

Appendix C—Governor's Domestic Violence Fatality Review Board Data Submission Form

**Domestic Violence Fatality Review Team
Data Submission Form**

The following questionnaire has been provided for the submission of Fatality Review incident information to the Kansas Governor's Domestic Violence Fatality Review Board as required by the Governor's Executive Order 04-11.

DATE OF REVIEW: _____ (MMDDYYYY)
 FATALITY REVIEW CONTROL NUMBER: _____ CHECK IF REVISION TO PREVIOUSLY SUBMITTED REPORT

COMPLAINT INFORMATION FORM LAW ENFORCEMENT	
1) Date Received: _____	
2) Time Received (Military Time): _____ Hours	
3) County Where Death Occurred: _____	
4) Day of the Week: _____	
5) The complaint was the: (check all that apply)	
<input type="checkbox"/> Decedent	<input type="checkbox"/> Perpetrator
<input type="checkbox"/> Neighbor	<input type="checkbox"/> Co-worker
<input type="checkbox"/> School Teacher	<input type="checkbox"/> Medical Professional
<input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Family member of decedent
	<input type="checkbox"/> Family of perpetrator
	<input type="checkbox"/> Acquaintance of decedent
	<input type="checkbox"/> Acquaintance of perpetrator
	Unknown
6) Call Received: <input type="checkbox"/> During Fatality <input type="checkbox"/> After Fatality	
* If complaint not directly involved in the incident, skip to question 10.	
7) 911 tape available: <input type="checkbox"/> Yes <input type="checkbox"/> No	
8) When the call was made, what was the Complainant's	
Apparent Fear Level <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Unknown	
Apparent Threat Level <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Unknown	
9) During the call the dispatcher addressed the following: (check all that apply)	
<input type="checkbox"/> Safety <input type="checkbox"/> Language Barrier <input type="checkbox"/> Other (specify): _____	
<input type="checkbox"/> Unknown	
10) During the call the complainant mentioned the following: (check all that apply)	
<input type="checkbox"/> Weapon <input type="checkbox"/> Possible Death or Murder <input type="checkbox"/> Children <input type="checkbox"/> Injunction	
<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Unknown	
EVENT INFORMATION	
11) Investigating Agency: _____	
12) Date of Death/Fatality: _____ (MMDDYYYY)	
13) Offense Type:	
<input type="checkbox"/> Homicide	<input type="checkbox"/> Homicide/Suicide
<input type="checkbox"/> Multiple Homicides	<input type="checkbox"/> Multiple Homicides/Suicides
<input type="checkbox"/> Hostage/Homicide	<input type="checkbox"/> Hostage/Homicide/Suicide
<input type="checkbox"/> Hostage/Multiple Homicides	<input type="checkbox"/> Hostage/Multiple Homicides/Suicide
14) Event Type(s):	
<input type="checkbox"/> Intimate Partner	<input type="checkbox"/> Ex-Intimate Partner
<input type="checkbox"/> Familicide	<input type="checkbox"/> Parricide
<input type="checkbox"/> Killing the Competition	<input type="checkbox"/> Killing of Children by Parents
<input type="checkbox"/> Suicide Pact	<input type="checkbox"/> Mercy Killing
<input type="checkbox"/> Fratricide and/or Sororicide	<input type="checkbox"/> Perpetrator Kills Batterer
15) Provide the injury that caused the actual death, greatest trauma or most severe damage: _____	
16) Death certified by:	
<input type="checkbox"/> Medical Examiner <input type="checkbox"/> Medical Doctor <input type="checkbox"/> Other (specify): _____	
17) Law Enforcement arrived: <input type="checkbox"/> Before the fatality occurred <input type="checkbox"/> After the fatality occurred	

18) Location type:

- | | |
|--|---|
| <input type="checkbox"/> Residence of decedent and perpetrator | <input type="checkbox"/> Residence of decedent |
| <input type="checkbox"/> Resident of perpetrator | <input type="checkbox"/> Residence of family member |
| <input type="checkbox"/> Workplace of decedent | <input type="checkbox"/> Workplace of perpetrator |
| <input type="checkbox"/> School | <input type="checkbox"/> Commercial |
| <input type="checkbox"/> Government | <input type="checkbox"/> Other |

19) Decedent activity prior to fatality:

