

## Bucks County Domestic Fatality Review Tool

Case # \_\_\_\_\_

Date of Incident \_\_\_\_\_

Type of Incident \_\_\_ Single Homicide \_\_\_ Multiple Homicide \_\_\_ Homicide/suicide

\_\_\_ # of Adult Victims \_\_\_ # of Child Victims \_\_\_ # of suicide Victims

Date Review Initiated \_\_\_\_\_

Date Completed \_\_\_\_\_

Victims Name (s)	Gender	Relationship to Perp.	Date of Birth	Date of Death
1.				
2.				
3.				

Perpetrator	Gender	Relationship to Victim	Date of Birth	Date of Death

Aliases/AKA's \_\_\_\_\_

### Victim/Perpetrator Relationship Key

- |                            |                  |                                |
|----------------------------|------------------|--------------------------------|
| 1. Wife                    | 11. Stepfather   | 21. Aunt                       |
| 2. Husband                 | 12. Daughter     | 22. Uncle                      |
| 3. Estranged wife          | 13. Son          | 23. Other Family               |
| 4. Estranged Husband       | 14. Stepdaughter | 24. Intimate Partner of Victim |
| 5. Girlfriend              | 15. Stepson      | 25. Friend of Victim           |
| 6. Boyfriend               | 16. Sister       | 26. Co-Worker of Victim        |
| 7. Former Intimate Partner | 17. Brother      | 27. Child of Victim            |
| 8. Mother                  | 18. Grandmother  | 28. Law Enforcement            |
| 9. Father                  | 19. Grandfather  | 29. Other                      |
| 10. Stepmother             | 20. Grandchild   | Specify _____                  |

This case was identified and qualified to be reviewed by the Bucks County Domestic Fatality Review Task Force as a domestic violence homicide and/or homicide suicide based on the following supporting documents:

- Civil Court filings/or orders issued in accordance with Pennsylvania's Protection From Abuse Act
- Criminal Court Documents related to arrest and/or prosecution of the perpetrator for domestic violence crimes
- Information provided by a Domestic Violence Service Provider
- Media Accounts of the incidents

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## A. Demographic Information

### Race

Please note that the racial identification can be complicated by citizen/immigration status as well as assimilation/aculturations. Panel members should take care to consider race in relation to citizen/immigration status

#### Victims' Racial Identification

- White
- African or African American
- Native American
- Hispanic or Latino
- Asian
- Mixed Race
- Other

If native American specify Tribe \_\_\_\_\_

If Asian specify \_\_\_\_\_

If Latino specify \_\_\_\_\_

If Mixed Race specify \_\_\_\_\_

If other specify \_\_\_\_\_

#### Perpetrators Racial Identification

- White
- African or African American
- Native American
- Hispanic or Latino
- Asian
- Mixed Race
- Other

If native American specify Tribe \_\_\_\_\_

If Asian specify \_\_\_\_\_

If Latino specify \_\_\_\_\_

If Mixed Race specify \_\_\_\_\_

If other specify \_\_\_\_\_

### Gender

#### Victim (s)

- Male
- Female
- Other
- Specify \_\_\_\_\_

#### Perpetrator(s)

- Male
- Female
- Other
- Specify \_\_\_\_\_

### Education

#### Victim

- No High School
- Some High School
- High School Degree
- GED
- Some College
- AA Degree
- BA Degree
- MA Degree
- PHD Degree
- JD Degree
- Other License or Certificate
- Unknown

#### Perpetrator

- No High School
- Some High School
- High School Degree
- GED
- Some College
- AA Degree
- BA Degree
- MA Degree
- PHD Degree
- JD Degree
- Other License or Certificate
- Unknown

### Economic Self Sufficiency Status

#### Victim(s) Estimated Monthly Income

- Employed \$ \_\_\_\_\_
- Disability/SSI/SSD \$ \_\_\_\_\_
- Food Stamps \$ \_\_\_\_\_
- Unemployment \$ \_\_\_\_\_

