|--------------------------|---|
| | White / non Hispanic | |
| | African/African American | |
| <i>tribe:</i> | Native American | <i>tribe:</i> |
| | Hispanic / Latino | |
| <i>specify:</i> | Asian | <i>specify:</i> |
| <i>specify:</i> | mixed race | <i>specify:</i> |
| <i>specify:</i> | other | <i>specify:</i> |

9. Gender

| Domestic violence victim's gender | | Domestic violence perpetrator's gender |
|-----------------------------------|-------|--|
| | man | |
| | woman | |
| <i>specify:</i> | other | <i>specify:</i> |

10. Age

| | |
|--|--|
| Domestic violence victim's date of birth: | |
| Domestic violence perpetrator's date of birth: | |

11. Education

| DV victim's educational attainment | | DV perpetrator's educational attainment |
|------------------------------------|---------------------------|---|
| | no high school | |
| | some high school | |
| | high school degree | |
| | GED | |
| | Some college | |
| | AA degree | |
| | B.A. | |
| | M.A. | |
| | Ph.D. | |
| | J.D. | |
| <i>specify:</i> | other license/certificate | <i>specify:</i> |

12. Economic status

| | | |
|---|-----------------------|--|
| DV victim's estimated income: \$ /month | | DV perpetrator's estimated income: \$ /month |
| source of income: | | source of income: |
| | employed | |
| | on SSI / SSD | |
| | receiving food stamps | |
| | unemployment | |
| | On AFDC | |
| | minimum wage job | |
| | spousal support | |
| | Family | |
| | Student | |
| | no income | |
| specify: | Other | specify: |

13. Law Enforcement / Military

Was either the domestic violence victim or the domestic violence perpetrator employed by the law enforcement or the military?

no yes. If yes, specify below:

| domestic violence victim | | domestic violence perpetrator |
|--------------------------|-----------------------------|-------------------------------|
| | employed in law enforcement | |
| | specify position | |
| | employed in military | |
| | specify position | |

Please specify the country if the perpetrator's law enforcement or military experience was for an institution other than the US:

14. Sex Industry

Is there any evidence that the domestic violence victim was involved in the sex industry? yes no

Is there any evidence that the domestic violence perpetrator encouraged or coerced the domestic violence victim to participate in the sex industry? yes no

15. Religious Affiliation

yes no unknown

If yes, specify: _____

16. Sexual Orientation:

Heterosexual yes no

Homosexual yes no

Unknown yes no

D. Immigrant / Refugee / Citizenship status

Please check all that apply:

| domestic violence victim's status | | domestic violence perpetrator's status |
|--|---|--|
| | citizen of the United States | |
| | documented immigrant/refugee | |
| | undocumented immigrant / refugee | |
| | in the process of attaining documented legal status | |
| sponsored by: <input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> employer <input type="checkbox"/> filing individually based on status as a dv victim <input type="checkbox"/> other <i>specify</i> : | sponsor | sponsored by: <input type="checkbox"/> domestic violence victim <input type="checkbox"/> employer <input type="checkbox"/> other <i>specify</i> : |

18. If the domestic violence victim was an immigrant or refugee, is there any evidence that the domestic violence perpetrator held the domestic violence victim's passport or other important legal documentation? yes no

E. Relationship Information

Date the relationship started _____

Domestic violence perpetrator's relationship to domestic violence victim at time fatality occurred:

(check one in each column)

| legal status of relationship | living together status | emotional status | children |
|--|--|---|--|
| <input type="checkbox"/> no legal relationship / never married | <input type="checkbox"/> living together Date first lived together: _____ | <input type="checkbox"/> relationship current at time of death | <input type="checkbox"/> children in common |
| <input type="checkbox"/> married date | <input type="checkbox"/> previously lived together, not living together at time of death | <input type="checkbox"/> in process of breaking up/victim had stated intention of leaving | <input type="checkbox"/> no children, in common or otherwise |
| <input type="checkbox"/> legally separated date | <input type="checkbox"/> never lived together | <input type="checkbox"/> broken up/separated/divorced at time of death date of separation: _____ | <input type="checkbox"/> children, not in common |
| <input type="checkbox"/> filed for divorce date | | <input type="checkbox"/> dating history existed, but no indicators of a serious reciprocal relationship | |
| <input type="checkbox"/> divorced date | | | <input type="checkbox"/> victim pregnant at time of fatality |

| legal status of relationship | living together status | emotional status | children |
|--|------------------------|------------------|---|
| <input type="checkbox"/> registered as domestic partners date | | | how many months? Father: <input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> other |

