



New Mexico Intimate Partner Violence Death Review Team

CONFIDENTIAL CASE REVIEW FORM IPV HOMICIDE DATE OF REVIEW:

COORDINATOR CASE NOTES

DECEDENT INFORMATION

Decedent's Name:
 Other Names/AKA's:
 OMI #: _____ Date of Death: _____
 County of Residence: _____
 Race/Ethnicity: White Black Hispanic Native Am. Other:
 Tribal Affiliation: _____
 Sex: M F Other: _____ Date of Birth: _____ Age: _____

	Yes	No	Unknown	Description
Any known history of substance abuse?				
Abuse of alcohol?				
Abuse of illicit drugs?				
Abuse of prescription drugs?				
	Yes	No	Unknown	<i>Toxicology Results</i>
Substance use during homicide?				
Use of Alcohol?				
Use of illicit drugs?				
Use of prescription drugs?				
	Yes	No	Unknown	Description
Any known history of mental illness?				
Mental health related diagnosis or treatment?				
Victim of child abuse/neglect-physical?				
Victim of child abuse-sexual?				
	Yes	No	Unknown	Description
Criminal History				<i>See offense descriptions below*</i>
On probation at time of homicide?				
On parole at time of homicide?				
Ever convicted of a felony crime?				
Ever serve time in jail or prison?				

*"Yes" on criminal history indicates at least one prior arrest. Traffic citations will be listed below but do not constitute a criminal history if no other arrests are found. If yes, please provide the following information for each offense:

Case	Jurisdiction	Date	Charges Filed	Outcome

HOMICIDE OFFENDER INFORMATION

Offender's Name:
 Other Names/AKA's:
 OMI #: _____ Date of Death: _____

County of Residence:

Race/Ethnicity: ___ White ___ Black ___ Hispanic ___ Native Am. ___ Other:

Tribal Affiliation:

Sex: ___ M ___ F Other:

Date of Birth:

Age:

	<i>Yes</i>	<i>No</i>	<i>Unknown</i>	<i>Description</i>
Any known history of substance abuse?				
Abuse of alcohol?				
Abuse of illicit drugs?				
Abuse of prescription drugs?				
	<i>Yes</i>	<i>No</i>	<i>Unknown</i>	<i>Toxicology Results</i>
Substance use during homicide?				
Use of Alcohol?				
Use of illicit drugs?				
Use of prescription drugs?				
	<i>Yes</i>	<i>No</i>	<i>Unknown</i>	<i>Description</i>
Any known history of mental illness?				
Mental health related diagnosis or treatment?				
Victim of child abuse/neglect-physical?				
Victim of child abuse-sexual?				
	<i>Yes</i>	<i>No</i>	<i>Unknown</i>	<i>Description</i>
Criminal History				<i>See offense descriptions below*</i>
On probation at time of homicide?				
On parole at time of homicide?				
Ever convicted of a felony crime?				
Ever serve time in jail or prison?				

*"Yes" on criminal history indicates at least one prior arrest. Traffic citations will be listed below but do not constitute a criminal history if no other arrests are found. If yes, please provide the following information for each offense:

Case	Jurisdiction	Date	Charges Filed	Outcome

3rd PARTY INFORMATION

Name:

Other Names/AKA's:

Nature of Involvement:

OMI #:

Date of Death:

County of Residence:

Race/Ethnicity: ___ White ___ Black ___ Hispanic ___ Native Am. ___ Other:

Tribal Affiliation:

Sex: ___ M ___ F ___ Other:

Date of Birth:

Age:

	<i>Yes</i>	<i>No</i>	<i>Unknown</i>	<i>Description</i>
Any known history of substance abuse?				
Abuse of alcohol?				
Abuse of illicit drugs?				
Abuse of prescription drugs?				
	<i>Yes</i>	<i>No</i>	<i>Unknown</i>	<i>Toxicology Results</i>
Substance use during homicide?				
Use of Alcohol?				
Use of illicit drugs?				
Use of prescription drugs?				

	Yes	No	Unknown	Description
Any known history of mental illness?				
Mental health related diagnosis or treatment?				
Victim of child abuse/neglect-physical?				
Victim of child abuse-sexual?				
	Yes	No	Unknown	Description
Criminal History				<i>See offense descriptions below*</i>
On probation at time of homicide?				
On parole at time of homicide?				
Ever convicted of a felony crime?				
Ever serve time in jail or prison?				

