WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

Definition of Terms

Domestic or family violence or abuse means the occurrence of one or more of the following acts between family, or household members:

- attempting to intentionally, knowingly, or recklessly cause physical harm to another, with or without dangerous or deadly weapons;
- placing another in reasonable apprehension of physical harm;
- creating fear or physical harm by harassment, psychological abuse, or threatening acts;
- committing either sexual assault or abuse;
- holding, confining, detaining, or abducting another person against that person's will.

Family/household member means current or former spouse, persons living as spouses, persons formerly residing as spouses, parents, children, and stepchildren, current or former intimate or sexual partners, persons who are dating or who have dated, persons who are presently residing or cohabitating together or have resided or cohabited together in the past, a person with whom the victim has a child in common, or other persons related by blood or marriage.

Fatality is a homicide or suicide resulting from family violence-related injuries.

Family violence-related fatalities are fatalities resulting from family violence and involving persons as defined above, excluding children ages 17 and under who are dependents of family or household members.

Victim is the person whose death is being reviewed. This person may be the domestic violence victim or the domestic violence perpetrator.

Perpetrator is the person directly responsible for the death of the victim in the case under review. This person may be the domestic violence perpetrator or the domestic violence victim.

1. Identification of a domestic violence victim and a domestic violence perpetrator? □ Yes □ No □ Unknown

If yes,
1a. On what basis did the review team identify a domestic violence victim and perpetrator in this death? (Check all that apply)
   a □ Filings for any of the civil orders of protection
   b □ Testimony from friends and family
   c □ Victim/Perpetrator treatment records
   d □ Histories of arrest and prosecution for domestic violence
   e □ Histories of seeking help from programs for victims of domestic violence
   f □ Medical Examiner’s records
   g □ Other, specify

1b. Relationship between victim and perpetrator?
   a □ Partner
   b □ Former Partner
   c □ Parent
   d □ Child
   e □ Spouse
   f □ Former Spouse
   g □ Other

2. Reason(s) for reviewing or not reviewing this specific case:

This face sheet is to be stored separately from the rest of the data collected.
WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

Note: The information that connects a set of names to a case number will be kept long enough to ensure the fatality is completely reviewed, and then destroyed. No names or phone numbers will be kept as part of the permanent database. Thus, all documentation of the case in the records of the West Virginia Domestic Violence Fatality Review Project will be designated by a case number only.

Case Number: __________________

Date review initiated: ____________________ Date review completed: ____________________

DEMOGRAPHIC INFORMATION
(Check the appropriate response for both victim and perpetrator.)

3. Victim’s Race: □ White □ African American □ Other, specify ________________________
   Perpetrator’s Race: □ White □ African American □ Other, specify ________________________

4. Victim’s Gender: □ Male □ Female
   Perpetrator’s Gender: □ Male □ Female

5. Victim’s Age: ____ Date of Birth: _____________
   Perpetrator’s Age: ____ Date of Birth: _____________
   Perpetrator’s Education: a □ None-4th grade b □ 5th-8th grade c □ 9th-11th grade
d □ High School/GED e □ Some college f □ Associate degree g □ Bachelor’s degree
h □ Master’s degree i □ Professional degree j □ Doctorate degree k □ License/certification
l □ Other, specify ________________________
   Perpetrator’s Occupation: □ Part-time □ Full-time

7. Economic Status
   Victim’s Occupation: □ Part-time □ Full-time
   Perpetrator’s Occupation: □ Part-time □ Full-time
   Perpetrator’s Type of Employment: a □ Employed for wages b □ Minimum wage job
c □ On SSI/SSD d □ TANF
e □ Food stamps f □ Unemployment g □ Spousal support
h □ Family support i □ No income j □ Self-employment k □ Unknown
   Victim’s Type of Employment: a □ Employed for wages b □ Minimum wage job
c □ On SSI/SSD d □ TANF
e □ Food stamps f □ Unemployment g □ Spousal support
h □ Family support i □ No income j □ Self-employment k □ Unknown

7a. If unemployed or not currently working at a job for wages.
   Victim’s Activity: □ Homemaker □ Student
   Perpetrator’s Activity: □ Homemaker □ Student

Law enforcement/military employment

West Virginia Domestic Violence Fatality Review
8. Was either the victim or the perpetrator employed by law enforcement?
   Victim: □ Yes □ No □ Unknown
   Position: ____________________________

9. Victim's citizenship status
   a □ U.S.A.
   b □ Canada
   c □ Mexico
   d □ Other, specify ________________________
   e □ Unknown

9. Victim's type of residence
   a □ Single family structure
   b □ Multi-family structure
   c □ Other ___________________________

10. Victim's place of residence
    City ____________________ County __________ State

11. RELATIONSHIP INFORMATION
    12. Was the victim, whose death is under review, the person who was the victim of abuse in the relationship, or the perpetrator of the abuse in the relationship?
        a □ Domestic violence victim
        b □ Domestic violence perpetrator
        c □ Other, specify __________________________
        d □ Unknown

13. Intimate Partners (Check one for each question)
    Legal status of relationship?
        a □ No legal relationship, never married
        b □ Married Date of marriage __________________
        c □ Separated Date of separation ________________
        d □ Divorced Date of divorce ___________________

    Living together status?
        a □ Living together Since __________________
        b □ Previously lived together, not living together at time of death
        c □ Always maintained separate dwellings

    Relationship status?
        a □ Relationship current at time of death
        b □ In process of breaking up, victim had stated intention of leaving
        c □ Dating history existed

    Children (Check all that apply)
        a □ Had children in common
        b □ No children, in common or otherwise
        c □ Children in household, but not in common
        d □ Pregnant at time of fatality

    How many children? _____
    How many months? _____

    Were children living with someone other than parents?
        a □ Foster care
        b □ Relatives
WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