F. Family Information

List all children related to the victim or perpetrator **and** any children (related or not) living with the victim or perpetrator at the time of the fatality:

| Age | Gender | Related to | Living with |
|-----|--------|--|---|
| | | <input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> domestic violence victim <input type="checkbox"/> both | <input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> foster care <input type="checkbox"/> domestic violence victim <input type="checkbox"/> relatives <input type="checkbox"/> both <input type="checkbox"/> _____ |
| | | <input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> domestic violence victim <input type="checkbox"/> both | <input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> foster care <input type="checkbox"/> domestic violence victim <input type="checkbox"/> relatives <input type="checkbox"/> both <input type="checkbox"/> _____ |
| | | <input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> domestic violence victim <input type="checkbox"/> both | <input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> foster care <input type="checkbox"/> domestic violence victim <input type="checkbox"/> relatives <input type="checkbox"/> both <input type="checkbox"/> _____ |
| | | <input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> domestic violence victim <input type="checkbox"/> both | <input checked="" type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> foster care <input type="checkbox"/> domestic violence victim <input type="checkbox"/> relatives <input type="checkbox"/> both <input checked="" type="checkbox"/> _____ |
| | | <input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> domestic violence victim <input type="checkbox"/> both | <input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> foster care <input type="checkbox"/> domestic violence victim <input type="checkbox"/> relatives <input type="checkbox"/> both <input type="checkbox"/> _____ |

21. Others living in domestic violence victim's home:

| Age | Gender | Relationship |
|-----|--------|---|
| | | <input type="checkbox"/> parent <input type="checkbox"/> sibling <input type="checkbox"/> cousin <input type="checkbox"/> friend <input type="checkbox"/> acquaintance <input type="checkbox"/> husband/boyfriend/partner (different than abuser) <input type="checkbox"/> other |

G. Information about the circumstances of death

Where the death occurred

23. Where did the death take place on: a reservation or tribal land? military land?

24. Nature of the location where the death or the injury(ies) which resulted in the death occurred:

- | | | |
|---|--|---|
| <input type="checkbox"/> domestic violence victim's home | <input type="checkbox"/> domestic violence perpetrator's home | <input type="checkbox"/> street/parking lot |
| <input type="checkbox"/> home of friend/family | <input type="checkbox"/> public building | <input type="checkbox"/> car/vehicle |
| <input type="checkbox"/> hospital | <input type="checkbox"/> public land/park/forest | <input type="checkbox"/> other |
| <input type="checkbox"/> domestic violence victim's workplace | <input type="checkbox"/> domestic violence perpetrator's workplace | |

25. If death or injury(ies) which resulted in death occurred in a home, where in the home?

- kitchen bathroom bedroom
 living room yard garage
 basement barn or other outbuilding other (please specify):

26. Who was present at the scene of the incident? (on same property, in same house, nearby...)

| Present: | Injured? | witnessed? | did not witness? | unknown |
|---|----------|------------|------------------|---------|
| domestic violence perpetrator | | | | |
| domestic violence victim | | | | |
| new partner of domestic violence victim | | | | |
| Child(ren) [list by age and gender]: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Others (indicate number of people for each category): | | | | |
| Other family | | | | |
| Friends | | | | |
| Acquaintances | | | | |
| Strangers / Bystanders | | | | |
| Co-workers | | | | |
| Helping professional / Advocate | | | | |
| Emergency medical personnel | | | | |
| Fire Department personnel | | | | |
| Law Enforcement | | | | |
| Other | | | | |

27. Did anyone hear excited utterances before the death occurred? yes no unknown

28. If yes, were the excited utterances documented? yes no unknown

29. Medical Care

Decedent 1

30. Did the decedent receive any medical attention for fatal injury(ies) prior to death?

31. Identify who provided medical intervention:

- Emergency Medical Team Fire department personnel police Ambulance personnel
 local hospital emergency room personnel regional trauma center emergency room personnel other _____

32. What sort of medical intervention took place?

33. Did the decedent have to be transported to a regional trauma center (i.e., Harborview, Seattle, WA)?

By what means?

How long did this take?

Decedent 2 etc.

Did the death occur under medical care? yes no if yes, specify (hospital, trauma center, private doctor)

Did the decedent receive any medical attention for the fatal injurie(s) prior to death?

Who provided medical intervention:

- Emergency Medical Team Fire department personnel police Ambulance personnel
 local hospital emergency room personnel regional trauma center emergency room personnel other _____

What sort of medical intervention took place?

Did the decedent have to be transported to a regional trauma center (i.e., Harborview)?

By what means?

How long did this take?