#### Perpetrators Estimated Monthly Income

- Employed \$ \_\_\_\_\_
- Disability/SSI/SSD \$ \_\_\_\_\_
- Food Stamps \$ \_\_\_\_\_
- Unemployment \$ \_\_\_\_\_

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- TANF \$ \_\_\_\_\_
  - Spousal Support \$ \_\_\_\_\_
  - Child Support \$ \_\_\_\_\_
  - Family \$ \_\_\_\_\_
  - No Income \$ \_\_\_\_\_
  - Not Applicable \$ \_\_\_\_\_
  - Unknown \$ \_\_\_\_\_
  - Other \$ \_\_\_\_\_
- Specify \_\_\_\_\_ \$ \_\_\_\_\_

- TANF \$ \_\_\_\_\_
  - Spousal Support \$ \_\_\_\_\_
  - Child Support \$ \_\_\_\_\_
  - Family \$ \_\_\_\_\_
  - No Income \$ \_\_\_\_\_
  - Not Applicable \$ \_\_\_\_\_
  - Unknown \$ \_\_\_\_\_
  - Other \$ \_\_\_\_\_
- Specify \_\_\_\_\_ \$ \_\_\_\_\_

**Monthly Total**

**Monthly Total**

**Law Enforcement/Military**

Victim

- Employed as Police Officer
- Employed as Corrections Officer
- Employed by Military
- Specify Branch and Position

Perpetrator

- Employed as Police Officer
- Employed as Corrections Officer
- Employed by Military
- Specify Branch and Position

**B. Relationship Information**

Based on information gleaned from the document review, identify the status of the relationship that existed between the domestic violence perpetrator and the domestic violence victim immediately preceding the fatality.

Length of Relationship \_\_\_\_\_ Months \_\_\_\_\_ Years

Type of Relationship

<input type="checkbox"/> Legally Married	<input type="checkbox"/> Intimate partners	<input type="checkbox"/> Parents of Children	<input type="checkbox"/> Dating Relationship	<input type="checkbox"/> Domestic Partners
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Living Together Status

<input type="checkbox"/> Living together at time of death	<input type="checkbox"/> Separated At time of death	<input type="checkbox"/> Living together but discussing separation	<input type="checkbox"/> Separate Households never lived together
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Children

<input type="checkbox"/> Children In Common	<input type="checkbox"/> No Children	<input type="checkbox"/> Children in household, but not in common	
# Boys _____ Girls _____		<input type="checkbox"/> Victims children <input type="checkbox"/> Perpetrators Children	

**C. Family Information**

- Number of children living in the Domestic Violence victim's home. If the form is being completed for a child victim, include the data for that child as well.

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Child 1	Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Relationship to Child _____
Child 2	Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Relationship to Child _____
Child 3	Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Relationship to Child _____
Child 4	Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Relationship to Child _____
Child 5	Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Relationship to Child _____

2. If different, number of children living in the Domestic Violence Perpetrator's home. If the form is being completed for a child victim, include the data for that child as well.

Child 1	Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Relationship to Child _____
Child 2	Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Relationship to Child _____
Child 3	Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Relationship to Child _____
Child 4	Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Relationship to Child _____
Child 5	Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Relationship to Child _____

3. If different, children living outside of the homes.

Child 1	Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Relationship to Child _____
Child 2	Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Relationship to Child _____
Child 3	Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Relationship to Child _____
Child 4	Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Relationship to Child _____
Child 5	Age _____	<input type="checkbox"/> Female	<input type="checkbox"/> Male	Relationship to Child _____

**Legal Relationship to Child Key**

- |               |                  |                          |
|---------------|------------------|--------------------------|
| 1. Mother     | 4. Stepfather    | 7. Foster Parent         |
| 2. Father     | 5. Guardian      | 8. No Legal Relationship |
| 3. Stepmother | 6. Care Provider |                          |

