

Pinal County
DOMESTIC VIOLENCE FATALITY REVIEW TEAM
DATA COLLECTION FORM

CONFIDENTIAL - NOT FOR DISTRIBUTION

DVFRT Case ID: _____
Date Assigned: _____
PD#: _____

VICTIM INFORMATION:

Name: Last _____ First: _____ M:
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

Education:

- Less than high school
- High School Diploma
- Some college/tech school
- College graduate
- Post Graduate
- Unknown

Address at time of death: _____

Prior Addresses:

Did the fatal assault take place at victim's home? Yes No Unknown

If no, where did it occur? (e.g. victim's workplace, suspect's home) _____

What was the cause of death?

What weapons were used by the suspect during the fatal assault?

- Handgun _____
- Other firearm _____
- Knife/cutting instrument _____
- Blunt object _____
- Feet/Fist _____
- Other _____

Were there other injuries other than those that actually caused the death sustained by this victim?

- Yes - if so what? _____
 - No
-
-

Were children present during the fatal assault?

- Yes
- No

If yes, the children were the:

- Victim's
- Defendant's
- Relative's
- Friend's
- Strangers

Was the victim sexually assaulted during the fatal assault?

- Yes
- No

Was the victim under the influence of alcohol at the time of the fatal assault?

- Yes - Reported but not confirmed with test
- Yes - Confirmed by test - BAC _____
- No
- Unknown

Was the victim under the influence of illegal drugs at the time of the fatal assault?

- Yes - Reported but not confirmed with test - type of drug _____
- Yes - Confirmed by test-type drug _____
- No
- Unknown

Was the victim under the influence of prescription drugs at the time of the fatal assault?

- Yes - Reported but not confirmed with test- type of drug _____
- Yes – Confirmed by test – type of drug _____
- No
- Unknown

Does the victim have a history of drug or alcohol abuse?

- Yes – Drugs type _____ Learned by what source _____
- No
- Unknown

If yes – did victim ever receive counseling, treatment, or other assistance for the substance abuse?

- No
- Alcoholics Anonymous
- Narcotics Anonymous
- Other self help group – explain _____
- Private Counseling – Name of counselor _____
- Group therapy – Name of group/therapist _____
- Court Mandated treatment – Name of program _____
- Other _____
- Unknown

Did the victim 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
- Unknown

Was victim a member of a church group or other community organization?

If yes, Name of organization: _____

Did the victim have any pregnancies?

- Yes
- No

Most Recent Pregnancy

Child's Name: _____

Was this the perpetrator's child? Yes No Unknown

Date pregnancy ended: _____

- Live birth
- Miscarriage
- Elective Abortion
- Other _____

Any complications with the pregnancy related to abuse?

- Low birth weight
- Premature birth
- Other

Next Most Recent Pregnancy

Child's Name: _____

Was this the perpetrator's child Yes No Unknown

Date pregnancy ended: _____

- Live Birth
- Miscarriage
- Elective Abortion
- Other _____

Any complications with pregnancy related to abuse?

- Low birth weight
- Premature birth
- Other

Next Most Recent Pregnancy

Child's Name: _____

Was this the perpetrator's child? Yes No Unknown

Date pregnancy ended: _____

- Live birth
- Miscarriage
- Elective Abortion
- Other _____

Any complications with pregnancy related to abuse?

- Low birth weight
- Premature birth
- Other

Next most Recent Pregnancy

Child's Name: _____

Was this the perpetrator's child Yes No Unknown

Date pregnancy ended: _____

- Live birth
- Miscarriage
- Elective Abortion

○ Other _____

Any complications with pregnancy related to abuse?

- Low birth weight
- Premature birth
- Other

Was victim ever the victim of DV by another defendant?

Yes No

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(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

Education

- Less than high school
- High School Diploma
- Some college/tech school
- College graduate
- Post Graduate
- Unknown

Same address as victim?

- Yes
- No

If no, address at time of death: _____

Was the suspect under the influence of alcohol at the time of the fatal assault?

- Yes – Reported but not confirmed with test
- Yes – Confirmed by test- BAC _____
- No
- Unknown

Was the suspect under the influence of illegal drugs at the time of the fatal assault?

- Yes – Reported but not confirmed with test – type of drug _____
- Yes – Confirmed by test – type of drug _____
- No
- Unknown

Was the suspect under the influence of prescription drugs at the time of the fatal assault?

- Yes – Reported but not confirmed with test – type of drug _____
- Yes – Confirmed by test- type of drug _____
- Unknown

Does the suspect have a history of drug or alcohol abuse?

- Yes – Drugs – type _____ Learned by what source _____
- Yes – Alcohol – Learned by what source _____
- No
- Unknown

If yes – did suspect ever receive counseling, treatment, or other assistance for the substance abuse?

- No
- Alcoholics Anonymous
- Narcotics Anonymous
- Other self help group – explain _____
- Private Counseling – Name of counselor _____
- Group therapy – Name of group/therapist _____
- Court Mandated treatment – Name of program _____
- Other _____
- Unknown

Did the 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
- Unknown

Did suspect/perpetrator commit suicide subsequent to killing victim?