34. Access to / use of firearms – if multiple guns, complete info for each gun.

35. If a gun was used, where was it kept? (check all that apply) home car friend/family home other (specify)

Additional info: _____

36. Who owned the gun? (check all that apply) domestic violence perpetrator domestic violence victim other (specify)

Additional info: _____

37. When was it acquired? Date: _____

38. How was the gun acquired? purchased legally purchased illegally borrowed stolen unknown

39. If stolen, when was it stolen? (date) from where was it stolen?

40. Were all required registrations in place? yes no

41. Did a court ever order that the guns be surrendered or destroyed? yes no

Were they? yes no

42. Did law enforcement ever have the legal authority to remove guns from the home? yes no

43. If the DV victim and perpetrator lived together, did the DV victim ever request directly to the police that guns be removed from the home? yes no

Were they removed? yes no date of removal: _____

Were they returned?

yes no date of return:

Draft

Federal prohibitions on gun ownership/possession

44. Had the person in possession of the gun ever been convicted of a domestic violence misdemeanor or felony?

yes no

45. Had the person in possession of the gun ever been a respondent to a domestic violence protection order (not NCO or RO)?

yes no

46. Did the domestic violence perpetrator own large guns not covered by laws limiting offender's right to own guns?

yes no

47. Motor vehicle involved:

Was a motor vehicle involved in the fatal incident? yes no

48. Who investigated the scene of the incident:

Local Law enforcement agency

State Patrol

Other _____

49. Was there any history of "crazy driving" as an abusive tactic?

Yes No Unknown

H. Prior Threats To Kill / Knowledge Of Level Of Dangerousness

Do any law enforcement reports, charging papers or protection order narratives or accounts from family/friends include descriptions of the following? (if yes, indicate dates if possible):

| | law enforcement reports | charging papers | protection order narratives | reported in counseling / advocacy | Reported to / witnessed by family / friends |
|---|-------------------------|-----------------|-----------------------------|-----------------------------------|---|
| threats to kill dv victim | | | | | |
| threats to kill children ,family members or friends | | | | | |
| Threats to kill or injure pet | | | | | |
| suicide threats | | | | | |
| suicide attempts | | | | | |
| choking | | | | | |
| ligature | | | | | |

| | law enforcement reports | charging papers | protection order narratives | reported in counseling / advocacy | Reported to / witnessed by family / friends |
|--|-------------------------|-----------------|-----------------------------|-----------------------------------|---|
| knife brandished | | | | | |
| knife used | | | | | |
| gun brandished | | | | | |
| gun used | | | | | |
| blunt object brandished | | | | | |
| blunt object used | | | | | |
| suspected or charged in death of former intimate partner | | | | | |
| former intimate partner died in an accident | | | | | |
| Other (specify) | | | | | |

I. Criminal Justice System response to the fatality

Law Enforcement

52. The complainant was the: (check all that apply)

- Decedent
- Perpetrator
- Family member of decedent
- Family of perpetrator
- Neighbor
- Co-worker
- Acquaintance of decedent
- Acquaintance of perpetrator
- School Teacher
- Medical Professional Unknown
- Other (specify):

53. When the call was received, Complainant's

Fear Level of Victim Was:

(If by tape, assess voice tone or if written report, assess contents of narrative, and any relevant information noted by respondent)

High Medium Low Unknown

54. Apparent Threat Level was

High Medium Low Unknown

55. During the call the dispatcher addressed the following: (check all that apply)

Safety Language Barrier Other (specify): Unknown

56. During the call the complainant mentioned the following: (check all that apply)

Weapon Possible Death or Murder Children Injunction Alcohol Drugs

Unknown

57. What agency(s) responded to the fatality (or incident which resulted in a fatality)?

58. Did law enforcement arrive before or after the fatal injury occurred?

59. What sort of call was law enforcement responding to:

domestic violence barricaded possible suicide possible DOA suspicious circumstances

shots fired other (specify)

60. If the situation was a barricade or hostage situation, were negotiators brought in? yes no

61. Were police forced to defend themselves or otherwise act with deadly force? (suicide by police) yes no

62. Was there enough information to immediately identify a suspect? yes no

If no, how long did it take to identify a suspect? date suspect identified:

63. Was an arrest made at the scene of the fatality/fatal injury/attack?

64. Was there a tentative identification of a suspect or identification of a person of interest? yes no

65. How much time elapsed between the fatality and arrest of suspect? date of arrest:

66. Did law enforcement investigations identify enough information to charge the suspect? yes no

67. Status of perpetrator:

Perpetrator at-large

Arrested

Currently incarcerated for fatality

Perpetrator killed by law enforcement during arrest

Committed suicide during (timeframe) of fatality

Committed suicide as a separate and distinct incident from fatality (this means that suicide was not part of the fatality)

Acquitted

Not Charged

Other

Prosecution and Courts

68. Were criminal charges filed related to the fatality? Yes No

69. If No, were charges not filed because:

it was a suicide/homicide it was a suicide (no homicide involved)

it was ruled self defense No for other reasons, please explain:

Against who were charges filed? domestic violence perpetrator domestic violence victim other(s)

| original charges | Final charges: |
|------------------|----------------|
| 1. | 1. |
| 2. | 2. |
| 3. | 3. |
| 4. | 4. |