4. Number of others living in the Domestic Violence Victim's Home. (Select all relationships that apply)

- |                                  |                                     |                                  |  |
|----------------------------------|-------------------------------------|----------------------------------|--|
| <input type="checkbox"/> Husband | <input type="checkbox"/> Boyfriend  | <input type="checkbox"/> Partner | <input type="checkbox"/> Family Friend |
| <input type="checkbox"/> Wife    | <input type="checkbox"/> Girlfriend | <input type="checkbox"/> Sibling | <input type="checkbox"/> Relative      |

5. Was the Domestic Violence Victim Pregnant? \_\_\_\_\_ Yes \_\_\_\_\_ No

6. If yes, was the Perpetrator the Father? \_\_\_\_\_ Yes \_\_\_\_\_ No

**D. Circumstances of Death**

1. Specify the exact borough, township or city where the fatality occurred. \_\_\_\_\_

2. Population Range for the location of fatality.

<input type="checkbox"/> Under 5,000	<input type="checkbox"/> 5,001 -10,000	<input type="checkbox"/> 10,001 – 20,000	<input type="checkbox"/> 20,001 and over
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3. The location where the death or fatal injuries that resulted in death took place:

- |  |  |
|--|--|
| <input type="checkbox"/> Victim's Home                   | <input type="checkbox"/> Victim's Workplace      |
| <input type="checkbox"/> Perpetrator's Home              | <input type="checkbox"/> Perpetrator's Workplace |
| <input type="checkbox"/> Home of Friend or Family member | <input type="checkbox"/> Hospital                |
| <input type="checkbox"/> Public Building                 | <input type="checkbox"/> Court                   |
| <input type="checkbox"/> Street/Parking Lot              | <input type="checkbox"/> Public Land/Park/Forest |
| <input type="checkbox"/> Unknown                         | <input type="checkbox"/> Vehicle                 |
|  | <input type="checkbox"/> Other _____             |
|  | <input type="checkbox"/>                         |

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4. When the death occurred in the home, select where:

- Kitchen
- Living Room
- Basement
- Yard

- Barn or Outbuilding
- Bedroom
- Garage
- Other \_\_\_\_\_

5. Was an autopsy performed? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Category of death listed on death certificate.

- Natural
- Accidental

- Homicide
- Suicide

7. What was the weapon used to inflict the fatal injuries?

- Arson
- Assault Rifle
- Beating
- Blunt Weapon \_\_\_\_\_
- Burns
- Handgun
- Hanging

- Hatchet/Ax
- Knife
- Poisoning
- Shotgun
- Suffocation
- Strangulation
- Other \_\_\_\_\_

8. Did the fatal assault include a sexual assault? \_\_\_\_\_ Yes \_\_\_\_\_ No

### Medical Care

1. Did the victim receive medical care prior to death?

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown

2. Who provided the medical intervention?

- Emergency Medical Team
- Fire Department Personnel
- Police Department Personnel
- Ambulance

- Hospital Emergency Room Personnel
- Regional Trauma Center
- Police
- Other \_\_\_\_\_

3. Did the Perpetrator require emergency medical care?

\_\_\_\_\_ Yes \_\_\_\_\_ No

4. Approximately how much time elapsed between the incident and the onset of medical care?

- <15 min
- <30 min
- <1hour
- >1 hour
- >1day

### Firearms

1. If a gun was used, was it available in the home?

- Yes
- No
- Unknown

2. Who owned the gun?

- Perpetrator
- Family Member
- Victim
- Other \_\_\_\_\_
- Friend

3. Was it purchased legally? \_\_\_\_\_ Yes \_\_\_\_\_ No

When was it purchased \_\_\_\_\_

4. Was the gun stolen? \_\_\_\_\_ Yes \_\_\_\_\_ No

When \_\_\_\_\_ From Where \_\_\_\_\_

5. Did the primary victim ever request on a court order that the guns be surrendered or destroyed?

- Yes
- No
- Unknown

6. Did the court ever order that the guns be surrendered or destroyed?

- Yes
- No
- Unknown

7. Did law enforcement ever have the legal authority to remove the guns from the home?

- Yes
- No
- Unknown

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8. If the primary victim and perpetrator lived together, did the primary victim ever request directly to the police that the guns be removed from the residence?