- | | | |
|---|--|---|
| <input type="checkbox"/> In transit to work | <input type="checkbox"/> At work | <input type="checkbox"/> In transit to home |
| <input type="checkbox"/> Leisure activity | <input type="checkbox"/> School activity | <input type="checkbox"/> Activity related to child care |
| <input type="checkbox"/> Household activities | <input type="checkbox"/> Asleep | <input type="checkbox"/> Other (specify): _____ |

20) Others present at the scene of the fatality:

- | | | |
|---|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Other family (adult) | <input type="checkbox"/> Other family (children) |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Acquaintance | <input type="checkbox"/> Stranger/bystander |
| <input type="checkbox"/> New intimate partner | <input type="checkbox"/> Co-worker | <input type="checkbox"/> Help professional/advocate |
| <input type="checkbox"/> Law Enforcement (specify): _____ | | <input type="checkbox"/> Other (specify): _____ |

21) Minor and/or dependent child(ren) present during fatality:

- Yes What ages: _____
No If No, Skip to question 23
N/A (Child is decedent) If N/A, Skip to question 23

22) If child(ren) were present did they:

- | | | | |
|--------------------------------|------------------------------|-----------------------------|----------------------------------|
| Hear the fatality occurring | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Observe the fatality occurring | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

23) 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).

- | | | |
|--|---|--|
| <input type="checkbox"/> Handgun | <input type="checkbox"/> Rifle | <input type="checkbox"/> Shotgun |
| <input type="checkbox"/> Firearm (other/unknown) | <input type="checkbox"/> Knife/Cutting Instrument | <input type="checkbox"/> Fire/Incendiary |
| <input type="checkbox"/> Blunt Object | <input type="checkbox"/> Hands/Fist/Feet | <input type="checkbox"/> Drugs |
| <input type="checkbox"/> Other (specify): _____ | | <input type="checkbox"/> Unknown |

24) Injuries sustained during fatality:

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

25) Perpetrator injured by:

- | | | |
|---|--|---|
| <input type="checkbox"/> Decedent | <input type="checkbox"/> Law Enforcement Officer | <input type="checkbox"/> Decedent's family member |
| <input type="checkbox"/> Witness | <input type="checkbox"/> Self | <input type="checkbox"/> Perpetrator not injured |
| <input type="checkbox"/> Other (specify): _____ | | <input type="checkbox"/> Unknown |

26) Law Enforcement / perpetrator interaction: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> No interaction between perpetrator and law enforcement | <input type="checkbox"/> LE used force against the perpetrator |
| <input type="checkbox"/> LE used deadly force against the perpetrator | <input type="checkbox"/> LE made arrest at the scene of fatality |
| <input type="checkbox"/> LE made an identification of a suspect where the fatality occurred | |

27) Time lapse between the fatality and the arrest of the suspect:

- | | | | |
|----------------------------------|---|---|---------------------------------|
| <input type="checkbox"/> Hours | <input type="checkbox"/> Days | <input type="checkbox"/> Weeks | <input type="checkbox"/> Months |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Perpetrator at-large | <input type="checkbox"/> Suicide/death of perpetrator | |

28) Status of perpetrator:

- | | |
|---|---|
| <input type="checkbox"/> Perpetrator at-large | <input type="checkbox"/> Arrested |
| <input type="checkbox"/> Currently incarcerated for fatality | <input type="checkbox"/> Perpetrator killed by law enforcement during arrest |
| <input type="checkbox"/> Committed suicide during (timeframe) of fatality | <input type="checkbox"/> Committed suicide as a separate and distinct incident from fatality (this means that suicide was not part of the fatality) |

Other (specify): _____

ENVIRONMENT PRIOR TO FATALITY

29) Custody of child(ren) if minor/dependent child(ren) not present during fatality check N/A and skip to question 31.
 N/A Minor/dependent child(ren) was the decedent

30) At time of the fatality who had:	<i>Decedent</i>	<i>Perpetrator</i>	<i>Both</i>	<i>Other</i>	<i>Mother</i>	<i>Father</i>	<i>Unknown</i>
Physical custody of child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal custody of child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31) Custody agreement, who had:	<i>Decedent</i>	<i>Perpetrator</i>	<i>Other</i>	<i>Family</i>	<i>Mother</i>	<i>Father</i>	<i>Unknown</i>
Sole parental responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shared parental responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unsupervised visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supervised visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overnight visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A restraining order for child(ren)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32) Injunction History on Perpetrator Yes No If no skip to question 40.

