

**Florida Domestic Violence
Fatality Review Team
Primary
Submission Form**

Team: _____ Team Recorder _____

Date of Review: _____ (MMDDYYYY) Fatality Review Control Number: _____

of Decedent(s) _____ # of Perpetrator(s) _____ # of By-stander(s) _____

CHECK IF REVISION TO A PREVIOUSLY SUBMITTED REPORT

The following questionnaire has been provided for the submission of Fatality Review incident information to the Florida Department of Law Enforcement's Domestic Violence Data Resource Center (DVDRC) as required by Florida Statute s. 741.316. If you have any questions about completing the information requested, call the DVDRC staff at (850) 410-7129 or (850) 410-7157. Once this form is completed, please mail to:

**Florida Department of Law Enforcement Domestic Violence Data Resource Center
P.O. Box 1489, Tallahassee, FL 32302-1489**

EVENT INFORMATION

1) Date Reported to Law Enforcement: _____ (MMDDYYYY)

2) Time (Military Time-Hours) Reported to Law Enforcement: _____

3) Date of Death/Fatality: _____ (MMDDYYYY)

4) Day of Death/Fatality:

- Monday Wednesday Friday Sunday
 Tuesday Thursday Saturday

5) Call Received:

- Before the Fatality occurred
 During the Incident
 After the Fatality occurred

6) The complainant was the: (Check all that apply):

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

7) Place of Incident:

- Residence of decedent and perpetrator Workplace of perpetrator
 Residence of decedent School
 Residence of perpetrator Commercial
 Residence of family member Government
 Workplace of decedent Other (specify): _____

8) Law Enforcement arrived:

- Before the Fatality occurred After the Fatality occurred
 During the Incident

9) Event Type:

- Spouse Co-habitant Child(ren)
 Ex-Spouse Ex-Co-habitant Familicide
 Intimate Partner Fratricide and/or Sororicide Parricide
 Ex-Intimate Partner Other (specify): _____

10) Offense Type:

- Homicide Hostage/Homicide
 Homicide/Suicide Hostage/Homicide/Suicide
 Multiple Homicides Hostage/Multiple Homicides
 Multiple Homicides/Suicide Hostage/Multiple Homicides/Suicide

11) Check the weapon type used to commit fatality of **primary** decedent

(If multiple weapons were involved check only the weapon used to carry out the death of the decedent).

- Handgun Firearm (other/unknown) Blunt Object
 Rifle Hands/Fist/Feet Drugs
 Shotgun Knife/Cutting Instrument Fire/Incendiary
 Unknown Other (specify): _____

12) Injuries sustained during fatality:

	<u>Decedent</u>	<u>Perpetrator</u>
Blunt trauma	<input type="checkbox"/>	<input type="checkbox"/>
Stab/Puncture wounds	<input type="checkbox"/>	<input type="checkbox"/>
Gunshot wounds	<input type="checkbox"/>	<input type="checkbox"/>
Strangulation	<input type="checkbox"/>	<input type="checkbox"/>
Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>
Poison	<input type="checkbox"/>	<input type="checkbox"/>
Burns	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify): _____	<input type="checkbox"/>	<input type="checkbox"/>

13) Specify the injury that caused the actual death, greatest trauma, or most severe damage: _____

14) Perpetrator injured by:

- Decedent Self Witness
 Law Enforcement officer Perpetrator not injured Unknown
 Decedent's family member Other (specify): _____

15) Was the perpetrator a victim of decedent's abuse at the time of the fatality:

- Yes No Unavailable N/A

16) Minor and/or dependent child(ren) were present:

- Yes No No children N/A
Specify age(s): _____ Unavailable

If child(ren) were present did they:	<u>Yes</u>	<u>No</u>	<u>Unavailable</u>
Hear the fatality occurring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observe the fatality occurring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17) Who had physical custody of the child(ren) at the time of the fatality (specify): _____ N/A