Yes  No  Unknown

Were they removed?

Yes  No  Unknown

Date of Removal \_\_\_\_\_

Were they returned?

Yes  No  Unknown

Date of Return \_\_\_\_\_

### Federal Prohibition on Gun Ownership/Possession

1. Had the person in possession of the gun ever been convicted of a domestic violence misdemeanor or felony?

Yes  No  Unknown

2. Had the person in possession of the gun ever been a respondent in a Protection from Abuse order?

Yes  No  Unknown

3. Did the perpetrator own large guns not covered by laws limiting the offender's right to own a gun?

Yes  No  Unknown

### Motor Vehicle Involved

\_\_\_\_\_ N/A

1. If a motor vehicle incident/crash, select all that apply.

Primary Victim

Driver  
 Passenger  
 Pedestrian

Perpetrator

Driver  
 Passenger  
 Pedestrian

2. Who investigated the scene of the accident?

Local Law Enforcement  State Police  
 Specialized Unit  Dept of Transportation  
 Septa/Amtrak

3. Was there any history reported to any agency for "reckless driving" as an abusive tactic?

Yes  No  Unknown

### Witnesses to fatal attack/accident/fatality?

\_\_\_\_\_ None

Who was present, on the property, nearby, or in the same house. Check all that apply.	Did they witness the fatal attack/accident/fatality?		
<input type="checkbox"/> Child 1	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Child 2	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Child 3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Child 4	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Child 5	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Family Member _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

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(identify)	_____			
<input type="checkbox"/> Friend	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> New Husband	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> New Wife	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> New Intimate	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Partner	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Co-Worker	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Police	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
<input type="checkbox"/> Stranger/Bystander	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

1. Did anyone hear excited utterances prior to the death occurring?  
 Yes                                       No                                       Unknown
2. If yes, were the excited utterances documented?  
 Yes                                       No                                       Unknown

**E. Criminal Justice System Response to the Fatality**

***Law Enforcement***

1. What agency responded to the fatality or incident which resulted in a fatality?

Local police \_\_\_\_\_ State Police \_\_\_\_\_

2. Did Law Enforcement arrive \_\_\_\_\_ before or \_\_\_\_\_ after the fatality occurred?
3. What type of call was Law Enforcement responding to?

- |  |   |
|--|---|
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Possible DOA             |
| <input type="checkbox"/> Shots Fired       | <input type="checkbox"/> Suspicious Circumstances |
| <input type="checkbox"/> Barricaded        | <input type="checkbox"/> Other                    |
| <input type="checkbox"/> Possible Suicide  | _____   |

4. If the situation were a Barricade or Hostage situation, were negotiators brought in?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Unknown

5. Were the police to defend themselves or otherwise act with Deadly Force?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Unknown

6. Was there enough information to immediately identify a suspect?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Unknown

If no, how long did it take to identify a suspect? \_\_\_\_\_

7. Was an arrest made at the scene of the Fatality/Fatal Injury/Attack?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No                      \_\_\_\_\_ Unknown

8. How much time elapsed between the fatality and arrest of suspect? \_\_\_\_\_

**F. Prior Threats to Kill/Knowledge of Level of Dangerousness** \_\_\_\_\_ **Unknown**

Do any Law Enforcement reports, charging papers or Protection Order narratives include description of any of the follow? If yes, indicate dates.