*"Yes" on criminal history indicates at least one prior arrest. Traffic citations will be listed below but do not constitute a criminal history if no other arrests are found. If yes, please provide the following information for each offense:

Case	Jurisdiction	Date	Charges Filed	Outcome

RELATIONSHIP (BETWEEN THE INTIMATE PARTNER PAIR)

Relationship between intimate partner pair (at the time of the homicide):

- Spouse (married), common law, partner Boyfriend or Girlfriend
 Spouse (separated/divorce pending) Ex-boyfriend or Ex-Girlfriend
 Ex-Spouse (divorced), ex-common law, ex-partner Other (specify):

Intimate partner pair are homicide victim and offender Yes No

If no, specify intimate partner and homicide victim and offender relationships:

Same Gender Relationship: Yes No

Habitation status at time of homicide:

- Living together Never lived together
 Previously lived together, but not living together at time of death Unknown habitation status
 Other (specify):

Intimate partner pair have minor children: Yes No Unknown

Child (Name)	Age (Yrs)	Parentage <i>Child's relationship to decedent, offender, and/or 3rd Party IP</i>	Living in Household (Yes, No, Unk)	Present During Murder (Yes, No, Unk)	Witnessed Murder (Yes, No, Unk)

INTIMATE PARTNER VIOLENCE (BETWEEN THE INTIMATE PARTNER PAIR)

Documented Prior Intimate Partner Violence (IPV) between intimate partner pair: Yes No

Prior IPV Police Reports between intimate partner pair: Yes No

How many IPV Police reports?

Dates:

PROTECTION ORDER HISTORY

Homicide Offender

Order of Protection against Homicide Offender (at time of homicide): _____ Yes _____ No
_____ Emergency _____ Temporary _____ Extended

Date Issued:
Expiration Date:
Length of Order:

	<i>Yes</i>	<i>No</i>	<i>Filing Date(s)</i>
Order of Protection against Homicide Offender (applied for, but not served):			
Order of Protection against Homicide Offender (applied for, but did not qualify):			
Order of Protection against Homicide Offender (applied for, but dismissed by petitioner):			
Other Orders of Protection against Homicide Offender (applied for in the past):			

Description:

Decedent

Order of Protection against Decedent (at time of homicide): _____ Yes _____ No
_____ Emergency _____ Temporary _____ Extended

Date Issued:
Expiration Date:
Length of Order:

	<i>Yes</i>	<i>No</i>	<i>Filing Date(s)</i>
Order of Protection against Decedent (applied for, but not served):			
Order of Protection against Decedent (applied for, but did not qualify):			
Order of Protection against Decedent (applied for, but dismissed by petitioner):			
Other Orders of Protection against Decedent (applied for in the past):			

Description:

Surviving 3rd Party Intimate Partner

Order of Protection against intimate partner (at time of homicide): _____ Yes _____ No
_____ Emergency _____ Temporary _____ Extended

Date Issued:
Expiration Date:
Length of Order:

	<i>Yes</i>	<i>No</i>	<i>Filing Date(s)</i>
Order of Protection against intimate partner (applied for, but not served):			
Order of Protection against intimate partner (applied for, but did not qualify):			
Order of Protection against intimate partner (applied for, but dismissed by petitioner):			
Other Orders of Protection against intimate partner (applied for in the past):			

Description:

HISTORY OF SERVICES (OTHER SYSTEM CONTACTS)

Decedent

Domestic Violence Services Sexual Assault Services Behavioral / Mental Health Services
 Medical Services Social Services Other Community Services
Description of Decedent Services:

Offender

Domestic Violence Services Sexual Assault Services Behavioral / Mental Health Services
 Medical Services Social Services Other Community Services
Description of Offender Services:

3rd Party

Domestic Violence Services Sexual Assault Services Behavioral / Mental Health Services
 Medical Services Social Services Other Community Services
Description of 3rd Party Services:

INCIDENT INFORMATION AND OMI FINDINGS

Location of homicide:

Site of Homicide (Choose one only):

Shared Residence Victim's Workplace
 Victim's Residence Parking Lot
 Offender's Residence Street
 Other (specify):

Site where body was found (If different, Choose one only):

Shared Residence Victim's Workplace
 Victim's Residence Parking Lot
 Offender's Residence Street
 Other (specify):

Injury Date:

Day of Week:

Date Pronounced Dead:

Time Pronounced Dead:

Weapon/Method Used:

Handgun Shotgun
 Rifle Other firearm (specify):
 Drowning Body (specify):
 Hanging Knife (specify):
 Blunt Object (specify):
 Other (specify):

What injuries did the decedent suffer? (check all that apply):

Gunshot/s Smoke inhalation
 Lacerations/slashes/gashes Cuts/abrasions
 Stab/incised wounds Bruises/contusions/hematomas
 Burns Strangulation
 Broken bones/cartilage
 Other (specify):

NM Intimate Partner Violence Death Review Team
Team Member Feedback
Case #

Risk Factors:

Systems Evaluation: *Law Enforcement, Prosecution, Courts, Corrections, Probation & Parole, Victim Service Agencies, Medical Services, Mental & Behavioral Health Care Services, Legislation & Public Policy, and Other Community & Social Services*

System	Failure (or Success)	Recommendation

Comments: