# Pinal County DOMESTIC VIOLENCE FATALITY REVIEW TEAM DATA COLLECTION FORM

### CONFIDENTIAL - NOT FOR DISTRIBUTION

DVFRT Case ID:			
Date Assigned:			
PD#:			
VICTIM INFORMA	TION:		
Name: Last	First:	M:	
Alias(es)			
Social Security Number	er:Date of Death:		
Date of Birth:	Date of Death:		
Race/ethnicity:			
African-Americ		Other	
Employment Status:	Employed outside home		
	Company Name		
	AddressPhone Number		
	Not employed outside home		
Education:	Tvot employed outside nome		
0 ]	Less than high school		
	High School Diploma		
	Some college/tech school		
	College graduate		
	Post Graduate		
0	Unknown		
Address at time of deat	h:		
Prior Addresses:			
Did the fatal assault tak	te place at victim's home? Yes	N.	
Did the latar assault tak	te place at victim's home?	No	Unknown
1	r? (e.g. victim's workplace, suspect's		
5			-

Hand Other Knife	gun firearm cutting instrument object Fist	uspect during the fatal assault?
Were there o	ther injuries other tha	n those that actually caused the death sustained by this
	Yes - if so what?	No
	n present during the f Yes	atal assault?
If yes, the chi	ldren were the:	
0	Victim's	
0	Defendant's	
0	Relative's	
0	Friend's	
0	Strangers	
Was the victin	m sexually assaulted	during the fatal assault?
	Yes No	and the rater assume.
XX7 .1		
		of alcohol at the time of the fatal assault?
0		not confirmed with test
0	Yes - Confirmed by No	test - BAC
0	Unknown	
O	Chkhowh	
Was the victin	n under the influence	of illegal drugs at the time of the fatal assault?
0	Yes - Reported but i	not confirmed with test - type of drug
0	Yes - Confirmed by	test-type drug
0	No	
0	Unknown	

What was the cause of death?

Was the victim under the influence of prescription drugs at the time of the fatal assault?  O Yes - Reported but not confirmed with test- type of drug  O Yes - Confirmed by test - type of drug  O No
O Unknown  Does the victim have a history of drug or alcohol abuse?  O Yes – Drugs type Learned by what source  O No  O Unknown
If yes – did victim ever receive counseling, treatment, or other assistance for the substance abuse?  O No O Alcoholics Anonymous O Narcotics Anonymous O Other self help group – explain O Private Counseling – Name of counselor O Group therapy – Name of group/therapist O Court Mandated treatment – Name of program O Other O Unknown
Did the victim ever attempt suicide prior to this incident?  O Yes – Within the prior six (6) months O Yes – Within the prior year O Yes – Longer than a year prior to death O No O Unknown
Was victim a member of a church group or other community organization?  If yes, Name of organization:  Did the victim have any pregnancies?
O Yes No  Most Recent Pregnancy Child's Name:  Was this the perpetrator's child? Yes No Unknown  Date pregnancy ended:  O Live birth O Miscarriage O Elective Abortion
Other