70. What amount was bail set at?

71. Did the suspect make bail?

72. Was the suspect offered a plea bargain?

73. What factors informed the decision to offer a plea bargain:

74. If defendant did not plea, was the case tried before a jury?

| | | | | | |
|--------------|--|------------------|--|--|--|
| trial date: | | length of trial: | | Sentencing date: | |
| Disposition: | <input type="checkbox"/> acquitted <input type="checkbox"/> found guilty <input type="checkbox"/> pleaded guilty <input type="checkbox"/> dismissed | | | <input type="checkbox"/> mistrial <input type="checkbox"/> other (specify) Sentence detail: _____ _____ | |

75. If on probation, what were the conditions of release?

Were any court orders issued? (i.e., a No Contact Order)

76. Were parental rights severed? yes no

J. Status of Children after the fatality

78. Had ACS been involved with the family prior to the fatality? yes no

79. Who made the decision about where children went immediately after the fatality?

DV victim DV abuser DV victim's family DV abuser's family law enforcement CPS other_____

80. With who were children placed immediately after the fatality?

DV victim DV abuser DV victim's family DV abuser's family foster care group home other_____

81. Were the children moved multiple times (more than once)? yes no
82. If children were placed in foster care, was a relative ever identified for permanent placement? yes no
83. How long did it take to identify a relative for placement?
84. Were the policies of the Indian Child Welfare Act followed? yes no unknown
85. Was the children's tribal status assessed?
86. If the children were members of a tribe, was the tribe contacted?
87. What factors influenced the placement decision?
88. Were children expected to testify at a trial?
89. What counseling / support did children receive after the fatality?

K. Criminal Justice System involvement prior to the fatality (please complete for each contact)

Pending criminal actions at time of the fatality in which domestic violence abuser was defendant

| | court date | | court date |
|----------------------------|------------|--|------------|
| protection order violation | | stalking | |
| no contact order in place | | sexual abuse of domestic violence victim | |
| no contact order violation | | sexual abuse of children | |
| assault | | other | |

91. Pending criminal actions at time of the fatality in which domestic violence victim was defendant

| | court date | | court date |
|----------------------------|------------|--|------------|
| protection order violation | | stalking | |
| no contact order in place | | sexual abuse of domestic violence victim | |
| no contact order violation | | sexual abuse of children | |
| assault | | other | |

92. Were domestic violence related charges ever dismissed against this domestic violence abuser with this dv victim?
 yes no

How many times? _____ Official reason for dismissal _____

93. Does the domestic violence abuser have a prior history of domestic violence towards other victims?

Yes No How many? _____

94. Was there ever any indication that the domestic violence perpetrator pressured the domestic violence victim to refuse cooperation with the prosecution, or to change the story from the initial statements? Yes No

L. Batterer's Treatment/Perpetrator's Intervention Programs

96. How many times had the domestic violence perpetrator been ordered to batterer's treatment? _____ to anger management?

97. Was the treatment program state certified? Yes No Unknown

98. Was certified batterer's treatment available:

In the municipality? Yes No Unknown

In the abuser's first language? Yes No Unknown

99. Was the DV victim contacted by the program? Yes No Unknown

If yes, how? Mail Phone Other _____ Unknown

By whom? Victim liaison Treatment provider Other _____ Unknown

100. Had the domestic violence perpetrator successfully completed batterer's treatment? Or anger management?

If yes, how many times successfully completed? _____ If yes, how many times successfully completed? _____

101. If the domestic violence perpetrator was in batterer's treatment, was there ever any talk of homicide or suicide?

Yes No If yes, explain:

If yes, what actions were taken with reference to victim safety?

victim contacted and warned dv perpetrator expelled from program law enforcement notified other

M. Civil Actions

Past, disputed and pending Civil Actions:

| | Against whom? (if applicable) | in place (date) | Being disputed? (Y/N) | pending action/decisions (date) |
|---|----------------------------------|-----------------|-----------------------|------------------------------------|
| divorce | | | | |
| parenting plan (temporary) | | | | |
| primary physical custody | | | | |
| visitation | | | | |
| parenting evaluation | | | | |
| parenting plan (permanent) | | | | |
| primary physical custody | | | | |
| visitation | | | | |
| parenting evaluation | | | | |
| child support collection | | | | |
| civil orders (temporary) | | | | |
| protection order | | | | |
| restraining order | | | | |
| anti harassment order | | | | |
| civil orders (permanent) | | | | |
| protection order | | | | |
| restraining order | | | | |
| anti harassment order | | | | |
| Tribal Peacemaker Circle or other traditional dispute resolution order | | | | |
| Recent Eviction | | | | |
| Other recent litigation | | | | |
| Other | | | | |

103. Custody

For children of both the abuser and DV victim (children in common): What were the actual custody arrangements? (check all that apply)

| domestic violence victim | | domestic violence abuser |
|--------------------------|---------------------------|--------------------------|
| | had sole physical custody | |
| | joint custody | |
| | unsupervised visitation | |
| | supervised visitation* | |
| | overnight visits | |
| | no visitation | |

*If supervised visitation, supervised by whom? Visitation center Abuser's family Victim's family Counselor
 Clergy Other Unknown