18) Who had legal custody of the child(ren) (specify): _____ N/A

COMMENTS/ADDITIONAL INFORMATION:

REVIEWED: **COMPLETED:**

DECEDENT INFORMATION

1) Sex: Male Female

2) DOB: _____ (MMDDYYYY)

3) Age: _____ Years Minor

4) Race:

- White
- Black
- American Indian or Alaskan Native
- Asian or Pacific Islander
- Other (specify): _____
- Unknown

5) Relationship of decedent to perpetrator:

- | | | |
|--|---|--|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Step-parent | <input type="checkbox"/> Boyfriend |
| <input type="checkbox"/> Spouse, but not living together | <input type="checkbox"/> Child | <input type="checkbox"/> Ex-boyfriend |
| <input type="checkbox"/> Ex-spouse | <input type="checkbox"/> Step-child | <input type="checkbox"/> Child of boyfriend |
| <input type="checkbox"/> Co-habitant | <input type="checkbox"/> Brother/Sister | <input type="checkbox"/> Girlfriend |
| <input type="checkbox"/> Ex-Co-habitant | <input type="checkbox"/> In-law | <input type="checkbox"/> Ex-girlfriend |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Ex-In-law | <input type="checkbox"/> Child of girlfriend |
| <input type="checkbox"/> Other: (specify) _____ | | |

6) Length of Relationship: _____ Unavailable

7) Relationship of decedent to child(ren) (check all that apply):

- | | | |
|--|---|------------------------------|
| <input type="checkbox"/> No children | <input type="checkbox"/> Unavailable | <input type="checkbox"/> N/A |
| <input type="checkbox"/> Child(ren) in common, living in household | <input type="checkbox"/> Child(ren) in common, but not in household | |
| <input type="checkbox"/> Some child(ren) in common, some not | <input type="checkbox"/> No children in common | |
| <input type="checkbox"/> Child(ren) not in common, but living in household | | |

Indicate which had child(ren) in common: Perpetrator #1 Perpetrator #2 Decedent #2

8) Relationship between decedent and perpetrator (check all that apply):

- Never Married Widowed None, Decedent is a minor Unavailable

8a) Married

- To Perpetrator #1
 To Perpetrator #2
 To Decedent #2
 To Other

8b) Separated

- From Perpetrator #1
 From Perpetrator #2
 From Decedent #2
 From Other

8c) Divorced

- From Perpetrator #1
 From Perpetrator #2
 From Decedent #2
 From Other

8d) Married, but a minor

- To Perpetrator #1
 To Perpetrator #2
 To Decedent #2
 To Other

8e) Separated, but a minor

- From Perpetrator #1
 From Perpetrator #2
 From Decedent #2
 From Other

8f) Divorced, but a minor

- From Perpetrator #1
 From Perpetrator #2
 From Decedent #2
 From Other

9) Employed:

- Yes Occupation: _____ None, Decedent is a minor
 No Unavailable Retired
 Military Ex-military

10) Other source(s) of income: _____

- None, Decedent is a minor No Unavailable

11) Education level: _____

- None, Decedent is a minor Unavailable Other (specify): _____

12) Immigration status:

- Citizen Immigrant Unavailable

COMMENTS/ADDITIONAL INFORMATION:

REVIEWED: **COMPLETED:**

PERPETRATOR INFORMATION

1) Sex: Male Female

2) DOB: _____ (MMDDYYYY)

3) Age: _____ Years Minor

4) Race:

- White Black American Indian or Alaskan Native
 Asian or Pacific Islander Unknown Other (specify): _____

5) Relationship of perpetrator to child(ren) (if applicable):

- No children Unavailable N/A
 Child(ren) in common, living in household Child(ren) in common, but not in household
 Some child(ren) in common, some not No children in common
 Child(ren) not in common, but living in household

Indicate which had child(ren) in common: Perpetrator #1 Perpetrator #2 Decedent #2