Yes No

Where is the suspect/perpetrator now?

- Deceased, Date of death: _____
- Awaiting trial
- Convicted, What charges: _____
- Acquitted
- Case dismissed/charges dropped
- Fled
- Other _____

CRIMINAL RECORDS FOR VICTIM AND SUSPECT/PERPETRATOR:

List all prior arrests for suspect/perpetrator:

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? _____

Most recent prior – date: _____

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 against? _____

If no, why not _____

If no charges were filed but they were requested – why not?

If case was filed what was the outcome?

- Suspect convicted
If yes, of what? _____
If case was reduced or some charges dismissed, why? _____
- Case dismissed
Why _____
Suspect acquitted
Why _____
- Victim Prosecuted
What charges _____

If the suspect was convicted, what was the sentence?

Misdemeanor

Felony

If the suspect was given probation, were the following ordered?

- Batterer's treatment
- Order of protection
- Jail time, how long _____
- Substance abuse treatment

The suspect was given prison time, how long _____

- Victim requested notification of release
was was not notified
- Restraining order was part of parole orders
- Batterer's treatment was part of parole orders
- Substance abuse treatment was part of parole orders

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

Next Date: _____

Same victim? Yes No
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 against? _____
If no, why not _____
If no charges were filed but they were requested – why not?

If case was filed what was the outcome?

- Suspect convicted
If yes, of what? _____
If case was reduced or some charges dismissed, why?

- Case dismissed
Why _____
- Suspect acquitted
Why _____
- Victim Prosecuted
What charges _____

If the suspect was convicted, what was the sentence?

- Misdemeanor Felony

If the suspect was given probation, were the following ordered?

- Batterer's treatment
- Order of protection
- Jail time, how long _____
- Substance abuse treatment

The suspect was given prison time, how long _____

- Victim requested notification of release
was was not notified

- Restraining order was part of parole orders
- 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?

Yes No

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

Yes 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

- Spouse
- Former Spouse
- Cohabitant
- Former cohabitant
- 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?

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

- Separated within the past month
- Separated within the past three months
- Separated within the past year
- Separated more than a year
- Previously separated, reconciled (living together at time of death)
- Never lived together
- Other _____

Suspect and victim have children together?
 Yes No

If so, how many _____

Any children under the age of 18? _____

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 neglect been suspected in the household?
- Yes, with victim as perpetrator
 - Yes, with suspect as perpetrator
 - Yes, with both victim and suspect as perpetrator
 - Yes, other perpetrator
 - No
 - Unknown

If yes, who suspected or reported abuse/neglect? _____

Was CPS in contact with the household?
 Yes No

Outcome of CPS contact: _____

Were other victims injured or killed during the fatal assault?

Yes No Unknown

Number of other victims: _____

How were the victim(s) related to the perpetrator?

- Spouse
- Former Spouse
- Cohabitant
- Co-parent
- Boyfriend/girlfriend/dating partner
- Same sex lover
- Suspect is partner of victim
- Victim was parent of child
- Romantically involved with victim
- Other _____

Was a restraining order involving the victim or suspect in effect at the time of the killing?

- Emergency OP, date obtained _____
- Temporary OP, date obtained _____
- OP, date obtained _____
- Permanent restraining order _____
- No order
- Other _____

Who was the protected person? _____

Had the defendant previously violated the order?

Yes No Unknown

Most recent violation, date _____

Did victim report violation?

Yes No Unknown

Was there an incident report or DR for the violation?

Yes No Unknown

Was the suspect arrested for the violation?

Yes No Unknown

What was the outcome of the arrest?

- Charges dismissed
- Convicted, sentence _____
- Acquitted
- Other _____

Next most recent violation date _____

Did victim report violation?

Yes No Unknown

Was there an incident report or DR for the violation?

Yes No Unknown

Was the suspect arrested for the violation?

Yes No Unknown

What was the outcome of the arrest?

- Charges dismissed
- Convicted, sentence
- Acquitted
- Other _____

Next most recent violation date _____

Did victim report violation?

Yes No Unknown

Was there an incident report or DR for the violation?

Yes No Unknown

Was the suspect arrested for the violation?

Yes No Unknown

What was the outcome of the arrest?

- Charges dismissed
- Convicted, sentence _____
- Acquitted
- Other _____

Had a previous restraining order ever been issued?

Yes No Unknown

If yes, dates _____

Had suspect ever physically assaulted the victim prior to the killing?

Yes No Unknown

If yes, most recent assault _____

What weapons were involved? _____

What injuries were sustained by the victim? _____

Did the victim receive medical treatment for the injuries?

Yes No Unknown

If yes, where _____

Was the victim sexually assaulted?

Yes No Unknown

Was a crime report taken?

Yes No Unknown

Was case sent to the DA for filing?