14. If other relative or person living in the residence
   a ☐ Dependent child b ☐ Non-dependent c ☐ Sibling
d ☐ Parent e ☐ Grandparent f ☐ Uncle
g ☐ Aunt h ☐ Cousin i ☐ Non-relative, non-intimate
j ☐ Other, specify

FAMILY INFORMATION

15. Number of children living in the victim's and perpetrator's home
   (Indicate age and gender or each)

<table>
<thead>
<tr>
<th>Children living with victim</th>
<th>If different residence, Children living with perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number:</td>
<td>Number:</td>
</tr>
<tr>
<td>Age(s)</td>
<td>Gender (M/F)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

16. How many other adults were living in the home at the time of the fatal incident?

<p>| If known, indicate the total number in each category that is checked and list the age of each. |</p>
<table>
<thead>
<tr>
<th>Number</th>
<th>Age(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a ☐ Current partner (other than perpetrator)</td>
<td></td>
</tr>
<tr>
<td>b ☐ Parent</td>
<td></td>
</tr>
<tr>
<td>c ☐ Grandparent</td>
<td></td>
</tr>
<tr>
<td>d ☐ Aunt/Uncle</td>
<td></td>
</tr>
<tr>
<td>e ☐ Sibling</td>
<td></td>
</tr>
<tr>
<td>f ☐ Cousin</td>
<td></td>
</tr>
<tr>
<td>g ☐ Elderly dependent</td>
<td></td>
</tr>
<tr>
<td>h ☐ Friend/Roommate</td>
<td></td>
</tr>
<tr>
<td>i ☐ Acquaintance/Boarder</td>
<td></td>
</tr>
<tr>
<td>j ☐ Other, specify</td>
<td></td>
</tr>
<tr>
<td>k ☐ Unknown</td>
<td></td>
</tr>
</tbody>
</table>

<p>| If known, indicate the total number in each category that is checked and list the age of each |</p>
<table>
<thead>
<tr>
<th>Number</th>
<th>Age(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a ☐ Current partner (other than victim)</td>
<td></td>
</tr>
<tr>
<td>b ☐ Parent</td>
<td></td>
</tr>
<tr>
<td>c ☐ Grandparent</td>
<td></td>
</tr>
<tr>
<td>d ☐ Aunt/Uncle</td>
<td></td>
</tr>
<tr>
<td>e ☐ Sibling</td>
<td></td>
</tr>
<tr>
<td>f ☐ Cousin</td>
<td></td>
</tr>
<tr>
<td>g ☐ Elderly dependent</td>
<td></td>
</tr>
<tr>
<td>h ☐ Friend/Roommate</td>
<td></td>
</tr>
<tr>
<td>i ☐ Acquaintance/Boarder</td>
<td></td>
</tr>
<tr>
<td>j ☐ Other, specify</td>
<td></td>
</tr>
<tr>
<td>k ☐ Unknown</td>
<td></td>
</tr>
</tbody>
</table>

CAUSE OF DEATH AND CIRCUMSTANCES

17. Brief narrative overview:

__________________________________________________________________________


20. Type of incident: a ☐ Homicide
     b ☐ Homicide/suicide
     c ☐ Suicide
     d ☐ Multiple homicide
     e ☐ Suspicious accident
     f ☐ Legal intervention
     g ☐ Other, specify

20a. If homicide/suicide or multiple homicide, List case numbers of other victims
     Victim 1: ________________________ Victim 4: ________________________
     Victim 2: ________________________ Victim 5: ________________________
     Victim 3: ________________________ Victim 6: ________________________

21. Immediate cause of death:

__________________________________________________________________________

22. Contributory cause of death:

__________________________________________________________________________
WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

Cause of death diagnoses
23. Ecode 1: __________________  Ecode 2: __________________  Ecode 3: __________________

24. Were any weapons used?  □ Yes  □ No  □ Unknown
   Indicate what type of weapon was used:  a □ Shotgun
   b □ Rifle
   c □ Handgun
   d □ Knife
   e □ Sharp object
   f □ Blunt object
   g □ Other, specify

   Enter the make of the weapon: __________________

   What is the model number? __________________

   What is the serial number? __________________

25. Indicate other significant factors (Conditions or circumstances that would not be recorded on the death certificate):

26. Did the death certificate adequately capture the cause of death?  □ Yes  □ No  □ Unknown

27. Indicate below the victim and the perpetrator who caused the death in this incident.
   (Check all that apply)
   Deceased Victim(s)
   a □ Domestic violence perpetrator
   b □ Domestic violence victim
   c □ Children of victim
   d □ Children of victim and perpetrator
   e □ Children of perpetrator
   f □ Other family of victim
   g □ Other family of perpetrator
   h □ Friends of victim
   i □ New intimate partner of victim
   j □ Advocate/lawyer for victim
   k □ Co-worker of victim
   l □ Law enforcement officer
   m □ Bystanders
   n □ Other, specify __________________

   Perpetrator or person who caused death
   a □ Domestic violence perpetrator
   b □ Domestic violence victim
   c □ Child of victim and/or perpetrator
   d □ Person hired by or acting on behalf of perpetrator
   e □ Person hired by or acting on behalf of victim
   f □ Law enforcement officer
   g □ Other, specify __________________

28. Were did the death occur?
   City/town: __________________  County: __________________  State: __________________

29. Date of injury: __________________

30. Location where the injury(ies) that resulted in death occurred:
   a □ Victim’s home
   b □ Home of friend/family
   c □ Hospital
   d □ Victim’s work place
   e □ Motor vehicle
   f □ Perpetrator’s home
   g □ Perpetrator’s work place
   h □ Public building, specify __________________
   i □ Public land/park/forest, specify __________________
   j □ Street/parking lot/sidewalk, specify __________________
   k □ Other, specify __________________
   l □ Unknown