33) At time of fatality, the perpetrator was respondent of:
 Active injunction(s) Previous injunction(s) Unknown

34) Number of previous injunctions: _____ Month/Year issued: _____

35) Previous injunction on perpetrator:
 None By decedent Unknown
 Other: (specify) _____

36) Other injunction information: (Check all that apply)
 Injunction served on perpetrator Previous injunction violated by perpetrator
 Current injunction violated by perpetrator Effort made by decedent to withdraw or remove an injunction
 Unknown

37) Conditions of injunction:
 Standard conditions
 Special Conditions (specify) _____
 Unknown

38) Perpetrator returned to previous relationship with decedent while active injunction on file:
 Yes No Unknown

39) Injunction History on Decedent Yes No If no skip to question 46.

40) At time of fatality, the decedent was respondent of:
 Active injunction(s) Previous injunction(s) Unknown

41) Number of previous injunctions: _____ Month/Year issued: _____

42) Previous injunction on decedent:
 None By perpetrator Other (specify) _____ Unknown

43) Other injunction information: (Check all that apply)
 Injunction served on decedent Previous injunction violated by decedent
 Current injunction violated by decedent Effort made by perpetrator to withdraw or remove injunction
 Unknown

44) Conditions of injunction:
 Standard conditions Special conditions (specify): _____ Unknown

45) Had decedent returned to previous relationship with perpetrator while active injunction on file:
 Yes No Unknown

DECEDENT INFORMATION46) Sex: Male Female 46) DOB: _____ (MMDDYYYY) 47) Age: _____ Years

47) Number of living minor or dependent child(ren): _____

48) Current Marital Status:

- N/A, decedent underage Never married Widowed
 Married to perpetrator Married to Other
 Separated from perpetrator Separated from other
 Divorced from perpetrator Divorced from other

49) Race:

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

50) Ethnicity:

- Hispanic (Country _____) Non-Hispanic Unknown

51) Religious Affiliation: (specify) _____ None Unknown

52) Education:

- Decedent is a minor Elementary High School/GED
 Some College Completed College Graduate School
 Vocational/Job Training Unknown Other: (specify) _____

53) Occupation skill level:

- Decedent is a minor Professional Clerical Laborer
 Technician Military Skilled Worker Homemaker
 Unknown Other: (specify) _____

54) Employment:

- Decedent is a minor Employed Unemployed Retired Unknown

55) Other source(s) of income:

- Decedent is a minor No other current source Government assistance
 Current partner support Spousal support Soley dependent on perpetrator
 Other (specify) _____ Unknown

56) Criminal History: Decedent is a minor No arrests recorded Unknown

If criminal history, please specify:

- | | | |
|--|--|--|
| <input type="checkbox"/> Non-violent crime arrest (s) | <input type="checkbox"/> Domestic Violence crime arrest(s) | <input type="checkbox"/> Other Violent crime arrest(s) |
| <input type="checkbox"/> # with guilty conviction _____ | <input type="checkbox"/> # with guilty conviction _____ | <input type="checkbox"/> # with guilty conviction _____ |
| <input type="checkbox"/> # without conviction _____ | <input type="checkbox"/> # without conviction _____ | <input type="checkbox"/> # without conviction _____ |
| <input type="checkbox"/> # with conviction with/held _____ | <input type="checkbox"/> # with conviction with/held _____ | <input type="checkbox"/> # with conviction with/held _____ |
| <input type="checkbox"/> # without disposition _____ | <input type="checkbox"/> # without disposition _____ | <input type="checkbox"/> # without disposition _____ |
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown | <input type="checkbox"/> Unknown |

57) Documented police response(s) to residence:

Yes	No	Unknown
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

58) Decedent victim of other offense(s): (specify) _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

59) Previous incidents of domestic violence with different partner(s):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

60) History of domestic violence known to other(s):

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------

PERPETRATOR INFORMATION61) Sex: Male Female 62) DOB: _____ (MMDDYYYY) 63) Age: _____ Years

64) Number of living minor or dependent child(ren): _____

65) Current Marital Status:

- N/A, perpetrator underage Never married Widowed
 Married to decedent Married to Other
 Separated from decedent Separated from other
 Divorced from decedent Divorced from other

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

67) Ethnicity: Hispanic (Country _____) Non-Hispanic Unknown

68) Religious Affiliation: (specify) _____ None Unknown

69) Education: Decedent is a minor Elementary High School/GED
 Some College Completed College Graduate School
 Vocational/Job Training Other: (specify) _____ Unknown

70) Occupation skill level: Decedent is a minor Professional Clerical Laborer
 Technician Military Skilled Worker Homemaker
 Other: (specify) _____ Unknown