104. Was there a court ordered custody plan? Yes No

If yes, what were the court-ordered custody arrangements? (check all that apply)

| domestic violence victim | | domestic violence abuser |
|--------------------------|---------------------------|--------------------------|
| | had sole physical custody | |
| | joint custody | |
| | unsupervised visitation | |
| | supervised visitation** | |
| | overnight visits | |
| | no visitation | |

**If supervised visitation, supervised by whom? Visitation center Abuser's family Victim's family Counselor
 Clergy Other Unknown

105. Threats regarding the children:

Is there any indication that the following threats were ever made (indicate person threatening, nature of threat/action)

| domestic violence perpetrator | | | domestic violence victim | |
|-------------------------------|---------------|--|--------------------------|---------------|
| threatened to | actually did | | threatened to | actually did |
| | | take the children to a location unknown by the other for reasons other than their own or the parent's safety (please make a distinction between seeking safe shelter and 'kidnapping') | | |
| | | harm the children | | |
| | | kill the children | | |
| | for how long? | otherwise deny the other person contact to the children | | for how long? |
| Specify relationship | | harm family members, new love interests, or friends | Specify relationship | |

Guardian ad Litem

Yes

No

| | | |
|---|--|--|
| Had a guardian ad Litem or Court Appointed Special Advocate been appointed? | | |
| Had this person received training in identifying and responding to domestic violence? | | |

Parenting Evaluations

| | | |
|---|---|--|
| Had a parenting evaluation taken place? | | |
| If yes, by whom? | <input type="checkbox"/> CPS <input type="checkbox"/> Family Court Services <input type="checkbox"/> Independent <input type="checkbox"/> Other (specify): | |
| Did the evaluator identify domestic violence? | | |
| Were considerations for the domestic violence victim and children's safety built into the recommended plan? | | |

Visitation

| | | |
|---|--|--|
| Had the victim indicated fear of or reluctance for an arrangement including unsupervised visitation? | | |
| Do affordable supervised visitation centers exist in the domestic violence victim's or the domestic violence perpetrator's community? | | |

N. ACS involvement prior to the fatality

According to ACS, were there any founded or unfounded (in ACS terms) allegations of child abuse filed against the domestic violence victim? Yes No

| date | allegation | child involved | did CPS/CFS find the allegation to be founded or unfounded? | consequences / follow up |
|------|------------|----------------|---|--------------------------|
| | | | | |

107. According to ACS were there any founded or unfounded (in ACS terms) allegations of child abuse filed against the domestic violence perpetrator? Yes No

| date | allegation | child involved | did CPS/CFS find the allegation to be founded or unfounded? | consequences / follow up |
|------|------------|----------------|---|--------------------------|
| | | | | |
| | | | | |

| | yes | no |
|---|-----|----|
| Had the ACS worker received training regarding the identification of domestic violence and its role in child abuse? | | |
| Did the ACS worker screen for domestic violence? | | |
| Was domestic violence identified as an issue by the ACS worker? | | |
| Was the dv victim given referrals to a dv program or legal advocacy by the ACS worker? | | |
| Did domestic violence victim safety figure into the ACS plan for the family? (specify) | | |

108. According to ACS had either the victim or perpetrator of domestic violence received services as victims of abuse when they were children? If yes, check off boxes below:

| Domestic violence victim | | Domestic violence perpetrator |
|---------------------------------------|---|---------------------------------------|
| | Unfounded reports filed | |
| | Founded reports filed (specify year and nature of report) | |
| | Was removed from home | |
| If yes, specify years in foster care: | Placed in foster care? | If yes, specify years in foster care: |

O. Domestic Violence Perpetrator History Of Violence Towards Others

Is there any evidence that the domestic violence perpetrator was violent towards other people? (i.e., bar brawls, complaints filed by people other than the domestic violence victim, previous intimate partners, fighting with police...)

| date | source of information | type of incident | Relationship to the victim | was an agency involved? If so, specify | outcome |
|------|-----------------------|------------------|----------------------------|--|---------|
| | | | | | |
| | | | | | |

110. Is there any evidence that the domestic violence perpetrator was violent or abusive towards animals?

| date | source of information | type of incident | Relationship to the victim | was an agency involved? If so, specify | outcome |
|------|-----------------------|------------------|----------------------------|--|---------|
| | | | | | |
| | | | | | |

P School, Workplace and Public Assistance Response

Was the domestic violence victim in school at any point during the relationship? yes no