30a. If the injuries that resulted in death occurred at home, where?
   a □ Kitchen
   b □ Living room
   c □ Basement
   d □ Bathroom
   e □ Yard
   f □ Barn or other outbuilding
   g □ Bedroom
   h □ Garage
   i □ Other
If different than place of injury,
31. Location where death occurred:
   a ☐ Victim's home
   b ☐ Victim’s work place
   c ☐ Hospital/en route to hospital
   d ☐ Motor vehicle
   e ☐ Perpetrator’s home
   f ☐ Perpetrator’s work place
   g ☐ Home of friend of family
   h ☐ Other, specify ______________________
   i ☐ Unknown

32. Who was present at the scene of the fatality?

<table>
<thead>
<tr>
<th>Who was present? (On the same property, in the house, nearby, etc)</th>
<th>Age(s)</th>
<th>Gender (M/F)</th>
<th>Was this person injured, killed, Other (specify)?</th>
<th>Did they witness the fatal incident? Yes/No/Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>a ☐ Children</td>
<td>a ☐</td>
<td>a ☐ Injured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b ☐ Other family</td>
<td>b ☐</td>
<td>b ☐ Killed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c ☐ Friends</td>
<td>c ☐</td>
<td>c ☐ Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d ☐ Acquaintances</td>
<td>d ☐</td>
<td>d ☐ Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e ☐ Strangers/bystanders</td>
<td>e ☐</td>
<td>e ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f ☐ New intimate partners</td>
<td>f ☐</td>
<td>f ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g ☐ Coworkers</td>
<td>g ☐</td>
<td>g ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h ☐ Helping professionals/advocates</td>
<td>h ☐</td>
<td>h ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i ☐ Emergency Medical Services</td>
<td>i ☐</td>
<td>i ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j ☐ Fire department personnel</td>
<td>j ☐</td>
<td>j ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k ☐ Police</td>
<td>k ☐</td>
<td>k ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l ☐ Other</td>
<td>l ☐</td>
<td>l ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m ☐ Unknown</td>
<td>m ☐</td>
<td>m ☐</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

33. Did anyone hear excited utterances before the death occurred? □ Yes □ No □ Unknown

If yes,
36a. Were the excited utterances documented? □ Yes □ No □ Unknown

If yes,
36a1. Who documented?
Who determined they were excited utterances?

34. The fatal incident was a result of a: a ☐ Planned event (premeditated)
   b ☐ Fight or argument (crime of passion, rage)
   c ☐ Unknown
   d ☐ Other

MEDICAL CARE
35. Did the victim receive any medical attention for the fatal injury(ies) prior to death? □ Yes □ No □ Unknown

If yes,
35a. Did the victim have to be transported to a hospital or regional trauma center? □ Yes □ No □ Unknown

If yes,
35a1. By what means? ____________ 38a2. How long did this take? _____ Minutes
WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

35b. Who provided medical intervention? (Check all that apply)
   a. Emergency medical services (EMS)
   b. Fire department personnel
   c. Police officer(s)
   d. Local hospital emergency room personnel
   e. Regional trauma center emergency room personnel
   f. Other, specify

35c. Describe the medical intervention that took place: ________________________________________________________________

35d. Was there a delay in medical care for the victim? □ Yes □ No □ Unknown

   If yes,
   35d1. For what reason? ____________________________________________________________

35e. Did the death occur under medical care? □ Yes □ No □ Unknown

   If yes,
   35e1. In whose care was the victim? a. EMS
           b. Level 1 trauma center
           c. Hospital emergency department
           d. Hospital inpatient
           e. Private doctor
           f. Other, specify
           g. Unknown

36. Autopsy of victim performed: a. Complete autopsy
                b. Limited autopsy
                c. External exam only

   If limited autopsy,
   36a. Limited to: ________________________________________________________________

37. Was the death originally suspected as non-intentional? □ Yes □ No □ Unknown

38. Was sexual assault evidence collected? □ Yes □ No □ Unknown

39. Was sexual assault evidence collected? □ Yes □ No □ Unknown

   If yes,
   38a. Was the sexual assault evidence tested? □ Yes □ No □ Unknown

   38b. Was there appropriate trace evidence collected? □ Yes □ No □ Unknown

   If no,
   38c. Explain: ________________________________________________________________

39. Was any note made of healing injuries on victim not relating to death? □ Yes □ No □ Unknown

   If yes,
   39a. Number of injuries not related to death: ___________________

   39b. Type(s) of injury: __________________________________________________________

   39c. Distribution of the previous injury over the body: _____________________________
WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

40. Did the perpetrator sustain any injuries during the fatal incident? □ Yes □ No □ Unknown

*If yes,*
40a. Did the perpetrator receive any medical attention for these injuries? Yes □ No □ Unknown

41. Did the perpetrator attempt or succeed with suicide? □ Attempted suicide
   □ Suicide
   □ Unknown

42. **Substance abuse at time of fatal incident**
   Victim affected by alcohol at the time of the fatality? □ Yes □ No □ Suspected □ Unknown
42 a. If yes, what was their BAC? __________
   Perpetrator affected by alcohol at the time of the fatality? □ Yes □ No □ Suspected □ Unknown
42 b. If yes, what was their BAC? __________
   Victim affected by drugs at the time of the fatality? □ Yes □ No □ Suspected □ Unknown
42 c. If yes, list the drugs: ___________________________________________________________
   Perpetrator affected by drugs at the time of the fatality? □ Yes □ No □ Suspected □ Unknown
42 d. If yes, list the drugs: ___________________________________________________________

ACCESS TO/USE OF FIREARMS

43. Was a firearm used in this fatality? □ Yes □ No □ Unknown

*If firearm was used,*
44. Was the firearm available in the home? □ Yes □ No □ Unknown

45. Was the firearm available in the car? □ Yes □ No □ Unknown

46. Who owned the firearm? □ Perpetrator
   □ Victim
   □ Other, specify __________________________________________________________