71) Employment: Decedent is a minor Employed Unemployed Retired
 Unknown

72) Other source(s) of income: Decedent is a minor No other current source Government assistance
 Current partner support Spousal support Solely dependent on perpetrator
 Other (specify) _____ Unknown

73) Criminal History: Decedent is a minor No arrests recorded Unknown
If criminal history, please specify:
 Non-violent crime arrest (s) Domestic Violence crime arrest(s) Other Violent crime arrest(s)
 # with guilty conviction _____ # with guilty conviction _____ # with guilty conviction _____
 # without conviction _____ # without conviction _____ # without conviction _____
 # with conviction with/held _____ # with conviction with/held _____ # with conviction with/held _____
 # without disposition _____ # without disposition _____ # without disposition _____
 Unknown Unknown Unknown

	Yes	No	Unknown	Source
74) Previous incidents of domestic violence with different partner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
75) Previous history of suicide attempt:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
76) Known allegations of stalking:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
77) Previous participation in batterer's intervention program:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
78) Previous abuse of drugs:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
79) Previous abuse of alcohol:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
80) Under medication:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
81) Previous incident(s) of animal abuse:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
82) Appeared in court for domestic violence offense:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
83) Domestic violence related charges were dismissed against perpetrator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
84) Suspected or charged in death of former intimate partner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
85) Former intimate partner died in accident/mysterious manner:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
86) History of domestic violence known to other entities:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
87) Known incidents of prior child abuse:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

PERPETRATOR AS BATTERED VICTIM

If the perpetrator was a victim of battery by the decedent, complete this section.

88) Reported prior threats made to perpetrator by decedent (check all that apply):

- | | | |
|---|--------|-------|
| <input type="checkbox"/> Threat to kill perpetrator | Source | _____ |
| <input type="checkbox"/> Threat to kill children or family member | | _____ |
| <input type="checkbox"/> Threat to commit suicide | | _____ |
| <input type="checkbox"/> Threat to harm animals/pets | | _____ |
| <input type="checkbox"/> Other: (specify) _____ | | _____ |

- | | Yes | No | Unknown | Source |
|---|--------------------------|--------------------------|--------------------------|--------|
| 89) Domestic Violence related charges were dismissed against the decedent: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 90) Decedent suspected or charged in death of former intimate partner: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 91) Former intimate partner of decedent died in accident/mysterious manner: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

PERPETRATOR SUICIDE

If perpetrator committed suicide after the fatality, complete this section. If suicide occurred as a distinct incident separate from the time frame of the fatality, skip to question 93.

- 92) Cause of death: _____
- 93) Suicide note left: Yes No Unknown
- 94) Suicide appeared to be a part of the original homicide: (e.g., suicide pact, note indicated prior plan, etc)
Yes No Unknown

RELATIONSHIP ISSUES

- 95) Relationship of decedent to perpetrator:
- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Ex-spouse | <input type="checkbox"/> Brother/Sister | <input type="checkbox"/> In-law |
| <input type="checkbox"/> Parent | <input type="checkbox"/> Step-parent | <input type="checkbox"/> Co-habitant | <input type="checkbox"/> Ex-co-habitant |
| <input type="checkbox"/> Child | <input type="checkbox"/> Step-child | <input type="checkbox"/> Child of girlfriend | <input type="checkbox"/> Child of boyfriend |
| <input type="checkbox"/> Girlfriend | <input type="checkbox"/> Ex-girlfriend | <input type="checkbox"/> Boyfriend | <input type="checkbox"/> Ex-boyfriend |
| <input type="checkbox"/> Other: (specify) _____ | | | |

- 96) Reported prior threats made to decedent by perpetrator: (check all that apply)
- | | | |
|---|--------|-------|
| <input type="checkbox"/> Threat to kill decedent | Source | _____ |
| <input type="checkbox"/> Threat to kill children or family member | | _____ |
| <input type="checkbox"/> Threat to commit suicide | | _____ |
| <input type="checkbox"/> Threat to harm animals/pets | | _____ |
| <input type="checkbox"/> Other (specify) _____ | | _____ |

- 97) Circumstances that apply to decedent's and perpetrator's relationship:
- | | Yes | No | Unknown |
|---|--------------------------|--------------------------|--------------------------|
| They lived together at some point | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| They lived together at the time of the fatality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| There were intimate prior to the fatality | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| They had a child(ren) in common | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| They had child(ren) in household, but not in common | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| They always maintained separate dwellings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| They had previous reported incidents of domestic violence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| They had a significant change in relationship | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