Any complications with the pregnancy related to abuse?  O Low birth weight  O Premature birth  Other		
Next Most Recent Pregnancy		
Child's Name:  Was this the perpetrator's child Yes No	_	Unknown
Date pregnancy ended:		Ulikilowii
Live Birth		
o Miscarriage		
Elective Abortion		
o Other		
Any complications with pregnancy related to abuse?  O Low birth weight  O Premature birth  Other		
Next Most Recent Pregnancy Child's Name:		
Was this the perpetrator's child? Yes	No	Unknown
Date pregnancy ended:	No	Unknown
Date pregnancy ended:  O Live birth	No	Unknown
Date pregnancy ended:  O Live birth O Miscarriage	No	Unknown
Date pregnancy ended:  O Live birth O Miscarriage O Elective Abortion	_	Unknown
Date pregnancy ended:  O Live birth O Miscarriage O Elective Abortion O Other	_	Unknown
Date pregnancy ended:  O Live birth O Miscarriage O Elective Abortion O Other  Any complications with pregnancy related to abuse?	_	Unknown
Date pregnancy ended:  O Live birth O Miscarriage O Elective Abortion O Other  Any complications with pregnancy related to abuse? O Low birth weight	_	Unknown
Date pregnancy ended:  O Live birth O Miscarriage O Elective Abortion O Other  Any complications with pregnancy related to abuse? O Low birth weight O Premature birth	_	Unknown
Date pregnancy ended:  O Live birth O Miscarriage O Elective Abortion O Other  Any complications with pregnancy related to abuse? O Low birth weight	_	Unknown
Date pregnancy ended:  O Live birth O Miscarriage O Elective Abortion O Other  Any complications with pregnancy related to abuse? O Low birth weight O Premature birth O Other  Next most Recent Pregnancy	_	Unknown
Date pregnancy ended:  O Live birth O Miscarriage O Elective Abortion O Other  Any complications with pregnancy related to abuse? O Low birth weight O Premature birth O Other	_	Unknown
Date pregnancy ended:  O Live birth O Miscarriage O Elective Abortion O Other  Any complications with pregnancy related to abuse? O Low birth weight O Premature birth O Other  Next most Recent Pregnancy Child's Name:  Was this the perpetrator's child Yes No	_	
Date pregnancy ended:  O Live birth O Miscarriage O Elective Abortion O Other  Any complications with pregnancy related to abuse? O Low birth weight O Premature birth O Other  Next most Recent Pregnancy Child's Name:  Was this the perpetrator's child Yes No Date pregnancy ended:	_	Unknown
Date pregnancy ended:  O Live birth O Miscarriage O Elective Abortion O Other  Any complications with pregnancy related to abuse? O Low birth weight O Premature birth O Other  Next most Recent Pregnancy Child's Name:  Was this the perpetrator's child Yes No Date pregnancy ended: O Live birth	_	
Date pregnancy ended:  O Live birth O Miscarriage O Elective Abortion O Other  Any complications with pregnancy related to abuse? O Low birth weight O Premature birth O Other  Next most Recent Pregnancy Child's Name:  Was this the perpetrator's child Yes No Date pregnancy ended:	_	

0	Other
0	omplications with pregnancy related to abuse?  Low birth weight  Premature birth  Other
Was v Yes	ictim ever the victim of DV by another defendant?
	If Yes, when
	Name of suspect
	Source of Info.
	If Yes, when
	Name of suspect
	Source of info.

#### SUSPECT/PERPETRATOR INFORMATION:

Name:	Last	First	Mi
Alias(e	es)		
Social	Security Number:		
Date o	f Birth:	Date of Death:	
Race/e	thnicity:		
	African-American		Other
Emplo	yment Status:	Employed outside home	
		Company Name	
		Address	
		Phone Number	
Educat	.:	Not employed outside home	
	Less than high school		
	High School Diploma Some college/tech sch		
	College graduate	1001	
	Post Graduate		
	Unknown		
Same a	address as victim?		
0	Yes No		
	If no, address at time	of death:	
Was th	ne suspect under the int	fluence of alcohol at the time of the	fatal assault?
	Yes - Reported but no		
	Yes – Confirmed by t	est- BAC	
0	Unknown		
Waa th	o guamant um dan tha ind	S	C.1 C . 1 1.0
was ii	Vos Poported but no	fluence of illegal drugs at the time of	the fatal assault?
0	Ves Confirmed by	ot confirmed with test – type of drug	)
	No	est – type of drug	
	Unknown		
O	Olikilowii		
Was th	e suspect under the int	fluence of prescription drugs at the ti	ime of the fatal assault?
0	Yes – Reported but no	ot confirmed with test – type of drug	inc of the fatal assault?
0	Yes – Confirmed by t	est- type of drug	,
0	Unknown	71	

Does	the suspect have a history of drug or alcohol abuse?
0	Yes – Drugs – type Learned by what source
0	Yes – Alcohol – Learned by what source
0	No
0	Unknown
**	
If yes	- did suspect ever receive counseling, treatment, or other assistance for the
	nce abuse?
	No
	Alcoholics Anonymous
0	Narcotics Anonymous
0	Other self help group – explain
0	Private Counseling – Name of counselor
0	Group therapy – Name of group/therapist
0	Court Mandated treatment – Name of program
0	Other
0	Unknown
Did th	e suspect ever attempt suicide prior to this incident?
	Yes – Within the prior six (6) months
	Yes – Within the prior year
	Yes – Longer than a year prior to death
	No
0	Unknown
Did su	spect/perpetrator commit suicide subsequent to killing victim?
	Yes No
Where	is the suspect/perpetuates as 2
WHETE	is the suspect/perpetrator now?
0	Deceased, Date of death:
	Awaiting trial
	Convicted, What charges:
	Acquitted
	Case dismissed/charges dropped
0	Fled
O	Other
CRIM	INAL RECORDS FOR VICTIM AND SUSPECT/PERPETRATOR:
List all	prior arrests for suspect/perpetrator:
11	1