47. When was it purchased? Date: __________________________

48. Was it acquired legally? □ Yes □ No □ Unknown

49. Was the firearm stolen? □ Yes □ No □ Unknown

*If yes,*
49a. When was it stolen? __________________________
49b. From where was it stolen? __________________________

50. Did the domestic violence victim ever request a court order that the firearm(s) be surrendered? □ Yes □ No □ Unknown

51. Did a court ever order that the firearm(s) be surrendered? □ Yes □ No □ Unknown

*If yes,*
51a. Were they? □ Yes □ No □ Unknown

52. **If the victim and perpetrator lived together,** did the domestic violence victim ever request directly to the police that firearms be removed from the home? □ Yes □ No □ Unknown

53. Did law enforcement ever have the legal authority to remove firearms from the home? □ Yes □ No □ Unknown

*If yes,*
53a. Based on what authority? □ Firearms owned by the requester
   □ Court order
   □ Other, specify __________________________________________________________
   □ Unknown

53b. Were they removed? □ Yes □ No □ Unknown Date of removal: __________________________

53c. Were they returned? □ Yes □ No □ Unknown Date of return: __________________________

*West Virginia Domestic Violence Fatality Review*
54. Was the firearm(s) previously used in a crime? □ Yes □ No □ Unknown

MOTOR VEHICLE INVOLVED IN THE FATAL INCIDENT

55. Was a motor vehicle involved in the fatal incident? □ Yes □ No □ Unknown

If the motor vehicle was involved in the fatal incident
56. Were in the motor vehicle was the victim? a □ Driver
b □ Passenger
c □ Pedestrian
d □ Other

Were in the motor vehicle was the perpetrator? a □ Driver
b □ Passenger
c □ Pedestrian
d □ Other

57. Who investigated the motor vehicle crash? □ Traffic accident reconstructionist within local jurisdiction
□ Traffic accident reconstructionist from the State Police
□ Non-specified person/unit
□ Other
□ Unknown

58. Driving history:
VICTIM
a. Reported “crazy driving” as an abusive tactic to any agency? □ Yes □ No □ Unknown
b. Record of traffic violations? □ Yes □ No □ Unknown
   b1. If yes, specify:
   b2. Were they convicted? □ Yes □ No □ Unknown

c. Record of drunk driving? □ Yes □ No □ Unknown
c1. If yes, were they convicted? □ Yes □ No □ Unknown
d. Record of driving under the influence of illicit drugs? □ Yes □ No □ Unknown
d1. If yes, were they convicted? □ Yes □ No □ Unknown
e. Involvement in other motor vehicle crashes? □ Yes □ No □ Unknown
e1. If yes, specify:
e2. How many? ______

PERPETRATOR
f. Reported “crazy driving” as an abusive tactic to any agency? □ Yes □ No □ Unknown
g. Record of traffic violations? □ Yes □ No □ Unknown
   g1. If yes, specify:
g2. Were they convicted? □ Yes □ No □ Unknown

h. Record of drunk driving? □ Yes □ No □ Unknown
   h1. If yes, were they convicted? □ Yes □ No □ Unknown

i. Record of driving under the influence of illicit drugs? □ Yes □ No □ Unknown
   i1. If yes, were they convicted? □ Yes □ No □ Unknown

j. Involvement in other motor vehicle crashes? □ Yes □ No □ Unknown
   j1. If yes, specify:
j2. How many? ______
WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

CRIMINAL JUSTICE SYSTEM RESPONSE TO THE FATALITY

59. What law enforcement agency(ies) responded to the fatal incident?

60. Did law enforcement arrive before or after the fatality occurred?  
   B □ Before  
   A □ After  
   U □ Unknown

61. What type of call was law enforcement responding to:  
   a □ Domestic violence  
   b □ Barricaded/hostage  
   c □ Possible suicide  
   d □ Possible DOA  
   e □ Suspicious circumstances  
   f □ Shots fired  
   g □ Other, specify ________________

If the situation was a barricade or hostage,

61a. Were negotiators brought in?  □ Yes □ No □ Unknown

62. Were police forced to defend themselves or otherwise act with deadly force?  □ Yes □ No □ Unknown

63. Was there enough information to immediately identify a suspect?  □ Yes □ No □ Unknown

If yes, 63a. Was an arrest made at the scene of the fatality/fatal injury/attack?  □ Yes □ No □ Unknown

If no, 63b. How long did it take to identify a suspect? _____ Date: ________________

64. Was there a tentative identification of a suspect or identification of a person of interest?  □ Yes □ No □ Unknown

65. How much time elapsed between the fatality and an arrest? _____ Arrest Date: ________________

66. Did law enforcement investigators identify enough information to charge the suspect?  □ Yes □ No □ Unknown

67. What law enforcement agency investigated the death? ________________

68. Was a scene investigation performed?  □ Yes □ No □ Unknown

If different agency than the agency that investigated the death,

68a. Law enforcement agency that performed the investigation: ________________

PROSECUTION AND COURTS

69. Were criminal charges filed related to the fatality?  □ Yes □ No □ Unknown

If no,

69a. Why were charges not filed?  
   a □ Homicide/suicide  
   b □ Suicide (no homicide involved)  
   c □ Ruled self-defense  
   d □ Other, specify ________________

If yes,

69b. Against whom were charges filed?  
   a □ Domestic violence perpetrator  
   b □ Domestic violence victim  
   c □ Other, specify ________________

69c. Original charges
   1. ________________
   2. ________________

69d. Plead down to
   1. ________________
   2. ________________
WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

70. What amount was bail? $_________ 70a. Did suspect make bail? □ Yes □ No □ Unknown

71. Was suspect offered a plea bargain? □ Yes □ No □ Unknown

72. What factors informed the decision to offer the plea bargain?__________________________________________________________