If yes, specify type of school (Check all that apply): middle school high school community college
 private 4-year college public college/university other

| 112. | no | yes (specify incident) | If yes, what school? |
|---|----|------------------------|---|
| Had the domestic violence perpetrator harassed, threatened or assaulted the victim at school or on the way to school? | | | <input type="checkbox"/> MS <input type="checkbox"/> HS <input type="checkbox"/> CC <input type="checkbox"/> Private 4yr <input type="checkbox"/> Other <input type="checkbox"/> Public 4yr |
| Were school officials notified of the existence of domestic violence? | | | <input type="checkbox"/> MS <input type="checkbox"/> HS <input type="checkbox"/> CC <input type="checkbox"/> Private 4yr <input type="checkbox"/> Other <input type="checkbox"/> Public 4yr |
| Were any provisions for the domestic violence victim's safety on campus implemented? | | | <input type="checkbox"/> MS <input type="checkbox"/> HS <input type="checkbox"/> CC <input type="checkbox"/> Private 4yr <input type="checkbox"/> Other <input type="checkbox"/> Public 4yr |
| Does the school have a policy for responding to domestic violence? | | | <input type="checkbox"/> MS <input type="checkbox"/> HS <input type="checkbox"/> CC <input type="checkbox"/> Private 4yr <input type="checkbox"/> Other <input type="checkbox"/> Public 4yr |
| Does the school have on campus resources for victims of domestic violence? | | | <input type="checkbox"/> MS <input type="checkbox"/> HS <input type="checkbox"/> CC <input type="checkbox"/> Private 4yr <input type="checkbox"/> Other <input type="checkbox"/> Public 4yr |

113. Did the domestic violence victim hold a job prior to the fatality? yes no if yes, please answer the following:

| | yes (specify) | no |
|--|---------------|----|
| Had the domestic violence perpetrator harassed, threatened or assaulted the victim at the workplace or on the way to work? | | |
| Were supervisors aware of the existence of domestic violence? | | |
| Were any provisions for the domestic violence victim's safety in the workplace implemented? | | |
| Does the workplace have a policy for responding to domestic violence? | | |
| Does the workplace provide any resources for victims of domestic violence? | | |

114. Was the domestic violence victim on any form of public assistance in the past? yes no unknown

115. Was the domestic violence victim on any form of public assistance during the relationship? yes no If yes, answer the following:

| | Yes (specify) | No |
|--|---------------|----|
| What training had the case worker had regarding domestic violence? | | |
| Did the caseworker screen for domestic violence? | | |
| If the domestic violence victim was on TANF, had she qualified for the domestic violence exceptions? | | |

Q. Medical

| | yes | no |
|---|-----|----|
| Had the victim suffered prior injuries as a result of domestic violence? | | |
| If yes: Did the victim receive medical care as a result of those injuries? | | |
| If yes: Do hospital records make any note that injuries were domestic violence related? | | |
| Do hospital records note having provided referrals/resources for domestic violence? | | |
| Did the victim access medical care for other reasons during the relationship? | | |
| If yes: Did providers screen for DV? | | |
| Do providers routinely screen for DV? | | |
| Did medical providers ever identify DV? | | |
| Did the DV victim receive referrals/information? | | |
| If the domestic violence victim was pregnant in the 5 years prior to the fatality: | | |
| Had the domestic violence victim received prenatal care? | | |
| If yes, starting what month of pregnancy? | | |
| Did the prenatal care provider routinely screen for domestic violence? | | |
| Was abuse identified during the course of prenatal care? | | |
| Were referrals/DV information provided? | | |
| 117. Did any of the children's' medical providers identify DV as an issue in the home? | | |
| If yes: Were referrals/DV information provided? | | |
| Did any of the children receive medical care as a result of injuries in the home? | | |
| If yes: Did providers identify abuse as an issue? | | |
| If yes, describe: _____ | | |

118. Summary of history of visits for injuries, accidents and trauma to hospital/medical by domestic violence victim

| Date of visit | chief complaint | disposition | domestic violence discussed? |
|---------------|-----------------|-------------|------------------------------|
| | | | |
| | | | |
| | | | |

119. Summary of history of visits to hospital/medical by children in the home for injuries, accidents and trauma

| Date of visit | chief complaint | disposition | any suspicion of abuse? |
|---------------|-----------------|-------------|-------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

R Access To Helping / Accountability Resources

Did the domestic violence victim have access to a working telephone? yes no unknown

If yes, where? In the domestic violence victim's home At the domestic violence victim's place of work
 At friend/family/neighbor's Cell phone Other (specify)

121. How far did the domestic violence victim have to travel to access community resources in person?

122. Did the domestic violence victim have access to transportation? yes no

If yes, specify: own car borrowed car public transportation other (specify)