List all prior arrests for victim:
List all convictions for suspect/perpetrator:
List all prior convictions for victim:
Did law enforcement have any contacts with the victim that did not result in arrests?
Yes No
If yes, list all contacts that did not result in defendant being arrested
Did law enforcement have any contacts with the suspect that did not result in arrests?  Yes  No
If yes, list all contacts that did not result in suspect being arrested
If any of the prior arrests were for domestic violence what happened to the cases?
Was the prior DV case with our victim? Yes No
If no, who was the victim?
12

t recent prior – date:			
Agency and case number:			
an emergency OP issued?	Yes	No	Unknown
o, was one offered?	Yes	No	Unknown
case sent to DA for filing?		No	Unknown
case sent to BH for ming.	103	110	Clikilowii
If yes, what charges were filed?	equested:		
What charges were filed? _ Who were charges filed ag	ainet?		
If no, why not	amst		
If no, why not	t they were r	requested – wh	y not?
If case was filed what was	the outcome	2	
ii case was med what was	the outcome	•	
<ul> <li>Suspect convicted</li> </ul>			
If yes, of what?			
If case was reduced	or some cha	arges dismissed	l, why?
o Case dismissed			
Wiles			
Suspect acquitted			
Why			
<ul> <li>Victim Prosecuted</li> </ul>			
What charges			
If the suspect was convicted	d what was	the sentence?	
Misdemeanor		elony	
		oromy	
If the suspect was given pro	obation, were	e the following	ordered?
<ul> <li>Batterer's treatment</li> </ul>			
<ul> <li>Order of protection</li> </ul>			
<ul> <li>Jail time, how long_</li> </ul>			
<ul> <li>Substance abuse tre</li> </ul>	atment		
The suspect was given prise	on time, how	v long	
<ul> <li>Victim requested no</li> </ul>		-	
was was i		otified	
<ul> <li>Restraining order w</li> </ul>			
o Batterer's treatment			
<ul> <li>Substance abuse treat</li> </ul>	-		rders

Was suspect ever cited for DV that he was not convicted of? Yes No

Next Date:			
Same victim? Yes	N	o	
Agency and case number:			
Was an emergency OP issued?	Yes	No	Unknown
If no, was one offered?	Yes	No	Unknown
Was case sent to DA for filing?	Yes	No	Unknown
If yes, what charges were	requested:		
What charges were filed? Who were charges filed ag			
Who were charges filed ag	gainst?		
If no, why not			
If no, why not If no charges were filed by	it they were i	requested – w	hy not?
If case was filed what was the out	come?		
<ul> <li>Suspect convicted</li> </ul>			
If yes, of what?			
If case was reduced or son	ne charges di	smissed, why	?
	2003		
<ul> <li>Case dismissed</li> </ul>			
Why			
<ul><li>Suspect acquitted</li><li>Why</li></ul>			
O Victim Prosecuted			
What charges			
If the suspect was convicted, wha	t was the sen	tence?	
o Misdemeanor	Felony		
If the suspect was given probation	n, were the fo	ollowing order	red?
o Batterer's treatment	ov mitorografi teret fil	6	
<ul> <li>Order of protection</li> </ul>			
o Jail time, how long			
Substance abuse treatment			
The suspect was given prison tim	e, how long		
<ul> <li>Victim requested notificat</li> </ul>	The state of the s		
was was not		otified	

- o Restraining order was part of parole orders
- o Batterer's treatment was part of parole orders
- Substance abuse treatment was part of parole orders

Was suspect ever violated for DV that he was not convicted of?

Was the suspect on probation or parole at the time of the killing?

No

Parole Probation

Was it for a DV related incident? If yes explain

If defendant was on probation or parole, what type of contact was the defendant having with their parole/probation officer?

#### RELATIONSHIP HISTORY:

Relationship between this victim and defendant

- o Spouse
- o Former Spouse
- Cohabitant
- o Former cohabitant
- o Dating
- Same sex partner
- Victim is child of the intimate partners
- Victim is child of defendant
- Other

How long had suspect and victim been in relationship?

- Less than one year exact time \_
- Less than two years exact time
- Less than five years exact time
- Less than 10 years exact time
- Over 10 years exact time \_

What was the status of the relationship at the time of the death?