73. If the defendant did not plea, was the case tried before a jury? □ Yes □ No □ Unknown

73a. Trial date: _______________ 73b. Length of trial: __________ Days

73c. Sentencing date: _______________ 73d. Disposition: a □ Acquitted

b □ Probation (years/month) _____________________

c □ Prison (years/month) _____________________

d □ Jail (years/month) _____________________

e □ Credit for time served _____________________

f □ Suspended sentence _____________________

g □ Treatment, specify _____________________

73e. If on probation, what were the conditions of release? ____________________________________________________________

74. Were any court orders issued? □ Yes □ No □ Unknown

STATUS OF CHILDREN AFTER THE FATALITY

75. Were the children placed immediately after the fatality? □ Yes □ No □ Unknown

If yes,

75a. Where were the children placed? a □ Foster care

b □ Group home

c □ Relatives of domestic violence perpetrator

d □ Relatives of domestic violence victim

e □ Other, specify ____________________________________________

If children were placed in foster care,

75a1. Was a relative ever identified for permanent placement? □ Yes □ No □ Unknown

If yes,

75a2. Who? a □ Aunt/Uncle

b □ Brother/Sister

c □ Grandparent

d □ Stepparent

e □ Other, specify ____________________________________________

75a3. How long did it take to identify a relative for placement? ________ Days

_______ Months

_______ Still pending

75b. What factors influenced the placement decision? ____________________________________________________________

76. Were children expected to testify at a trial? □ Yes □ No □ Unknown

77. Did children receive counseling after the fatality? □ Yes □ No □ Unknown
WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

PRIOR THREATS TO KILL/KNOWLEDGE OF LEVEL OF DANGEROUSNESS

78. Do any of the following reports include descriptions of the domestic violence perpetrator committing any of the following acts?

(Check all that apply)

<table>
<thead>
<tr>
<th>Threats to kill</th>
<th>Law enforcement reports</th>
<th>Criminal complaint</th>
<th>Protective order narrative</th>
<th>Reported in counseling / advocacy</th>
<th>Reported to / witnessed by family / friends</th>
</tr>
</thead>
<tbody>
<tr>
<td>domestic violence victim</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Threats to kill children, family members, or friends</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide threats</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suicide attempts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strangulation</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knife brandished</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knife used</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firearm brandished</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Firearm used</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blunt object branded</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blunt object used</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suspected or charged in death of former intimate partner</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Former intimate partner died in an accident</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

DOMESTIC VIOLENCE PERPETRATOR'S HISTORY OF VIOLENCE TOWARD OTHERS

79. Is there any evidence that the domestic violence perpetrator was violent toward other people (i.e., bar brawls, complaints filed by people other than the domestic violence victim, previous intimate partners, fighting with police)?

<table>
<thead>
<tr>
<th>Date</th>
<th>Source of information</th>
<th>Type of incident</th>
<th>Relationship to victim</th>
<th>Was an agency involved? Specify</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source of information: a – Police report, b – Neighbor, c – Previous intimate partner, d – Family, e – Other

Type of incident: a – Brawl, b – Spousal abuse, c – Child abuse, d – Public intoxication, e – Other

Relationship to victim: a – Parent, b – Sibling, c – Grandparent, d – Aunt/Uncle, e – Other

Was an agency involved: Y – Yes, N – No, U – Unknown
WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

80. Is there any evidence that the domestic violence perpetrator was violent toward animals?

<table>
<thead>
<tr>
<th>Date</th>
<th>Source of information</th>
<th>Type of incident</th>
<th>Was an agency involved? Specify</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source of information:  a – Police report, b – Neighbor, c – Previous intimate partner, d – Family, e – Other, specify
Type of incident:        a – Physical abuse, b – Starving, c – Drowned, d – Set on fire, e – Other, specify
Was an agency involved:  Y – Yes, N – No, U - Unknown

CRIMINAL JUSTICE SYSTEM INVOLVEMENT PRIOR TO THE FATALITY

(Please fill out a criminal justice system involvement prior to the fatality form for assaults and batteries.)

81. Criminal History

81a. Did the victim have a criminal history? □ Yes □ No □ Unknown

81b. Did the perpetrator have a criminal history? □ Yes □ No □ Unknown

81c. Total number of arrests for victim: __________

81d. Total number of arrests for perpetrator: __________

<table>
<thead>
<tr>
<th>Victim charged with</th>
<th>Convicted? (Y/N)</th>
<th>Perpetrator charged with</th>
<th>Convicted? (Y/N)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

82. Pending criminal actions at time of the fatality

<table>
<thead>
<tr>
<th>Victim Court date (mm/dd/yyyy)</th>
<th>Criminal action pending</th>
<th>Perpetrator Court date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a - Protection order violation
b - Assault
c - Stalking
d - Sexual abuse of domestic violence victim
e - Physical abuse of domestic violence victim
f - Sexual abuse of children
g - Physical abuse/neglect of children
h - Other, specify

83. Were domestic violence related charges ever dismissed against this domestic violence perpetrator with this domestic violence victim? □ Yes □ No □ Unknown
If yes,  
83a. How many times?  
83b. Official reason(s) for dismissal: 

84. Was there ever any indication that the domestic violence perpetrator pressured the domestic violence victim to refuse cooperation with the prosecution, or to change the story from the initial statements?  □ Yes □ No □ Unknown

**CIVIL ACTIONS**  
85. *Past, disputed, and pending civil actions*

<table>
<thead>
<tr>
<th>Civil Action</th>
<th>Inplace date: (mm/dd/yyyy)</th>
<th>Disputed</th>
<th>Pending action/decisions Date: (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a – Divorce  
b – Family mediation,  
c – Parenting plan  
d – Visitation  
e – Parenting evaluation  
f – Child support collection  
g – Child abuse/neglect  
h – Civil orders  
i – Standard Domestic Violence petition  
j – Temporary protective order  
k – Final protective order  
l – Restraining order  
m – Anti-harassment order  
n – Other, specify  
□ Yes □ No □ Unknown