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Type	Reported by	Description	Date
Threats by perpetrator to kill primary victim	<input type="checkbox"/> Law Enforcement Reports <input type="checkbox"/> Charging Papers <input type="checkbox"/> PFA Narratives <input type="checkbox"/> Reported in Counseling/Advocacy <input type="checkbox"/> Reported to family/friends		
Threats by perpetrator to kill, children, family members or friends.	<input type="checkbox"/> Law Enforcement Reports <input type="checkbox"/> Charging Papers <input type="checkbox"/> PFA Narratives <input type="checkbox"/> Reported in Counseling/Advocacy <input type="checkbox"/> Reported to family/friends		
Suicide threats made by Perpetrator	<input type="checkbox"/> Law Enforcement Reports <input type="checkbox"/> Charging Papers <input type="checkbox"/> PFA Narratives <input type="checkbox"/> Reported in Counseling/Advocacy <input type="checkbox"/> Reported to family/friends		
Suicide attempts by perpetrator	<input type="checkbox"/> Law Enforcement Reports <input type="checkbox"/> Charging Papers <input type="checkbox"/> PFA Narratives <input type="checkbox"/> Reported in Counseling/Advocacy <input type="checkbox"/> Reported to family/friends		
Reports of strangulation or choking	<input type="checkbox"/> Law Enforcement Reports <input type="checkbox"/> Charging Papers <input type="checkbox"/> PFA Narratives <input type="checkbox"/> Reported in Counseling/Advocacy <input type="checkbox"/> Reported to family/friends		
Stalking behaviors	<input type="checkbox"/> Law Enforcement Reports <input type="checkbox"/> Charging Papers <input type="checkbox"/> PFA Narratives <input type="checkbox"/> Reported in Counseling/Advocacy <input type="checkbox"/> Reported to family/friends		
Sexual Assault/Rape Attempts	<input type="checkbox"/> Law Enforcement Reports <input type="checkbox"/> Charging Papers <input type="checkbox"/> PFA Narratives <input type="checkbox"/> Reported in Counseling/Advocacy <input type="checkbox"/> Reported to family/friends		
Violation of PFA	<input type="checkbox"/> Law Enforcement Reports <input type="checkbox"/> Charging Papers <input type="checkbox"/> PFA Narratives <input type="checkbox"/> Reported in Counseling/Advocacy <input type="checkbox"/> Reported to family/friends		
Assaults	<input type="checkbox"/> Law Enforcement Reports <input type="checkbox"/> Charging Papers <input type="checkbox"/> PFA Narratives <input type="checkbox"/> Reported in Counseling/Advocacy <input type="checkbox"/> Reported to family/friends		



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4. Was the Perpetrator cooperating with the terms of the probation?  
 Yes                                       No                                       Unknown
5. Has the probation department received special training in Domestic Violence?  
 Yes                                       No                                       Unknown
6. Were there criminal charges ever dismissed against the perpetrator, involving this victim?  
 Yes                                       No                                       Unknown  
 How many times? \_\_\_\_\_
7. Were there criminal charges discussed due to the victim's decision to not cooperate?  
 Yes                                       No                                       Unknown  
 How many times? \_\_\_\_\_
8. Was there any indication that the Perpetrator pressured the primary victim to refuse to cooperate with the prosecution or to change the initial story?  
 Yes                                       No                                       Unknown
9. Does the perpetrator have a prior history of domestic violence towards other victims?  
 Yes                                       No                                       Unknown
10. Was CYS involved with the family prior to the fatality? (If yes please complete Addendum \_\_\_\_)  
 Yes                                       No                                       Unknown

**Substance Abuse/Mental Health History**

<b>Victim</b>	<b>Perpetrator</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Affected by drugs or alcohol at the time of the fatality?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Has a history of substance abuse?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Arrests or convictions related to alcohol or drugs?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Treatment for drugs or alcohol?
<b>Mental Health History</b>		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Was either party being treated for Mental Health issues at the time of the fatality?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Does either party have a history of mental illness?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Crisis Mental Health Response
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	302 Commitment
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Voluntary Commitment