- o Living together, no discussion of separation
- o Living together, separation being discussed
- Living together but in the process of separating

<ul> <li>Separated within the past:</li> </ul>	month		
1			
<ul> <li>Separated within the past</li> </ul>			
<ul> <li>Separated more than a year</li> </ul>	*:		
-		ng together at time of death)	
<ul> <li>Never lived together</li> </ul>		,	
o Other			
Suspect and victim have children Yes No	together?		
If so, how many			
Any children under the age of 185	?		
Oldest child age:			
Living in Household	Yes	No	
Witness to killing	Yes	No	
Second oldest child age:			
Living in Household	Yes	No	
Witness to killing	Yes	No	
Third oldest child age:			
Living in Household	Yes	No	
Witness to killing	Yes	No	
Fourth oldest child age:			
Living in Household	Yes	No	
Witness to killing	Yes	No	
Prior to the killing, had child abuse or neg O Yes, with victim as perpetrator O Yes, with suspect as perpetrator O Yes, with both victim and suspect O Yes, other perpetrator O No O Unknown			
If yes, who suspected or reported abuse/n	eglect?		
Was CPS in contact with the household? Yes No Outcome of CPS contact:			
16			1

Were other vi	ictims injured or killed during the fatal assault?					
Yes	No Unknown					
Number of ot	her victims:					
	were the victim(s) related to the perpetrator?					
0	Spouse					
	Former Spouse					
	Cohabitant					
0	Co-parent					
0	Boyfriend/girlfriend/dating partner					
0	Same sex lover					
0	Suspect is partner of victim					
0	Victim was parent of child					
0	Romantically involved with victim					
0	Other					
Was a restrain	ning order involving the victim or suspect in effect at the time of the killing?					
0	Emergency OP, date obtained					
O	Temporary OP, date obtained					
0	OP, date obtained					
0	OP, date obtained Permanent restraining order					
0	No order					
0	Other					
Who was the	protected person?					
Had the defen	dant previously violated the order?					
	No Unknown					
103	Olikilowii					
Most	recent violation, date					
Did vi	ctim report violation?					
	Yes No Unknown					
Was tl	nere an incident report or DR for the violation?					
	Yes No Unknown					
Was tl	ne suspect arrested for the violation?					
	Yes No Unknown					
What	was the outcome of the arrest?					
0	Charges dismissed					
0	Convicted, sentence					
0	Acquitted					
0	Other					

Next	most recent vio	olation date	
Did vi	ictim report vio	olation?	
	Yes		Unknown
Was ti	here an incider Yes	nt report or DR No	for the violation? Unknown
Was th	he suspect arre Yes	sted for the vio	
0	Charges dism Convicted, se Acquitted		
Next r	nost recent vio	lation date	
	ctim report vic Yes	No	Unknown
Was th	nere an inciden	t report or DR	for the violation?
XX 7		No	
Was th		sted for the viol	
What	Yes	No	
	Charges dism	ne of the arrest?	(*
		ntence	
	Acquitted		
Had a	previous restra	ining order eve	er been issued?
		No	Unknown
	If yes, dates _		
Had su		sically assaulte	ed the victim prior to the killing?
	Yes	No	Unknown
	If yes, most re		
		s were involved	
	What injuries	were sustained	by the victim?