**PERPETRATORS INTERVENTION PROGRAMS (PIPs)**

86. How many times had the domestic violence perpetrator been ordered to PIPs?  

87. Was the domestic violence perpetrator ordered to PIPs by more than one jurisdiction?  □ Yes □ No □ Unknown

88. How many times had the domestic violence perpetrator successfully completed a PIP?  

**If the domestic violence perpetrator was in a PIP.**

88a. Was there ever any talk of homicide or suicide?  □ Yes □ No □ Unknown

**If yes,**  
88a1. What actions were taken with reference to domestic violence victim's safety?  
*(Check all that apply)*

a □ Victim contacted and warned  
b □ Perpetrator expelled from program  
c □ Law enforcement notified  
d □ Other, specify
# WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

## CUSTODY

If there were children under 18, what were the custody arrangements?  
(Check all that apply)

<table>
<thead>
<tr>
<th>Victim</th>
<th>Perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>a ☐ Had sole legal custody</td>
<td>a ☐ Had sole legal custody</td>
</tr>
<tr>
<td>b ☐ Had sole physical custody</td>
<td>b ☐ Had sole physical custody</td>
</tr>
<tr>
<td>c ☐ Shared custody</td>
<td>c ☐ Shared custody</td>
</tr>
<tr>
<td>d ☐ Supervised visitation (day and/or overnight)</td>
<td>d ☐ Supervised visitation (day and/or overnight)</td>
</tr>
<tr>
<td>e ☐ Monitored visits</td>
<td>e ☐ Monitored visits</td>
</tr>
<tr>
<td>f ☐ Unsupervised day visitation</td>
<td>f ☐ Unsupervised day visitation</td>
</tr>
<tr>
<td>g ☐ Overnight visits</td>
<td>g ☐ Overnight visits</td>
</tr>
<tr>
<td>h ☐ No visitation</td>
<td>h ☐ No visitation</td>
</tr>
<tr>
<td>i ☐ Other specify</td>
<td>i ☐ Other specify</td>
</tr>
</tbody>
</table>

## Guardian ad Litem

90. Has a guardian ad litem been appointed?  
☐ Yes ☐ No ☐ Unknown

91. Had a court appointed special advocate been appointed?  
☐ Yes ☐ No ☐ Unknown

## Visitation

92. Had the domestic violence victim indicated fear of, or reluctance for an arrangement including unsupervised visitation?  
☐ Yes ☐ No ☐ Unknown

93. Do accessible supervised visitation centers exist in the domestic violence victim’s or the domestic violence perpetrator’s community?  
☐ Yes ☐ No ☐ Unknown

94. Do accessible monitored visitation centers exist in the domestic violence victim’s or the domestic violence perpetrator’s community?  
☐ Yes ☐ No ☐ Unknown

## THREATS REGARDING THE CHILDREN

95. Is there any indication that the following threats were ever made?  
(Indicate the person threatening and the nature of the threat)

<table>
<thead>
<tr>
<th>Victim</th>
<th>Perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Threatened to</td>
<td>Actually did Y/N/U</td>
</tr>
<tr>
<td>a ☐ Take children to seek safe shelter</td>
<td>a ☐ Take children to seek safe shelter</td>
</tr>
<tr>
<td>b ☐ Take children against their will, kidnap</td>
<td>b ☐ Take children against their will, kidnap</td>
</tr>
<tr>
<td>c ☐ Harm the children</td>
<td>c ☐ Harm the children</td>
</tr>
<tr>
<td>d ☐ Kill the children</td>
<td>d ☐ Kill the children</td>
</tr>
<tr>
<td>e ☐ Deny other person contact with children</td>
<td>e ☐ Deny other person contact with children</td>
</tr>
<tr>
<td>f ☐ Harm other family member</td>
<td>f ☐ Harm other family member</td>
</tr>
<tr>
<td>g ☐ Other</td>
<td>g ☐ Other</td>
</tr>
</tbody>
</table>

---

West Virginia Domestic Violence Fatality Review
WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT
CHILD PROTECTIVE SERVICE (CPS) INVOLVEMENT PRIOR TO THE FATALITY

96. Had Child Protective Services been involved with the family prior to the fatality? □ Yes □ No □ Unknown

If yes,

96a. Number of CPS referrals made? ______

96b. Number of CPS referrals substantiated for occurrence of abuse/neglect? ______

97. According to CPS, did any of the referrals allege abuse/neglect by the domestic violence victim? □ Yes □ No □ Unknown

If yes,

<table>
<thead>
<tr>
<th>Date</th>
<th>Allegation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Child Involved Age Gender</th>
<th>Allegation was Substantiated or Unsubstantiated</th>
<th>Open for services? (Yes/No/Unknown)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

98. Had the CPS worker received training regarding the identification of domestic violence and its role in child abuse? □ Yes □ No □ Unknown

99. Did the CPS worker screen for domestic violence? □ Yes □ No □ Unknown

If yes,

99a. Was domestic violence identified as an issue by the CPS worker? □ Yes □ No □ Unknown

99b. Was the domestic violence victim given referrals to a domestic violence program or legal advocacy by the CPS worker? □ Yes □ No □ Unknown

100. Did the domestic violence victim’s safety figure into the CPS plan for the family? □ Yes □ No □ Unknown

If yes,

100a. Specify ______

101. Does the victim or perpetrator allege child abuse when they were a child? V □ Victim P □ Perpetrator B □ Both N □ Neither U □ Unknown