Yes No Unknown

Was case filed?

Yes No Unknown

What was the disposition of the case?

- Conviction- charges _____
Sentence _____
- Acquitted by jury _____
- Dismissed – why _____
- Other _____

Next most recent assault _____

What weapons were involved? _____

What injuries were sustained by the victim? _____

Did the victim receive medical treatment for the injuries?

Yes No Unknown

Was the victim sexually assaulted?

Yes No Unknown

Was a crime report taken?

Yes No Unknown

Was case sent to the DA for filing?

Yes No Unknown

Was case filed?

Yes No Unknown

What was the disposition of the case?

- Conviction - charges _____
Sentence _____
- Acquitted by jury _____
- Dismissed -
why _____
- Other _____

Next most recent assault _____
What weapons were involved? _____
What injuries were sustained by the victim? _____

Did the victim receive medical treatment for the injuries?

Yes No Unknown

Was the victim sexually assaulted?

Yes No Unknown

Was a crime report taken?

Yes No Unknown

Was case sent to the DA for filing?

Yes No Unknown

Was case filed?

Yes No Unknown

What was the disposition of the case?

- Conviction - charges

Sentence _____

- Acquitted by jury

- Dismissed -

why _____

- Other _____
- _____

Were any of the assaults listed above serious attempts to kill the victim?

Yes No Unknown

If so, which incident _____

Other than the assaults listed above, were there previous calls for assistance to this household because of domestic violence?

Yes No Unknown

If so, what happened during the call/date _____

- Incident report

- Crime report

- Suspect arrested

- Charged with _____

Disposition _____

Did suspect ever make threats against the victim's life prior to the killing?

Yes No Unknown

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?

- Victim
- Suspect
- Both
- Unknown

Who initiated the violence that led to the killing?

- Victim
- Suspect
- Both
- Unknown

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

- Family Advocacy Center _____
- Pinal County _____
- Pinal County Sheriff's Office Victim Services _____
- Fire Department _____
- CPS _____
- County Attorney _____
- County Attorney Victim Services _____
- Other law enforcement _____
- District Attorney's Office

- Mental Health _____
- Public Housing _____
- Human Services/Financial Assistance _____
- DES/Financial Assistance _____
- 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

Education:

- Less than high school
- High School Diploma
- Some college/tech school
- College graduate
- Post Graduate
- Unknown

Address at time of death: _____

Prior Addresses: _____

Did the fatal assault take place at victim's home? Yes No Unknown

If no, where did it occur? (e.g. victim's workplace, suspect's home)

What was the cause of death? _____

What weapons were used by the suspect during the fatal assault?

Handgun _____
Other firearm _____
Knife/cutting instrument _____
Blunt object _____
Feet/Fist _____
Other _____

Were there other injuries other than those that actually caused the death sustained by this victim?

Yes - if so what? No

Were children present during the fatal assault?

Yes No

If yes, the children were the:

- Victim's
- Defendant's
- Relative's
- Friend's
- Strangers

Was the victim sexually assaulted during the fatal assault?

Yes No

Was the victim under the influence of alcohol at the time of the fatal assault?

- Yes - Reported but not confirmed with test
- Yes - Confirmed by test - BAC _____
- No
- Unknown

Was the victim under the influence of illegal drugs at the time of the fatal assault?

- Yes - Reported but not confirmed with test - type of drug _____
- Yes - Confirmed by test - type of drug
- No
- Unknown

Was the victim under the influence of prescription drugs at the time of the fatal assault?

- Yes - Reported but not confirmed with test - type of drug _____
- Yes - Confirmed by test - type of drug _____
- No
- Unknown

Does the victim have a history of drug or alcohol abuse?

- Yes - Drug - type_____ Learned by what source _____
- Yes - Alcohol - Learned by what source _____
- No
- Unknown

If yes - did victim ever receive counseling, treatment or other assistance for the substance abuse?

- No
- Alcoholics Anonymous
- Narcotics Anonymous
- Other self help group - explain _____
- Private Counseling - Name of counselor _____
- Group therapy - Name of group/therapist _____
- Court Mandated treatment - Name of program _____
- Other _____
- Unknown

Did the victim 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
- Unknown

Was there a history of DV calls with this suspect to police?

- Yes - Within the prior six (6) months
- Yes - Within the prior year
- Yes - Longer than a year prior to death
- No
- Unknown

Did the victim have a history of DV with another person?

Yes No

Did the victim experience DV in the home as a child?

Yes No

Did the victim have a previous history of SA?

Yes

No

Did the victim live in subsidized housing?

Yes

No

Did the victim receive DES or welfare assistance?

Yes

No

If so, what type of assistance? _____

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

- Family Advocacy Center
- Pinal County
- Fire Department
- CPS
- Other law enforcement _____
- District Attorney's office _____
- Mental Health
- Pinal County Victim Services
- 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 of 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, recent report of abuse):

History of Antisocial Behavior? (Suspect's previous arrests, police contacts, or history of violent behavior):
