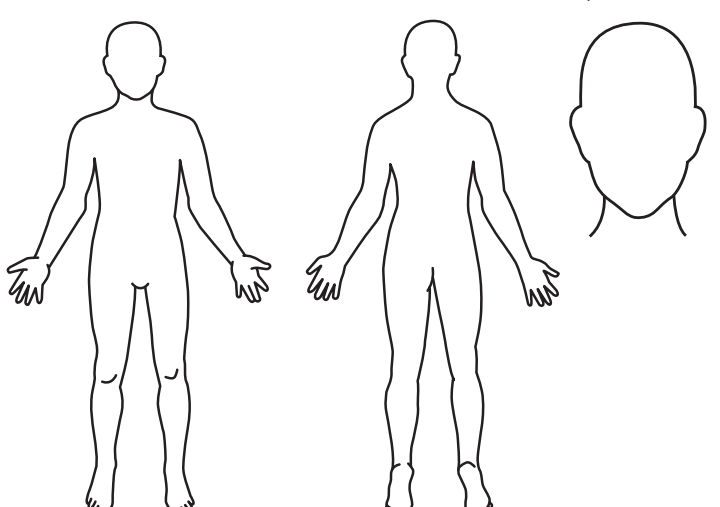


# Idaho Domestic Violence Supplement Case # \_\_\_\_\_

**Risk Assessment of Dangerousness (add # of factors that have at least 1 box marked)** SAFE emergency contact number for victim/s: \_\_\_\_\_  
**1-3 Different Factors** \_\_\_ **4-5 Different Factors** \_\_\_ **6-7 Different Factors** \_\_\_ **Italicized Factor/s** \_\_\_

Appearance/Emotional State					
Victim		Suspect			
Angry	<input type="checkbox"/>	<input type="checkbox"/>	Excited	<input type="checkbox"/>	<input type="checkbox"/>
Threatening	<input type="checkbox"/>	<input type="checkbox"/>	Nervous	<input type="checkbox"/>	<input type="checkbox"/>
Apologetic	<input type="checkbox"/>	<input type="checkbox"/>	Calm	<input type="checkbox"/>	<input type="checkbox"/>
Upset	<input type="checkbox"/>	<input type="checkbox"/>	Intoxicated	<input type="checkbox"/>	<input type="checkbox"/>
Crying	<input type="checkbox"/>	<input type="checkbox"/>	Fled Scene	<input type="checkbox"/>	<input type="checkbox"/>
Fearful	<input type="checkbox"/>	<input type="checkbox"/>	Agitated	<input type="checkbox"/>	<input type="checkbox"/>
Unable to Talk	<input type="checkbox"/>	<input type="checkbox"/>			

Name \_\_\_\_\_ Age \_\_\_\_ Victim \_\_\_\_\_ Suspect \_\_\_\_\_  
 Male \_\_\_\_\_ Female \_\_\_\_\_ Ht. \_\_\_\_ Wt. \_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_



Medical	Children																				
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #cccccc;">Victim</th> <th style="background-color: #cccccc;">Suspect</th> </tr> </thead> <tbody> <tr> <td>Refused Medical Assistance</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>First Aid EMT</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>Emergency Room</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>Pregnant</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>Vulnerable Adult</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr> <td>Location of treatment _____</td><td></td><td></td></tr> </tbody> </table>	Victim	Suspect	Refused Medical Assistance	<input type="checkbox"/>	<input type="checkbox"/>	First Aid EMT	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Room	<input type="checkbox"/>	<input type="checkbox"/>	Pregnant	<input type="checkbox"/>	<input type="checkbox"/>	Vulnerable Adult	<input type="checkbox"/>	<input type="checkbox"/>	Location of treatment _____			<input type="checkbox"/> Children present during incident <input type="checkbox"/> Prior reported child abuse <input type="checkbox"/> Allegation of current child abuse By whom _____
Victim	Suspect																				
Refused Medical Assistance	<input type="checkbox"/>	<input type="checkbox"/>																			
First Aid EMT	<input type="checkbox"/>	<input type="checkbox"/>																			
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Pregnant	<input type="checkbox"/>	<input type="checkbox"/>																			
Vulnerable Adult	<input type="checkbox"/>	<input type="checkbox"/>																			
Location of treatment _____																					