If yes,

<table>
<thead>
<tr>
<th>Victim</th>
<th>Source of information?</th>
<th>Perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>K □ Known</td>
<td>Is the abuse known or suspected?</td>
<td>K □ Known</td>
</tr>
<tr>
<td>S □ Suspected</td>
<td></td>
<td>S □ Suspected</td>
</tr>
<tr>
<td>□ Yes □ No □ Unknown</td>
<td>If known, Was the abuser removed from the home?</td>
<td>□ Yes □ No □ Unknown</td>
</tr>
<tr>
<td>□ Yes □ No □ Unknown</td>
<td>Placed in foster care?</td>
<td>□ Yes □ No □ Unknown</td>
</tr>
</tbody>
</table>
102. Does either the victim or perpetrator have a juvenile delinquent record? V □ Victim  P □ Perpetrator  B □ Both  N □ Neither  U □ Unknown

MEDICAL HISTORY DURING THE PAST YEAR PRIOR TO THE FATAL INCIDENT

103. Primary Care

<table>
<thead>
<tr>
<th>Victim</th>
<th>Source of primary care?</th>
<th>Perpetrator</th>
</tr>
</thead>
</table>
| □ Yes □ No □ Unknown | If yes,  
Name of health care facility | □ Yes □ No □ Unknown |

| □ Yes □ No □ Unknown | Primary care physician? | □ Yes □ No □ Unknown |

104. Medical care visits during the year(s)

Number of injury visits for victim? ______  
Where: a □ Emergency department  
b □ Urgent care clinic  
c □ Primary care  
d □ Other, Specify  
e □ Unknown

Number of injury visits for perpetrator? ______  
Where: a □ Emergency department  
b □ Urgent care clinic  
c □ Primary care  
d □ Other, Specify  
e □ Unknown

105. Medical visits for an injury during the year(s)

<table>
<thead>
<tr>
<th>Victim</th>
<th>Perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No □ Unknown</td>
<td>Was intentionality of the injury documented in the medical record?</td>
</tr>
</tbody>
</table>

If yes,  
Were any of the injuries self-inflicted? □ Yes □ No □ Unknown

If an assault,  
Were any of the injuries the result of an assault? □ Yes □ No □ Unknown

If domestic violence related,  
Was the assault domestic violence related? □ Yes □ No □ Unknown

106. Intentional Injuries

<table>
<thead>
<tr>
<th>Victim</th>
<th>Perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Yes □ No □ Unknown</td>
<td>Intentionality listed as a diagnosis?</td>
</tr>
</tbody>
</table>

If no,  
Was there clear evidence of intentional injury in the medical record, not listed in the diagnosis? □ Yes □ No □ Unknown

□ Yes □ No □ Unknown  
Evidence of serious bodily harm documented in the medical record? □ Yes □ No □ Unknown
107. **Sexual Assault History**

<table>
<thead>
<tr>
<th>Victim</th>
<th>Perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>Was sexual assault evidence collected?</td>
</tr>
<tr>
<td></td>
<td>If yes, Who collected the evidence?</td>
</tr>
<tr>
<td></td>
<td>What type of evidence was collected?</td>
</tr>
<tr>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>Was there appropriate trace evidence?</td>
</tr>
</tbody>
</table>

108. **Referral**

<table>
<thead>
<tr>
<th>Victim</th>
<th>Perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>Was referral made?</td>
</tr>
<tr>
<td>a ☐ Police</td>
<td></td>
</tr>
<tr>
<td>b ☐ Domestic violence program</td>
<td>If yes, Where</td>
</tr>
<tr>
<td>c ☐ Mental health facility</td>
<td></td>
</tr>
<tr>
<td>d ☐ Other, specify</td>
<td>Referral documented in the medical record?</td>
</tr>
<tr>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>Were available resources provided?</td>
</tr>
<tr>
<td></td>
<td>If yes, What type?</td>
</tr>
<tr>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>Resources documented in the medical record?</td>
</tr>
</tbody>
</table>

*If the domestic violence victim was pregnant at the time of the fatality*

109. Had the domestic violence victim received prenatal care during the last pregnancy? ☐ Yes ☐ No ☐ Unknown

*If yes,*

109a. Starting what month of pregnancy? __________

110. Did the prenatal care routinely screen for domestic violence? ☐ Yes ☐ No ☐ Unknown

*If yes,*

110a. Was abuse identified during the course of prenatal care? ☐ Yes ☐ No ☐ Unknown

111. **Disability**

<table>
<thead>
<tr>
<th>Victim</th>
<th>Perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>Physical disability?</td>
</tr>
<tr>
<td></td>
<td>If yes, Describe the disability</td>
</tr>
<tr>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>Was disability work-related?</td>
</tr>
<tr>
<td></td>
<td>If yes, What type of accommodations were required for accessibility?</td>
</tr>
<tr>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>Cognitive disability?</td>
</tr>
<tr>
<td></td>
<td>If yes, Describe the disability</td>
</tr>
<tr>
<td>☐ Yes ☐ No ☐ Unknown</td>
<td>Was disability work-related?</td>
</tr>
<tr>
<td></td>
<td>If yes, What type of accommodations were required for accessibility?</td>
</tr>
</tbody>
</table>
### WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

#### History of substance abuse/mental illness

<table>
<thead>
<tr>
<th>Victim</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Had history of substance abuse?</td>
<td>□ Yes □ No □ Unknown</td>
</tr>
<tr>
<td><strong>If yes,</strong> Indicate by checking all that apply</td>
<td></td>
</tr>
<tr>
<td>a □ Enrollment in substance abuse program specify</td>
<td></td>
</tr>
<tr>
<td>b □ Police reports</td>
<td></td>
</tr>
<tr>
<td>c □ Convictions</td>
<td></td>
</tr>
<tr>
<td>d □ Self identification</td>
<td></td>
</tr>
<tr>
<td>e □ Other, specify</td>
<td></td>
</tr>
<tr>
<td>Known alcoholic?</td>
<td>□ Yes □ No □ Unknown</td>
</tr>
<tr>
<td>Using illicit drugs?</td>
<td>□ Yes □ No □ Unknown</td>
</tr>
<tr>
<td>Using prescription drugs?</td>
<td>□ Yes □ No □ Unknown</td>
</tr>
<tr>
<td><strong>If yes,</strong> therapeutic dosage?</td>
<td></td>
</tr>
<tr>
<td>Has history of mental illness?</td>
<td>□ Yes □ No □ Unknown</td>
</tr>
<tr>
<td><strong>If yes,</strong> indicate by checking all that apply Specify clinic, program, or doctor</td>
<td></td>
</tr>
<tr>
<td>a □ Crisis mental health response</td>
<td></td>
</tr>
<tr>
<td>b □ Inpatient treatment</td>
<td></td>
</tr>
<tr>
<td>c □ Outpatient treatment</td>
<td></td>
</tr>
<tr>
<td>Prescriptions for</td>
<td></td>
</tr>
</tbody>
</table>