123. To the panel's knowledge, were any of the following agencies involved with the domestic violence victim or the domestic violence perpetrator in the past 5 years prior to the fatality? Check all that apply and list specific names:

| dv victim | dv perpetrator | Organization | dv victim | dv perpetrator | Organization |
|-----------|----------------|---|-----------|----------------|--|
| | | law enforcement | | | domestic violence victim shelter/safehouse |
| | | city prosecutor | | | religious community / church / temple / mosque |
| | | State prosecutor | | | community based legal advocacy |
| | | court/judges (specify) <input type="checkbox"/> superior <input type="checkbox"/> district <input type="checkbox"/> municipal | | | court based legal advocacy |
| | | family court | | | Protection order advocacy program |
| | | probation | | | immigrant advocacy organization |
| | | parole officer | | | animal control/humane society |
| | | anger management program | | | Dept. of Child and Family Services (CPS, FRS) |
| | | batterer's intervention program | | | culturally specific organization |
| | | substance abuse program | | | TANF office |
| | | mental health provider | | | TANF employment program |
| | | health care provider | | | homeless shelter |
| | | supervised visitation/drop off center | | | sexual assault program |
| | | regional trauma center | | | other domestic violence victim services (i.e., support group, one to one counseling....) |
| | | local hospital | | | other social services agency: specify |
| | | Fire department | | | private/HMO Dr. |
| | | ambulance services | | | emergency medical technician |
| | | Daycare | | | Other (specify) |

S. Communication, Translation And Accessibility

Disability

| domestic violence victim | | domestic violence perpetrator |
|--------------------------|---|-------------------------------|
| | Physical disability (specify) | |
| | What sorts of accommodations were required for accessibility? | |
| | Cognitive disability (specify) | |
| | What sorts of accommodations were required for accessibility? | |

125. Communication and access to information

| domestic violence victim | | | domestic violence perpetrator | |
|---|----|--|---|----|
| <input type="checkbox"/> English <input type="checkbox"/> other _____ | | First Language | <input type="checkbox"/> English <input type="checkbox"/> other _____ | |
| <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown | | Degree of literacy in written 1 st language | <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown | |
| <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown | | Degree of fluency in spoken English | <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown | |
| <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown | | Degree of literacy in written English | <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown | |
| could speak/vocalize enough English to do the following without a translator/signer? | | | | |
| yes | no | give a statement to law enforcement | yes | no |
| yes | no | understand spoken instructions or questions from law enforcement | yes | no |
| yes | no | receive meaningful counseling/advocacy in spoken English | yes | no |

126. Translation

If the **domestic violence victim** had a limited capacity in spoken English, who provided translation in the following circumstances?

| | With law enforcement | for protection orders | in criminal hearings | In probation meetings |
|--|----------------------|-----------------------|----------------------|-----------------------|
| no one | | | | |
| children | | | | |
| neighbor | | | | |
| relative | | | | |
| domestic violence perpetrator | | | | |
| professional translator | | | | |
| bilingual law enforcement officer or court personnel | | | | |
| language bank | | | | |

127. If the **domestic violence abuser** possessed a limited capacity in spoken English, who provided translation in the following circumstances?

| | With law enforcement | for protection orders | in criminal hearings | In probation meetings |
|--|----------------------|-----------------------|----------------------|-----------------------|
| no one | | | | |
| children | | | | |
| neighbor | | | | |
| relative | | | | |
| domestic violence victim | | | | |
| professional translator | | | | |
| bilingual law enforcement officer or court personnel | | | | |
| language bank | | | | |

128. Access to community resources for the **domestic violence victim**

| service | exists in community in domestic violence victim's primary language? | domestic violence victim accessed in primary language | is there affordable translation available to make accessible? | domestic violence victim accessed via translation | accessible to a person with the domestic violence victim's physical or cognitive disabilities? |
|---|---|---|---|---|--|
| community based legal advocacy | | | | | |
| victim's shelter | | | | | |
| support groups | | | | | |
| mental health | | | | | |
| substance abuse | | | | | |
| homeless shelter | | | | | |
| criminal proceedings | | | | | |
| civil proceedings | | | | | |
| court based legal advocacy | | | | | |
| supervised visitation/drop off | | | | | |
| police department domestic violence unit | | | | | |
| specialized dv prosecutor's unit | | | | | |
| immigrant women's advocacy organization | | | | | |
| police DV unit | | | | | |
| prosecutor DV unit | | | | | |
| probation <input type="checkbox"/> specialized DV unit <input type="checkbox"/> municipal <input type="checkbox"/> state | | | | | |
| immigrant advocacy organization | | | | | |
| Other (specify) | | | | | |

129. Access to community resources for the **domestic violence perpetrator**

| service | exists in community in domestic violence perpetrator's primary language? | domestic violence perpetrator obtained service in primary language | translation available to make accessible? | domestic violence perpetrator obtained service via translation | accessible to a person with the domestic violence perpetrator's physical or cognitive disabilities? |
|--|--|--|---|--|---|
| batterer's treatment | | | | | |
| mental health | | | | | |
| substance abuse | | | | | |
| probation officer <input type="checkbox"/> muni <input type="checkbox"/> state | | | | | |
| criminal proceedings | | | | | |
| civil proceedings | | | | | |
| defense attorney | | | | | |
| Other (specify) | | | | | |