Yes If yes, wh	No	ent for the injuries? Unknown	
Was the victim se			
	No	Unknown	
Was a crime repo	ort taken?		
Yes	No	Unknown	
Was case sent to	the DA for fill	ing?	
Yes	No	Unknown	
Was case filed?			
Yes	No	Unknown	
What was the dis	Water and the second second		
Se	entence		
<ul> <li>Acquitted</li> </ul>	by jury		
o Other			
Next most recent			
What weapons we	ere involved?	y the victim?	
What weapons we What injuries wer Did the victim rec	ere involved?_re sustained by	treatment for the injuries?	
What weapons we What injuries were Did the victim rec	ere involved?_re sustained by	treatment for the injuries? Unknown	
What weapons we What injuries were Did the victim received Was the victim see	ere involved?_re sustained by	treatment for the injuries? Unknown	
What weapons we What injuries were Did the victim received Was the victim see Ye	ceive medical es Nexually assault	treatment for the injuries? Unknown	
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What weapons we What injuries were Ye Was the victim see Ye Was a crime report	ceive medical es N exually assault es N rt taken?	treatment for the injuries?  Unknown  do  Unknown  Unknown  Unknown	
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What weapons we What injuries were Was the victim received Was a crime report Ye Was case sent to the Ye Was case sent to the Ye Was case sent to the Ye Was a crime report Ye Was case sent to the Ye	ceive medical es N exually assault es N rt taken?	treatment for the injuries? Io Unknown ed? Io Unknown Unknown Io Unknown ng?	
What weapons we What injuries were West the victim recovery was the victim see Ye Was a crime report Ye Was case sent to the Ye Was case filed?	ceive medical es N exually assault es N rt taken? es N the DA for fili	treatment for the injuries? Io Unknown ed? Io Unknown Io Unknown ng? Io Unknown	
What weapons we What injuries were Was the victim recover Ye Was a crime report Ye Was case sent to the Ye Was case filed?	ceive medical es Nexually assault es Nort taken?	treatment for the injuries?  Io Unknown  ed?  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown	
What weapons we What injuries were Was the victim received Ye Was a crime report Ye Was case sent to to Ye Was case filed?  What was the disp	ceive medical es N exually assault es N rt taken? es N the DA for fili es N cosition of the	treatment for the injuries?  Io Unknown  ed?  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown	
What weapons we What injuries were West the victim recovery was the victim see Ye Was a crime report Ye Was case sent to the Ye Was case filed?  What was the dispression of Conviction were were well as a crime report Ye was case filed?	ceive medical es N exually assault es N extra taken? es N the DA for fili es N cosition of the	treatment for the injuries?  Io Unknown  ed?  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown	
What weapons we What injuries were Was the victim recovery Ye Was a crime report Ye Was case sent to the Ye Was case filed?  What was the disproportion Series were weaponed to the Ye was case filed?	ceive medical es N exually assault es N rt taken? es N the DA for fili es N cosition of the	treatment for the injuries?  Io Unknown  ed?  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown	
What weapons we What injuries were Ye Was the victim recovery Ye Was a crime report Ye Was case sent to to Ye Was case filed?  What was the disprocessor of Conviction Sent Acquitted	ceive medical es N exually assault es N the DA for fili es N cosition of the n - charges ntence by jury	treatment for the injuries?  Io Unknown  ed?  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown	
What weapons we What injuries were Ye Was the victim see Ye Was a crime report Ye Was case sent to to Ye Was case filed?  What was the disproper of Conviction Serior Acquitted Opismissed	ceive medical es N exually assault es N extra taken? es N the DA for fili es N position of the n - charges ntence by jury	treatment for the injuries?  Io Unknown  Io Unknown	
What weapons we What injuries were Ye Was the victim see Ye Was a crime report Ye Was case sent to to Ye Was case filed?  What was the disproper of Conviction Serior Acquitted Opismissed	ceive medical es N exually assault es N extra taken? es N the DA for fili es N position of the n - charges ntence by jury	treatment for the injuries?  Io Unknown  ed?  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown  Unknown	

Wha	t weapons were inv t injuries were susta	nined by the vic	tim?
Did 1	he victim receive n		
	Yes	No	Unknown
Was	the victim sexually		** 1
	Yes	No	Unknown
Was	a crime report take		
202	Yes	No	Unknown
Was	case sent to the DA		** 1
	Yes	No	Unknown
Was	case filed?		** 1
	Yes	No	Unknown
77.71		C41 0	
	t was the dispositio		
	Conviction - cha	irges	
	Sentence		
	Acquitted by jur	У	
C	Dismissed -		
	why		
	Other		
	241	-l	ttamenta ta Irill tha viation?
e any of			ttempts to kill the victim? Unknown
vyda i ola			
, which	incident		
r than t	he accoults listed at	ove were there	e previous calls for assistance to thi
	ecause of domestic		previous earns for assistance to the
	Yes		Unknown
			Chianown
	dent report	can/date	
	ne report		
	ect arrested		
Cha			
	Disposition		

Did the victim or others consider the threats to be serious?

Yes

No

Unknown

Did the suspect engage in stalking behaviors?

Yes

No

Unknown

Was the victim romantically involved with someone other than the suspect?

Yes

No

Unknown

Were there financial difficulties or disagreements over finances in the household?

Yes

No

Unknown

Did the victim or suspect possess any firearm?

- o Victim
- o Suspect
- o Both
- o Unknown

Who initiated the violence that led to the killing?

- o Victim
- o Suspect
- o Both
- o Unknown

Did any of the following agencies have contact with victim or the suspect prior to the fatal assault?