#### ACCESS TO HELPING/ACCOUNTABILITY RESOURCES

113. Did the domestic violence victim have access to a working telephone? □ Yes □ No □ Unknown

**If yes,**

113a. Where was the telephone located? □ In their home

b □ At their place of work
c □ At friend/family/neighbors
d □ Other, specify

114. How far did the domestic violence victim have to travel to access community resources in person? ____ Miles

115. How far from the county seat was the victim's address? ____ Miles

116. Did the domestic violence victim have access to transportation? □ Yes □ No □ Unknown

**If yes,**

116a. What type of transportation? □ Own car

b □ Abuser’s car
c □ Borrowed car
d □ Public transportation
e □ Other, specify

117. What emergency assistance services are available? □ 9-1-1 Basic

b □ 9-1-1 Extended
c □ Emergency Medical Services
d □ Other, specify
e □ Unknown

118. Which law enforcement agency has jurisdiction in this area? □ State Police

b □ Sheriff’s office
c □ Municipal police
d □ Other, specify
e □ Unknown
WEST VIRGINIA DOMESTIC VIOLENCE FATALITY REVIEW PROJECT

119. Access to community resources for domestic violence victim
(Check all that apply)

<table>
<thead>
<tr>
<th>Victim</th>
<th>Exists in community</th>
<th>Perpetrator</th>
</tr>
</thead>
<tbody>
<tr>
<td>a □ Community based legal advocacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b □ Domestic violence shelter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c □ Support groups</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d □ Mental health programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e □ Substance abuse programs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f □ Homeless shelter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g □ Criminal proceedings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h □ Civil proceedings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i □ Court based legal advocacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j □ Supervised visitation/drop off</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k □ Police department domestic violence unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l □ Specialized domestic violence prosecutor’s unit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m □ Probation officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n □ Parole officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o □ Other, specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

120. To the team’s knowledge, were any of the following agencies/programs involved with the domestic violence victim or the domestic violence perpetrator in the past 5 years prior to the fatality?
(Check all that apply)

<table>
<thead>
<tr>
<th>Victim</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a □ Anger management program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b □ CHIPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c □ City/County prosecutor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d □ Community/Court based legal advocacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e □ Court/judges, Circuit/Magistrate/Municipal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f □ CPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g □ Domestic violence shelter/safehouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h □ Early intervention services for handicapped children ages 0-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i □ Emergency Medical Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j □ Emergency urgent care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k □ Employment program (TANF – related)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l □ Family law master court</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m □ Family preservation services for children at risk for removal from home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n □ Homeless shelter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o □ Mental health provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p □ Parole officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>q □ Perpetrator’s intervention program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>r □ Private/HMO doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s □ Regional trauma center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t □ Religious community/church/temple</td>
<td></td>
<td></td>
</tr>
<tr>
<td>u □ Sexual assault program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>v □ Substance abuse program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>w □ Supervised visitation/drop off center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>x □ TANF/Food stamps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>y □ WIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>z □ Other, social services, specify</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perpetrator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a □ Anger management program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b □ CHIPs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c □ City/County prosecutor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d □ Community/Court based legal advocacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e □ Court/Judges, Circuit/Magistrate/Municipal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f □ CPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g □ Domestic violence shelter/safehouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h □ Early intervention services for handicapped children ages 0-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i □ Emergency Medical Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j □ Emergency urgent care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>k □ Employment program (TANF – related)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>l □ Family law master court</td>
<td></td>
<td></td>
</tr>
<tr>
<td>m □ Family preservation services for children at risk for removal from home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>n □ Homeless shelter</td>
<td></td>
<td></td>
</tr>
<tr>
<td>o □ Mental health provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>p □ Parole officer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>q □ Perpetrator’s intervention program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>r □ Private/HMO doctor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>s □ Regional trauma center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>t □ Religious community/church/temple</td>
<td></td>
<td></td>
</tr>
<tr>
<td>u □ Sexual assault program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>v □ Substance abuse program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>w □ Supervised visitation/drop off center</td>
<td></td>
<td></td>
</tr>
<tr>
<td>x □ TANF/Food stamps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>y □ WIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>z □ Other, social services, specify</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DOMESTIC VIOLENCE VICTIM’S EFFORTS TO LEAVE/END THE VIOLENCE**

121. If the domestic violence victim was living with the domestic violence perpetrator at the time of the fatal incident, had he/she attempted to move out and/or leave the relationship at a prior time? □ Yes □ No □ Unknown

**HOUSING CONCERNS**

122. Is there any evidence that the domestic violence victim sought shelter? □ Yes □ No □ Unknown

**(Check all that apply)**

122a. Type of program: a □ Domestic violence shelter

b □ Homeless shelter
c □ Transitional/long term shelter
d □ Subsidized housing
e □ Other, specify

122b. Sought out and succeeded in obtaining shelter. For how long?

122c. Sought out and did not succeed in obtaining shelter. Why?
123. If it seems the domestic violence victim was seeking to escape the relationship, what other barriers to leaving were identified by the review team?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

124. Date review completed: ____________________________