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### Medical History

1. Had the victim suffered prior injuries as a result of Domestic Violence?

- Yes  No  Unknown

If yes, was medical treatment provided

- Yes  No  Unknown

2. Do Hospital Records make any note that injuries were domestic related?

- Yes  No  Unknown

3. If the Victim was pregnant within the last five years prior to the fatality had she received any prenatal care?

- Yes  No  Unknown

4. Had the perpetrator ever received a traumatic brain injury?

- Yes  No  Unknown

### Access to Helping/Resources

Did the Victim have access to a working telephone?

- Yes  No  Unknown

Did the victim have transportation?

- Yes  No  Unknown

How far did the Victim have to travel to access community resources in person?

- 1-10 Miles  10-20 Miles  20+ Miles

To the Panel's knowledge were any of the following agencies involved with the Victim or Perpetrator in the 5 years prior to the fatality? Check all that apply, and list specific agencies.

Victim	Perpetrator	Organization	Name of Agency
		A Woman's Place	
		Agency on Aging	
		Batterer's Program	
		Criminal Court	
		Daycare	
		District Attorney's Office	
		Domestic Violence Program	
		Drug and Alcohol Treatment	
		Family Court	
		Hospital	

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		Humane Society	
		Immigration Services	
		Law Enforcement	
		Legal Services	
		Magisterial Court	
		Mental Health Provider	
		NOVA	
		Parole Officer	
		Private Attorney	
		Probation Officer	
		Public Defender's Office	
		Religious Community	
		Victim Services Program	

**Domestic Violence victim's Efforts to Leave/End the Relationship**

1. If the Victim was living with the Perpetrator at the time of death, had she/he attempted to end the relationship in the past?

- Yes  No  Unknown

If yes, how many times if known? \_\_\_\_\_

2. What barriers, if any, did the victim incur when trying to end the relationship?

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Housing        | <input type="checkbox"/> Employment   |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Daycare      |
| <input type="checkbox"/> Family/Friends | <input type="checkbox"/> Religious    |
| <input type="checkbox"/> Financial      | <input type="checkbox"/> Legal system |

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### Domestic Violence Fatality Review Panel Summary

1. Based on the information available to the Bucks County Fatality Review Panel, does the Panel agree that this is a Domestic Violence Related death?

In no please note why. \_\_\_\_\_

2. What prevention activities would the Panel like to propose?

<input type="checkbox"/> Increasing existing services for DV victims	Comment:
<input type="checkbox"/> Create new services for Victims	Comment:
<input type="checkbox"/> Increase existing services for DV perpetrators	Comment:
<input type="checkbox"/> Create new services for DV perpetrators	Comment:
<input type="checkbox"/> Community Safety Project	Comment:
<input type="checkbox"/> Public Forum	Comment:
<input type="checkbox"/> Legislative Change	Comment:
<input type="checkbox"/> Increased training for Law Enforcement	Comment:
<input type="checkbox"/> Education through Media	Comment:
<input type="checkbox"/> Education activities in schools	Comment:
<input type="checkbox"/> Increased training for	Comment:
<input type="checkbox"/> Changes in other agency practices	Comment:
<input type="checkbox"/> Increased coordination/collaboration with	Comment:

3. What if any recommendations would this panel make as a result of this case review?

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**Agencies that Provided Data for the Review:**

Domestic Violence Program	Specify:
Law Enforcement	
Victim Services Program	
Older Adult Services	
Drug and Alcohol Provider	
Mental Health Provider	
Batterer's Intervention Program	
Humane Society	
CYS	
Probation/Parole	
Legal Services	
Medical Provider	
Coroner's Office	
Criminal Court	
Family          Victim          Perpetrator	
Friends          Victim          Perpetrator	
Co-Workers      Victim          Perpetrator	