0	Family Advocacy Center
0	Pinal County
0	Pinal County Sheriff's Office Victim Services
0	Fire Department
0	CPS
0	County Attorney
0	County Attorney Victim Services
0	Other law enforcement
0	District Attorney's Office
0	Mental Health
0	Public Housing
0	Human Services/Financial Assistance
0	DES/Financial Assistance
0	Other

PINAL COUNTY

# DOMESTIC VIOLENCE FATALITY REVIEW TEAM AGGREGATE DATA COLLECTION FORM

DR#		
Case Date:		
VICTIM INFORMATION:		
Name: Last:	First:	MI:
Alias(es)		
Social Security Number:		
Date of Birth:	Date of Death:	
Race/ethnicity:		
African-American	Asian Caucasian Hispanic Other_	
Employment Status:	Employed outside home	
	Company Name	
	Address	
	Phone number	
	Not employed outside home	
Prior Addresses:	a	
Did the fatal assault take place		Unknown
What was the cause of death?	?	
23		23

What weapons were used by the suspect during the fatal assault?				
	Handgun Other firearm Knife/cutting instrument Blunt object Feet/Fist Other			
Were	?	those that actuall if so what?	y caused the death sustained by this  No	
-				
Were	children present during the fa	atal assault?	No	
	If yes, the children were the	<b>:</b>		
0	Victim's			
0	Defendant's			
0	Relative's			
0	Friend's			
0	Strangers			
Was tl	he victim sexually assaulted of	during the fatal ass	sault?	
	Yes	3	No	
Wastl	ne victim under the influence	of alcohol at the t	ime of the fatal assault?	
	Yes - Reported but not conf		inic of the fatal assault:	
0	Yes - Confirmed by test - B			
0	No			
	Unknown			
Was tl	ne victim under the influence	of illegal drugs at	the time of the fatal assault?	
0	Yes - Reported but not conf	firmed with test - t	ype of drug	
0	Yes - Confirmed by test - ty	pe of drug		
0	No			
0	Unknown			

		ence of prescription drugs at the time of the fatal assault?
0		confirmed with test - type of drug
0		st - type of drug
0	No	
0	Unknown	
Does t	he victim have a history	of drug or alcohol abuse?
0	Yes - Drug - type	Learned by what source
0	Yes - Alcohol - Learne	ed by what source
0	No	
0	Unknown	
		e counseling, treatment or other assistance for the substance
abuse?		
	No	
	Alcoholics Anonymou Narcotics Anonymous	
	Other self help group -	
0	Private Counseling - N	
0	Group therapy - Name	
0	1 10	nent - Name of program
0	Other	nent - Ivame of program
0	Unknown	
0	Chkhown	
Did th	ne victim ever attempt su	nicide prior to this incident?
0	Yes - Within the prior	2. 2.
0	Yes - Within the prior	
0	Yes - Longer than a ye	ear prior to death
0	No	
0	Unknown	
Was t	here a history of DV cal	ls with this suspect to police?
0	Yes - Within the prior	six (6) months
0	Yes - Within the prior	year
0	Yes - Longer than a ye	ear prior to death
0	No	
0	Unknown	
Did th	ne victim have a history	of DV with another person?
	Yes	No
Did th	ne victim experience DV	in the home as a child?
	Yes	No

Did th	victim have a previous history of SA?
	Yes No
Did th	victim live in subsidized housing?
	Yes No
Did th	victim receive DES or welfare assistance?
	Yes No
If so, v	hat type of assistance?
Did an	y of the following agencies have contact with victim or the suspect prior to the
fatal as	sault?
0	Family Advocacy Center
0	Pinal County
0	Fire Department
0	CPS
0	Other law enforcement
0	District Attorney's office
0	Mental Health
0	Pinal County Victim Services
0	Other

# Pinal County Domestic Violence Fatality Review Team

## D.V. Lethality Factors Aggregate Data Collection Form Addendum

### Team Review/Factors to Consider:

What was the level of access to the victim? (Protective Orders, incarceration possible, victim location factors etc.):
Frequency/severity of abuse? (Priors, change in behavior/frequency, unlawful restraint injuries, weapons):
History of stalking behavior? (Aberrant or focused contacts, following, phone calls, gifts etc.):
Rage Issues? (actions/behavior beyond simple anger):
Display of "ownership" behavior? (Comments/actions indicating sense of ownership o victim):
Mental Health Issues? (Depression, under treatment past or present etc.):

Threats of Homicide/Suicide? (Previous threats/indicators):	
Timing Issues? (Victim pending divorce or breakup with suspect, recabuse):	ent report of
History of Antisocial Behavior? (Suspect's previous arrests, police of violent behavior):	ontacts, or history

DVFRT PINAL COUNTY