T. Substance Abuse / Mental Health

| domestic violence victim | | domestic violence perpetrator |
|---|--|---|
| <input type="checkbox"/> no <input type="checkbox"/> Drugs <input type="checkbox"/> alcohol drug, if known | affected by drugs or alcohol at the time of the fatality? | <input type="checkbox"/> no <input type="checkbox"/> Drugs <input type="checkbox"/> alcohol drug, if known |
| enrollment in substance abuse treatment (specify program) <input type="checkbox"/> police reports <input type="checkbox"/> convictions <input type="checkbox"/> self identification other: | Has a history of substance abuse, indicated by: | enrollment in substance abuse treatment (specify program) <input type="checkbox"/> police reports <input type="checkbox"/> convictions <input type="checkbox"/> self identification other: |
| <input type="checkbox"/> crisis mental health response <input type="checkbox"/> inpatient treatment <input type="checkbox"/> outpatient treatment other: prescriptions for : | Had history of mental illness indicated by: (specify clinic, program or doctor) | <input type="checkbox"/> crisis mental health response <input type="checkbox"/> inpatient treatment <input type="checkbox"/> outpatient treatment other: prescriptions for: |

131. Substance abuse providers

| | Yes | No |
|---|-----|----|
| Did the substance abuse provider have a dv assessment tool in place? | | |
| Do the substance abuse counselors receive training regarding domestic violence? | | |

Mental health providers

| | | |
|--|--|--|
| Did mental health programs have a dv assessment tool in place? | | |
| Did mental health providers have training regarding domestic violence? | | |

U. Domestic Violence Victim's Efforts To Leave / End The Violence

Was the domestic violence victim living with the perpetrator at the time of the fatal incident? Yes No

If yes, then complete the following:

Had she/he attempted to move out and/or leave the relationship at a prior time? Yes No If yes, how many times?

133. Housing

Is there any evidence that the domestic violence victim sought shelter (please check):

| type of program: | sought out and succeeded in obtaining shelter | sought out and did not succeed in obtaining shelter |
|--------------------------------|---|---|
| domestic violence shelter | for how long? | Reason, if known: |
| homeless shelter | for how long? | Reason, if known: |
| transitional/long term shelter | for how long? | Reason, if known: |
| subsidized housing | for how long? | Reason, if known: |
| Friends or family | for how long? | Reason, if known: |

134. What is the average number of requests for shelter turned down by the domestic violence shelters in the area?

135. Were waiting lists for subsidized housing open in the domestic violence victim's area in the year prior to fatality?

136. How long would a domestic violence victim expect to wait for an opening in subsidized housing?

137. Was there an unusually low vacancy rate in the domestic violence victim's area, making rents high?

yes no

138. What does the panel estimate rent would cost for the domestic violence victim (and her children)?

Making ends meet

139. What percentage of the dv victim's income would have to go to rent?

140. What percentage of the total income would have to go to child care?

141. Is there any indication (for example, statements to friends, relatives, attorneys or advocates) that the domestic violence victim could not afford to leave the domestic violence perpetrator and still provide housing, clothing and food for the children?

yes no

142. Are there any indications that the domestic violence perpetrator prevented the domestic violence victim from succeeding in work environments? yes no

Other barriers

143. If it seems the domestic violence victim was seeking to escape the relationship, what other barriers to leaving were identified by the review panel?

V. Domestic Violence Fatality Review Panel summary

Based on the information available to the Domestic Violence Fatality Review Panel, does the Panel agree that this is a domestic violence related death? Yes No

If not, please note why:

145. What prevention activities would the committee like to propose? (please elaborate)

- | | |
|---|---|
| <input type="checkbox"/> increase existing services for domestic violence victims | <input type="checkbox"/> changes in government agency practice |
| <input type="checkbox"/> create new services for domestic violence victims | <input type="checkbox"/> changes in non profit agency practice |
| <input type="checkbox"/> increase services for domestic violence perpetrators | <input type="checkbox"/> changes in other agency/organization practice (specify) |
| <input type="checkbox"/> create new services for domestic violence perpetrators | <input type="checkbox"/> new programs |
| <input type="checkbox"/> Legislation change | <input type="checkbox"/> increased coordination / cooperation / communication between ____ and ____ |
| <input type="checkbox"/> community safety project | <input type="checkbox"/> increased training for _____ on _____ |
| <input type="checkbox"/> public forum | <input type="checkbox"/> changes in TANF policy/implementation |
| <input type="checkbox"/> education activities in schools | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> education through media | |

146. Next steps or opportunities for change identified by the panel:

W. Which agencies were present and participated in the review?

| | |
|-------------------------------------|---|
| shelter/safehouse | batterer's intervention program |
| law enforcement | other social services agency: specify |
| City prosecutor | court advocate |
| State prosecutor | animal control/humane society |
| family court | Office of Children's Services (OCS) |
| municipal court | TANF case worker |
| Department of Corrections | Probation <input type="checkbox"/> municipal <input type="checkbox"/> state |
| court based legal advocate | parole |
| community based legal advocate | court/judges |
| health care providers | mental health provider |
| Health department program (specify) | Other |