109b) Perpetrator served with an injunction, prior to the fatality:								
110a) Perpetrator arrested for domestic violence on decedent, within a week of the fatality:								
110b) Perpetrator arrested for domestic violence on decedent, prior to the fatality:								
111a) Perpetrator arrested for domestic violence on another partner, within a week of the fatality:								
111b) Perpetrator arrested for domestic violence on another partner, prior to the fatality:								
Substance Abuse Factors								
112a) Perpetrator abused drugs, within a week of the fatality:								
112b) Perpetrator abused drugs, prior to the fatality:								
113a) Decedent abused drugs, within a week of the fatality:								
113b) Decedent abused drugs, prior to the fatality:								
114a) Perpetrator abused alcohol, within a week of the fatality:								
114b) Perpetrator abused alcohol, prior to the fatality:								
115a) Decedent abused alcohol, within a week of the fatality:								
115b) Decedent abused alcohol, prior to the fatality:								
Health / Mental Health Factors								
116) Perpetrator taking a nonprescription medication at the time of the fatality:								
117) Decedent taking a nonprescription medication at the time of the fatality:								
118) Medication prescribed for perpetrator at time of fatality:								
119) Medication prescribed for decedent at time of fatality:								
120) Perpetrator taking prescribed medication at time of fatality:								
121) Decedent taking prescribed medication at time of fatality:								
122) Perpetrator taking psychiatric medication at time of fatality:								
123) Decedent taking psychiatric medication at time of fatality:								
124) Perpetrator had/has mental health problems:								
125) Decedent had/has mental health problems:								
126a) Perpetrator attempted to commit suicide, within a week of the fatality:								
126b) Perpetrator attempted to commit suicide, prior to fatality:								
127) Decedent attempted to commit suicide prior to fatality:								
Other Factors								
128a) Perpetrator alleged to have committed act to avenge a perceived wrongdoing by decedent:								
128b) Perpetrator alleged to have committed act to avenge a perceived wrongdoing by decedent's family member:								
128c) Perpetrator alleged to have committed act to avenge a perceived wrongdoing by other party:								
129a) Immigration Status was in question pertaining to the Decedent:								
129b) Immigration Status was in question pertaining to the Perpetrator:								
130) Other factor(s): (specify) _____								

ESCALATING CIRCUMSTANCES

If N/A is selected; a brief explanation MUST be provided

Did the Decedent	Yes	No	Unk	N/A	
				Provide brief explanation	Source
131) Express fear of physical danger to themselves and/or children:					
132) Express fear of losing custody of children:					
133) Isolate themselves from family and friends:					
134) Have evidence of physical injury:					
135) Exhibit signs of:					
Depression					
Anger					
Low self esteem					
Suicidal thoughts					
136) Express fear of involvement in the criminal justice system process:					
137) Show or express signs of sleeping difficulties:					
138) Express guilty feelings about the failed relationship:					
139) Show or express history of familial abuse:					
140) Express fear of being alone:					
141) Express fear of making a great life change:					
142) Express belief that partner would change and/or stop abusive behavior:					
Did the Perpetrator					
143) Abuse the decedent in public:					
144) Keep tabs on or stalk decedent:					
145) Put down the decedent's friends and family:					
146) Tell the decedent, jealousy is a sign of love:					
147) Make all decisions in the relationship (including finances):					
148) Blame decedent for abuse:					
149) Use intimidation by instilling fear through looks and gestures:					
150) Smash objects and destroy property:					
151) Tell the decedent their fears about the relationship were not important:					

SERVICES REQUESTED, ORDERED, OR OBTAINED

	Requested			Received		
	Yes	No	Unk	Yes	No	Unk
Domestic Violence Services						
152) Domestic violence counseling services:						
Decedent						
Perpetrator						
153) Domestic Violence center:						
Decedent						
Perpetrator						
154) Religious community/church:						
Decedent						
Perpetrator						
155) Children services:						
Decedent						
Perpetrator						
156) Supervised visitation center:						
Decedent						
Perpetrator						
157) Other: _____						
Decedent						
Perpetrator						
Criminal Justice/Legal Assistance						
158) Law Enforcement:						
Decedent						
Perpetrator						
159) Legal assistance/attorney:						
Decedent						
Perpetrator						
160) State Attorney/Prosecutor:						
Decedent						
Perpetrator						
161) Court/Judges:						
Decedent						
Perpetrator						