## Factor 1: History of Domestic Violence

**Provided by:** **Victim** \_\_\_\_\_ **Suspect** \_\_\_\_\_ **Other:** \_\_\_\_\_

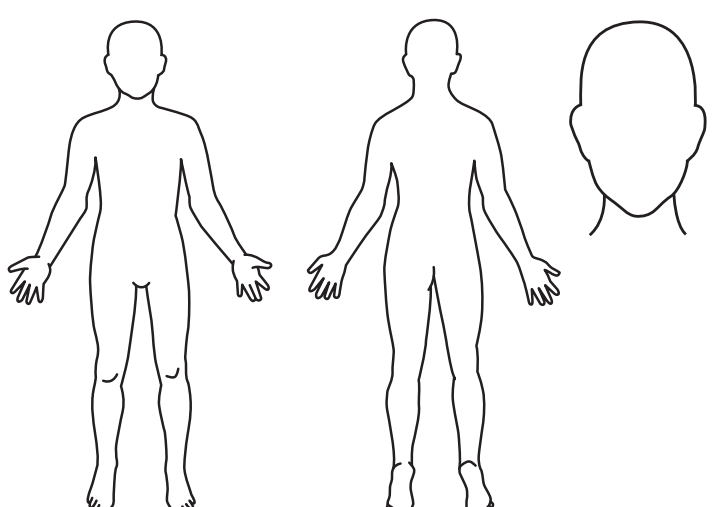
**A** Current Civil Protection Order  
 **B** Current Criminal No Contact Order  
 **C** No Contact Order or Protection Order violation today  
 If so, by whom \_\_\_\_\_  
 **D** Recent escalation of violence  
 **E** Prior unwanted physical contact  
 **F** Does victim report threat of future harm  
 **G** Caused serious injury to another in prior incident  
 **H** ***CURRENT STALKING BEHAVIORS*** "Provide specific details in narrative"  
 **I** ***HAS FORCED PARTNER TO HAVE SEXUAL CONTACT***  
 **J** Previous attempt(s) of strangulation  
 **K** Threatened abuse or allegation of abuse of animals  
 **L** ***ACTS OF VIOLENCE WHILE VICTIM WAS PREGNANT***

**Victim perception of future risk:** **Low** \_\_\_\_\_ **Medium** \_\_\_\_\_ **High** \_\_\_\_\_

**Weapons**

<input type="checkbox"/> <b>M</b> Access to weapons	<input type="checkbox"/> <b>Q</b> <i><b>CURRENT ATTEMPTED STRANGULATION</b></i>
<input type="checkbox"/> <b>N</b> Prior use of weapons to injure or threaten	<input type="checkbox"/> <b>R</b> Breathing difficulty
<input type="checkbox"/> <b>O</b> Weapon moved	<input type="checkbox"/> <b>S</b> Voice change
Type: _____	<input type="checkbox"/> <b>T</b> Swallowing changes
<input type="checkbox"/> <b>P</b> Seized	<input type="checkbox"/> <b>U</b> Behavioral changes
	<input type="checkbox"/> <b>V</b> Loss of consciousness

Name \_\_\_\_\_ Age \_\_\_\_ Victim \_\_\_\_\_ Suspect \_\_\_\_\_  
 Male \_\_\_\_\_ Female \_\_\_\_\_ Ht. \_\_\_\_ Wt. \_\_\_\_ Hair color \_\_\_\_\_ Eye Color \_\_\_\_\_



## Factor 2: Threat to Kill

**A** Specific threats to kill victim  
 **B** Specific threats to kill children or \_\_\_\_\_  
 **C** Displaying weapon at time of threat

## Factor 3: Threats of Suicide

**A** Suspect suicidal. Number of attempts & date of most recent \_\_\_\_\_  
 **B** Depression or other mental illness  
 **C** Other stressors \_\_\_\_\_

## Factor 4: Separation

**A** ***RECENT SEPARATION***  
 **B** Recent or imminent court action  
 **C** Loss of employment

## Factor 5: Coercive/Controlling Behavior

**A** Threats and intimidation  
 **B** Destruction of property or pets  
 **C** Monitoring by suspect (GPS, cell phone)  
 **D** Isolating of victim  
 **E** ***EXTREME POSSESSIVENESS***

## Factor 6: Prior Police Contact

<input type="checkbox"/> <b>A</b> Prior Civil Protection Order	<input type="checkbox"/> <b>D</b> Violation
<input type="checkbox"/> <b>B</b> Prior Criminal No Contact Order	<input type="checkbox"/> <b>E</b> Violation
<input type="checkbox"/> <b>C</b> Other prior police contact	

## Information/Assistance and Community Referral

<b>Victim</b> <input type="checkbox"/> <b>A</b> Provided domestic violence Information per Idaho Code 39-6316 <input type="checkbox"/> <b>B</b> Asked if accommodation needed <input type="checkbox"/> <b>C</b> Contacted victim services <input type="checkbox"/> <b>D</b> DV Packet Other: _____	<b>Referrals (if necessary)</b> <input type="checkbox"/> <b>A</b> Adult Protective Services <input type="checkbox"/> <b>B</b> Child Protective Services <input type="checkbox"/> <b>C</b> Humane Society
--	---

## Factor 7: Alcohol or Drug Abuse by Suspect

**A** Drug and/or alcohol abuse  
 **B** Under the influence when current altercation started  
 If so, what type and quantity: \_\_\_\_\_

**Notified by:**  911 Call  Non-Emergency Dispatch  
 Officer Initiated  Other \_\_\_\_\_

Officer completing form \_\_\_\_\_  
 Date \_\_\_\_\_ Time \_\_\_\_\_

**Submit**

The Domestic Violence Supplement does not take the place of a narrative. Domestic violence cases are complex. If there are additional observations or if a victim is unable or unwilling to respond to the questions, indicate such in the narrative. The seven risk factors are numbered and are in red (color copies) boxes or darker gray boxes. Some studies indicate that the italicized observations may be significant predictors of lethality. Form date: March 2021.

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