6) Relationship between perpetrator and decedent:

- Never Married Widowed None, Decedent is a minor Unavailable

6a) Married

- To Decedent #1
 To Decedent #2
 To Perpetrator #2
 To Other

6b) Separated

- From Decedent #1
 From Decedent #2
 From Perpetrator #2
 From Other

6c) Divorced

- From Decedent #1
 From Decedent #2
 From Perpetrator #2
 From Other

6d) Married, but is a minor

- To Decedent #1
 To Decedent #2
 To Perpetrator #2
 To Other

6e) Separated, but is a minor

- From Decedent #1
 From Decedent #2
 From Perpetrator #2
 From Other

6f) Divorced, but is a minor

- From Decedent #1
 From Decedent #2
 From Perpetrator #2
 From Other

7) Employed:

- Yes Occupation: _____ None, Perpetrator is a minor
 No Unavailable Retired
 Military Ex-military

8) Other source(s) of income: _____

- None, Perpetrator is a minor No Unavailable

9) Education level: _____

- None, Perpetrator is a minor Unavailable Other (specify): _____

10) Immigration status:

- Citizen Immigrant Unavailable

11) Current Status of perpetrator:

- Perpetrator killed by law enforcement during arrest Bond, awaiting trial
 Perpetrator at-large Convicted, and incarcerated for fatality

- Committed suicide as related to the fatality

Timeframe: _____ Cause of death: _____

Suicide note left: Yes No Unavailable

Suicide was planned: Yes No Unavailable

- Committed suicide as a separate and distinct incident from fatality (*this means that suicide was not a part of the fatality*) Cause of death: _____

- Other (specify): _____

COMMENTS/ADDITIONAL INFORMATION:

REVIEWED: **COMPLETED:**

EXISTING AND/OR CONTRIBUTING FACTORS

If any of the below noted statements were existing and/or a contributing factor in the relationship or to the fatality, please indicate.

	<u>Decedent</u>	<u>Perpetrator</u>	<u>Unavailable</u>
1) Express fear of physical danger to themselves and/or children:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Express fear of losing custody of children:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Isolate themselves from family and friends:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Was isolated from family and friends:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Exhibit signs of:			
<u>Depression</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Anger</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Low self-esteem</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Suicidal thoughts</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Express fear and/or anger of involvement in the criminal justice system process:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Express guilty feelings about the failed relationship:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8) Express fear (and danger) of being alone with abuser:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9) Express fear of being alone when ending the relationship:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10) Express fear of making a life change:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11) Express belief that the other person would change and/or stop abusive behavior:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Decedent</u>	<u>Perpetrator</u>	<u>Unavailable</u>
12) Abuse the other person in public:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Keep tabs on or stalk the other person:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14) Put down the other person's friends and family:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Tell the other person, jealousy is a sign of love:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Make all the decisions in the relationship (including finances):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Blame the other person for abuse:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Use intimidation by instilling fear through looks and gestures:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Smash objects and destroy property:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Tell the other person their fears about the relationship were not important:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) Threat to kill the other person:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) Threat to kill children or family member:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23) Threat to commit suicide:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24) Threat to harm animals/pets:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25) Other information: (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26) Were there events that indicated level of abuse was escalating: If <u>YES</u> , list events: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Relationship Factors:

	<u>Decedent</u>	<u>Perpetrator</u>	<u>Unavailable</u>
27) Had a significant change in relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28) In process of separation at time of fatality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29) Had separated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30) Had divorce finalized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31) Was served with divorce papers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32) Had stated a new relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33) <u>Decedent</u> pregnant at time of fatality. Specify father: <input type="checkbox"/> Perpetrator <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34) Custody of children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment/Monetary Factors:

35) Had loss of <u>employment</u> recently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36) Had loss of <u>income</u> recently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Criminal Justice Interaction Factors:

37) Had filed an injunction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38) Had been served with an injunction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39) Arrested for Domestic Violence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Illegal Substance Abuse Factors:

40) Abused <u>drugs</u> . Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41) Abused <u>alcohol</u> . Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Prescribed/Non-Prescribed Medication:

	<u>Decedent</u>	<u>Perpetrator</u>	<u>Unavailable</u>
42) Abused medication. Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43) Abused <u>steroids</u> . Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44) Taking <u>non-prescription</u> medicine. Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45) Taking <u>prescription</u> medicine. Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Mental Health Factors:

46) Had documented history of <u>mental health</u> problems. Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47) Had attempted to commit <u>suicide</u> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48) Taking prescribed <u>psychiatric</u> medicine. Specify type: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Factors:

	<u>Yes</u>	<u>No</u>	<u>Unavailable</u>
49) <u>Perpetrator</u> alleged to have committed act to avenge a perceived wrongdoing by decedent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50) <u>Perpetrator</u> alleged to have committed act to avenge a perceived wrongdoing by decedent's family member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51) <u>Perpetrator</u> alleged to have committed act to avenge a perceived wrongdoing by other party. Specify type of wrongdoing: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52) Immigration Status was in question pertaining to the Perpetrator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53) Immigration Status was in question pertaining to the Decedent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes

No

Unavailable

54) Other factor(s):

Specify: _____

COMMENTS/ADDITIONAL INFORMATION:

REVIEWED:

COMPLETED:

LETHALITY INDICATORS

This section should reflect if the decedent and/or perpetrator displayed any of the following factors during the relationship, but prior to the fatality.

1) Emotional/Mental Deterioration:

Perpetrator

Decedent

Suicidal	<input type="checkbox"/>	<input type="checkbox"/>
Homicidal	<input type="checkbox"/>	<input type="checkbox"/>
Loss of day to day function	<input type="checkbox"/>	<input type="checkbox"/>
History of psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>
Poor compliance with taking medication	<input type="checkbox"/>	<input type="checkbox"/>
Depression	<input type="checkbox"/>	<input type="checkbox"/>
Economic loss (employment/income)	<input type="checkbox"/>	<input type="checkbox"/>
Loss of family support	<input type="checkbox"/>	<input type="checkbox"/>
Anger behavior	<input type="checkbox"/>	<input type="checkbox"/>
Low self-esteem	<input type="checkbox"/>	<input type="checkbox"/>
Expressed concerns that she/he would be injured or killed ..	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

2) Relationship Dynamics:

Obsessiveness about partner or family	<input type="checkbox"/>	<input type="checkbox"/>
Extreme jealousy	<input type="checkbox"/>	<input type="checkbox"/>
Rage and/or depression over separation	<input type="checkbox"/>	<input type="checkbox"/>
Perceived betrayal	<input type="checkbox"/>	<input type="checkbox"/>
Perceived rejection after attempt to reconcile	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

3) Antisocial Behavior:

History of domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
History of assaults on others	<input type="checkbox"/>	<input type="checkbox"/>
History of criminal activity	<input type="checkbox"/>	<input type="checkbox"/>
History of stalking	<input type="checkbox"/>	<input type="checkbox"/>
History of substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
History of possession of weapons	<input type="checkbox"/>	<input type="checkbox"/>

	Perpetrator	Decedent
History of familial abuse	<input type="checkbox"/>	<input type="checkbox"/>
History of abusing children (physically and/or sexually)	<input type="checkbox"/>	<input type="checkbox"/>
History of childhood abuse or witnessing violence	<input type="checkbox"/>	<input type="checkbox"/>
History of incidents of animal abuse	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

4) Non-Compliance of Community Control:

Violation(s) of probation	<input type="checkbox"/>	<input type="checkbox"/>
Violation(s) of injunction for protection	<input type="checkbox"/>	<input type="checkbox"/>
Violation(s) of no contact order	<input type="checkbox"/>	<input type="checkbox"/>
Arrest(s) for domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

5) Type of Violence:

Use of a weapon	<input type="checkbox"/>	<input type="checkbox"/>
Death threat	<input type="checkbox"/>	<input type="checkbox"/>
Unwanted sexual contact	<input type="checkbox"/>	<input type="checkbox"/>
Attempt strangulation	<input type="checkbox"/>	<input type="checkbox"/>
Abusive to pet(s)	<input type="checkbox"/>	<input type="checkbox"/>
Severe injury	<input type="checkbox"/>	<input type="checkbox"/>
Sadistic/threatening act	<input type="checkbox"/>	<input type="checkbox"/>
Arson	<input type="checkbox"/>	<input type="checkbox"/>
Familial abuse	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS/ADDITIONAL INFORMATION:

REVIEWED: **COMPLETED:**

COURT AND CRIMINAL HISTORY

Injunction History or No Contact Order History: If Not applicable, skip to Criminal History.

1) **No Contact Order (Criminal)**

Perpetrator: Yes No None/Minor Unavailable N/A

Perpetrator has/had active No Contact Order(s). # of Contact Order(s) _____ Status: _____

Perpetrator had previous No Contact Order(s) with person(s) other than the decedent.
of previous: _____ Status: _____

Decedent: Yes No None/Minor Unavailable N/A

Decedent has/had active No Contact Order(s). # of Contact Order(s) _____ Status: _____

Decedent had previous No Contact Order(s) with person(s) other than the perpetrator.
of previous: _____ Status: _____

2) **Injunction History (Civil)**

Perpetrator: Yes No None/Minor Unavailable N/A

Perpetrator has/had active Injunction(s): # of Injunction(s): _____

Temporary Permanent Active Expired

Dismissed By: Perpetrator Decedent

Conditions of Injunction(s): No Contact BIP Ordered out of the home
 Child Support Weapon Visitation Other _____

Perpetrator returned to previous relationship with decedent while active injunction on file:

Yes No Unknown Unavailable

Perpetrator had previous injunction with person(s) other than the decedent. # of previous: _____

Temporary Permanent Unknown Unavailable

Status: _____

Other related information: _____

Decedent: Yes No None/Minor Unavailable N/A

Decedent has/had active Injunction(s). # of Injunction(s): _____

Temporary Permanent Active Expired

Dismissed By: Perpetrator Decedent

Conditions of Injunction(s): No Contact BIP Ordered out of the home
 Child Support Weapon Visitation Other _____

Decedent returned to previous relationship with perpetrator while active injunction on file:

Yes No Unknown Unavailable

Decedent had previous injunction with person(s) other than the perpetrator. # of previous: _____

Temporary Permanent Unknown Unavailable

Status: _____

Other related information: _____

3) Criminal History: If Not applicable, skip to question #4.

Perpetrator: Yes No None/Minor Unavailable N/A

Non-Violence related

Adult Minor
 Adult Minor
 Adult Minor
 Adult Minor

Violence related

Adult Minor
 Adult Minor
 Adult Minor
 Adult Minor

Domestic Violence related

Adult Minor
 Adult Minor
 Adult Minor
 Adult Minor

Decedent:

Yes

No

None/Minor

Unavailable

Non-Violence related

Adult

Minor

Adult

Minor

Adult

Minor

Adult

Minor

Violence related

Adult

Minor

Adult

Minor

Adult

Minor

Adult

Minor

Domestic Violence related

Adult

Minor

Adult

Minor

Adult

Minor

Adult

Minor

Other related information: _____

COMMENTS/ADDITIONAL INFORMATION:

4) **Prior History Concerning Domestic Violence: If Not applicable, skip to question #5.**

The perpetrator and decedent had previous reported incidents of domestic violence:

Yes # of times _____ No None/Minor Unavailable N/A

Persons and/or Entities with knowledge of domestic violence occurring between the decedent and perpetrator during and/or after their relationship:

Law Enforcement Employers/co-workers Military
 State/county agencies Counseling Family
 Abuse centers/shelters Friends Acquaintances/neighbors
 Other (specify): _____

5) **Other Domestic Violence related History: If Not applicable, skip to next Section.**

Perpetrator (related to person(s) other than Decedent): N/A

Documented police response to domestic violence incidents:

Yes # of times _____ No Unavailable

Victim of previous domestic violence incident(s):

Yes # of times _____ No Unavailable

Suspected or charged in domestic violence related death:

Yes # of times _____ No Unavailable

Other related information: _____

Decedent (related to person(s) other than Perpetrator): N/A

Documented police response to domestic violence incident(s):

Yes # of times _____ No Unavailable

Victim of previous domestic violence incident(s):

Yes # of times _____ No Unavailable

Suspected or charged in domestic violence related death:

Yes # of times _____ No Unavailable

Other related information: _____

COMMENTS/ADDITIONAL INFORMATION:

REVIEWED:

COMPLETED:

DOMESTIC VIOLENCE RELATED SERVICES and PROGRAMS

Prior to the fatality, SERVICES ordered, requested or obtained:

If Not applicable, skip to next Section.

1) Domestic Violence Services:

Yes (provide information below) No Unavailable

<u>Services</u>	<u>Perpetrator</u>	<u>Decedent</u>	<u>Completed</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

2) Criminal Justice/Legal Assistance:

Yes (provide information below) No Unavailable

<u>Services</u>	<u>Perpetrator</u>	<u>Decedent</u>	<u>Completed</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

3) Health Care Provider:

Yes (provide information below) No Unavailable

<u>Services</u>	<u>Perpetrator</u>	<u>Decedent</u>	<u>Completed</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

4) **Children Services:**

Yes (provide information below) No

Unavailable

N/A *

<u>Services</u>	<u>Perpetrator</u>	<u>Decedent</u>	<u>Completed</u>		
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

* **An example would be childless couple**

COMMENTS/ADDITIONAL INFORMATION:

Prior to the fatality, PROGRAMS ordered, requested or obtained:

If Not applicable, skip to next Section.

5) Anger Management:

	<u>Ordered</u>		<u>Completed</u>		
Perpetrator	<input type="checkbox"/> Yes # of times _____	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Yes # of times _____	<input type="checkbox"/> No	<input type="checkbox"/> Unavailable
Decedent	<input type="checkbox"/> Yes # of times _____	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Yes # of times _____	<input type="checkbox"/> No	<input type="checkbox"/> Unavailable

6) Batterer's Intervention:

Perpetrator	<input type="checkbox"/> Yes # of times _____	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Yes # of times _____	<input type="checkbox"/> No	<input type="checkbox"/> Unavailable
Decedent	<input type="checkbox"/> Yes # of times _____	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Yes # of times _____	<input type="checkbox"/> No	<input type="checkbox"/> Unavailable

7) Substance Abuse:

Perpetrator	<input type="checkbox"/> Yes # of times _____	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Yes # of times _____	<input type="checkbox"/> No	<input type="checkbox"/> Unavailable
Decedent	<input type="checkbox"/> Yes # of times _____	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Yes # of times _____	<input type="checkbox"/> No	<input type="checkbox"/> Unavailable

8) Other Court Ordered:

Perpetrator	<input type="checkbox"/> Yes # of times _____	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Yes # of times _____	<input type="checkbox"/> No	<input type="checkbox"/> Unavailable
Decedent	<input type="checkbox"/> Yes # of times _____	<input type="checkbox"/> Unavailable	<input type="checkbox"/> Yes # of times _____	<input type="checkbox"/> No	<input type="checkbox"/> Unavailable

COMMENTS/ADDITIONAL INFORMATION:

REVIEWED: **COMPLETED:**