163) Court/Judges:								
Decedent								
Perpetrator								
164) Family court:								
Decedent								
Perpetrator								
165) Probation/Parole:								
Decedent								
Perpetrator								
166) Other: _____								
Decedent								
Perpetrator								
Health Care Provider								
167) EMT/Paramedics:								
Decedent								
Perpetrator								
168) Ambulance service:								
Decedent								
Perpetrator								
169) Emergency room:								
Decedent								
Perpetrator								
170) Physician:								
Decedent								
Perpetrator								
171) Mental health clinic:								
Decedent								
Perpetrator								
172) Mental health program:								
Decedent								
Perpetrator								
173) Other: _____								
Decedent								
Perpetrator								

Children Services

174) Dept.of Social & Rehabilitation involvement:						
Decedent						
Perpetrator						
Child of Decedent						
Child of Perpetrator						
175) School involvement:						
Decedent						
Perpetrator						
Child of Decedent						
Child of Perpetrator						
176) Other: _____						
Decedent						
Perpetrator						
Child of Decedent						
Child of Perpetrator						

177) Number of prior calls for service to domestic violence centers: _____

178) Number of prior calls for service to law enforcement: _____

179) Number of prior calls for service concerning child abuse: _____

	Requested			Received		
	Yes	No	Unk	Yes	No	Unk
180) Anger Management Program:						
Decedent completed						
Perpetrator completed						
181) Batterer's Intervention Program:						
Decedent completed						
Perpetrator completed						
182) Substance Abuse Program:						
Decedent completed						
Perpetrator completed						
183) Other Court Ordered Program(s):						
Decedent completed: (specify)						
Perpetrator completed: (specify)						
				Decedent	Perpetrator	
183) Number of times Anger Management Program was attended:						
184) Number of times Batterer's Intervention Program was attended:						
185) Number of times Substance Abuse Program was attended:						

LETHALITY INDICATORS

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

186) Emotional/Mental Deterioration	Decedent	Perpetrator
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	<input type="checkbox"/>	<input type="checkbox"/>
Loss of family support	<input type="checkbox"/>	<input type="checkbox"/>
187) Ownership/Centrality of Decedent to Perpetrator	Decedent	Perpetrator
Obsessiveness about partner or family	<input type="checkbox"/>	<input type="checkbox"/>
Extreme jealousy	<input type="checkbox"/>	<input type="checkbox"/>
Access to victim and/or family members	<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"/>
188) Antisocial Behavior	Decedent	Perpetrator
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"/>
Possession of weapons	<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"/>
189) Failure of Community Control	Decedent	Perpetrator
Violation(s) of restraining order	<input type="checkbox"/>	<input type="checkbox"/>
Violation(s) of probation	<input type="checkbox"/>	<input type="checkbox"/>
Arrest(s) for domestic violence	<input type="checkbox"/>	<input type="checkbox"/>
Failure to complete Batterer's Intervention Program	<input type="checkbox"/>	<input type="checkbox"/>
Failure to complete Substance Abuse Treatment	<input type="checkbox"/>	<input type="checkbox"/>
Failure to complete Anger Management Program	<input type="checkbox"/>	<input type="checkbox"/>
190) Severity of Violence	Decedent	Perpetrator
Used 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"/>
Strangulation	<input type="checkbox"/>	<input type="checkbox"/>
Hurt pet	<input type="checkbox"/>	<input type="checkbox"/>
Severe injury	<input type="checkbox"/>	<input type="checkbox"/>
Sadistic/Threatening act	<input type="checkbox"/>	<input type="checkbox"/>
Expressed concerns that she/he would be killed	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY

191) Were there events that indicated level of abuse was escalating: Yes No Unknown
If **yes** list events below.

192) Indicate all known entities that had knowledge of domestic violence occurring between the decedent and the perpetrator during the relationship of the decedent and perpetrator.

- | | | |
|--|---|--|
| <input type="checkbox"/> law enforcement | <input type="checkbox"/> family | <input type="checkbox"/> acquaintances/neighbors |
| <input type="checkbox"/> state/county agencies | <input type="checkbox"/> employers/co-workers | <input type="checkbox"/> abuse centers/shelters |
| <input type="checkbox"/> military | <input type="checkbox"/> friends | |

193) Document any recommendations the team would make based on the findings of this case review.

194) Document any significant factor(s) evident in this case that were not addressed on this form.

195) Document all policies and/or procedures that were changed based on factors learned during the review of this case.