

**Domestic Violence Coordinating Council of Hamilton County, Ohio
Domestic Violence Death Review Panel**

Data Form

Review Panel Case Number _____ Date Review Initiated _____

Date Review Completed _____

Age: ____ (V) ____ (P) Race: ____ (V) ____ (P) Sex: ____ (V) ____ (P)

1. Number of children living in the victim's home _____ Age (s) _____ unknown

a. Relationship of victim to children:

parent stepparent relative none
other unknown N/A

b. Relationship of perpetrator to children:

parent stepparent relative none
other unknown N/A

2. Number of others living in the victim's home _____ unknown N/A

3. Perpetrator's relationship to victim:

spouse live-in partner ex-spouse/partner non live-in partner
other unknown N/A

4. a. Was victim pregnant? yes no unknown N/A

b. Was the perpetrator the father? yes no unknown N/A

5. Victim's source of income: Employed Public Assistance Spousal Support
 Other unknown

6. Did the perpetrator own a fire arm? yes no unknown N/A

Type of fire arm? _____

7. Cause of death? _____

8. a. Where did the incident occur? victim's home perpetrator's home both
unknown other (List where) _____

b. If death occurring in a home, list what room _____
unknown

9. a. Were children present at the time of the incident? yes no
unknown

b. If so, how many children where present? _____

c. If so, what relationship to either victim or perpetrator? _____

d. Did any of the children witness the incident? yes no
unknown

e. If so, how many children witnessed? _____ N/A

f. What's the relationship of the child(ren) witness to victim/perpetrator? _____
_____ N/A

10. Were others present? yes no unknown

11. a. Number of prior known police runs or calls to victim's residence. _____

b. Reason _____

12. a. Number of known prior police runs or calls to perpetrator's residence (if different). _____

b. Reason: _____

13. a. Does the perpetrator have a previous record? yes no unknown

b. If so, what are the charges? (list each one and corresponding disposition)

c. Are any of these charges related to the deceased victim? yes no unknown

Explain _____

d. Any prior reports of animal abuse by perpetrator? yes no unknown

14. a. Does the victim have a previous record? yes no unknown

b. If so, what are the charges? (list each one and corresponding disposition)

c. Are any of these charges related to the perpetrator? yes no unknown

Explain _____

d. Any prior reports of animal abuse by victim? yes no unknown

15. a. Were domestic violence related criminal charges with the deceased victim ever dismissed against this perpetrator? yes no

b. How many times? _____ N/A

c. Official reason for dismissal:

16. a. Had the deceased victim suffered prior injuries as a result of domestic violence?
 yes no unknown
- b. If yes, specify nature of each injury: _____

- c. Was treatment administered? yes no unknown N/A
- d. Was the perpetrator of these injuries the person who killed the deceased?
 yes no unknown N/A
- e. If no, list perpetrator _____
17. a. Is there an indication that the victim testified for the defendant, changed his/her story or did not want to testify? yes no N/A
- b. If known, describe why the victim was reluctant. _____

- c. What was the outcome of the case (s)? _____

18. a. Was a protection order in effect at the time of that fatality?
 yes no unknown
- b. What type? TPO CPO SCPO
 Stay-away order Out-of-State Order N/A
19. a. Was the victim under the influence of any substances at the time of the death?
 yes no unknown
- b. If known, list the substances(s): _____
- c. Was the perpetrator under the influence of any substances at the time of death?
 yes no unknown
- d. If known, list the substance(s): _____

20. a. Did the victim have a history of substance abuse? yes no unknown
 b. If known, list the substance(s): _____
 c. Did the perpetrator have a history of substance abuse? yes no unknown
 d. If known, list the substance(s): _____
21. a. Were criminal charges filed that were related to the death? yes no
 b. If no, why? _____
 c. What was the charge? _____
 d. What was the disposition _____
22. To the panel's knowledge were any of the following involved with the victim or the perpetrator in the past five years prior to victim's death? (Check all that apply.)

Victim	Perpetrator	
<input type="checkbox"/>	<input type="checkbox"/>	Women Helping Women
<input type="checkbox"/>	<input type="checkbox"/>	YWCA (list program)
<input type="checkbox"/>	<input type="checkbox"/>	Hamilton County Sheriff's Dept.
<input type="checkbox"/>	<input type="checkbox"/>	Cincinnati Police Division
<input type="checkbox"/>	<input type="checkbox"/>	Other Police Agencies (list agency)
<input type="checkbox"/>	<input type="checkbox"/>	City Prosecutor
<input type="checkbox"/>	<input type="checkbox"/>	County Prosecutor
<input type="checkbox"/>	<input type="checkbox"/>	Common Pleas Court
<input type="checkbox"/>	<input type="checkbox"/>	Juvenile Court
<input type="checkbox"/>	<input type="checkbox"/>	Domestic Relations Court
<input type="checkbox"/>	<input type="checkbox"/>	Municipal Court
<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Provider (list agency)

<input type="checkbox"/>	<input type="checkbox"/>	Drug Addiction Services (list agency)

<input type="checkbox"/>	<input type="checkbox"/>	Medical Services (list agency)

<input type="checkbox"/>	<input type="checkbox"/>	Children's Services
<input type="checkbox"/>	<input type="checkbox"/>	Other Social Service Agencies (list agency)

<input type="checkbox"/>	<input type="checkbox"/>	Other (list) _____
<input type="checkbox"/>	<input type="checkbox"/>	None

23. Any problems/issues identified during team review related to death? (Check all that apply and explain.)

Services for victims

Services for perpetrators

Substance abuse of the victim

Substance abuse of the perpetrator

Investigation of past D.V. charges

Prosecution of past D.V. charges

Disposition of past D.V. charges

Follow-through on protection orders

Interagency communication/cooperation

Social/economic status

Child Abuse/Neglect

Others

Explain _____

24. Were there community response problems that may have contributed to the cause of death?
yes no

If yes, please explain _____

25. Were there indicators/predictors of the death? yes no

If yes, please explain _____

26. What, if any, recommendations did this panel make as a result of this case review?
