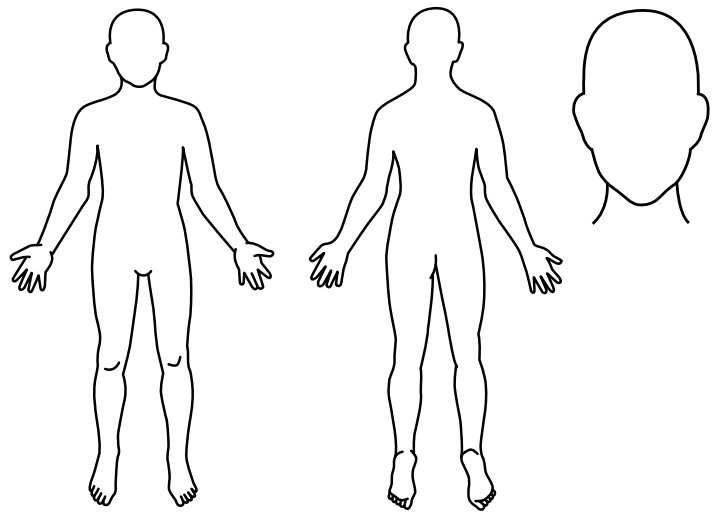


Idaho Domestic Violence Supplement Case # _____

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 Lethality 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	
	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 _____	

Factor 1: History of Domestic Violence

Provided by: Victim Suspect Other: _____

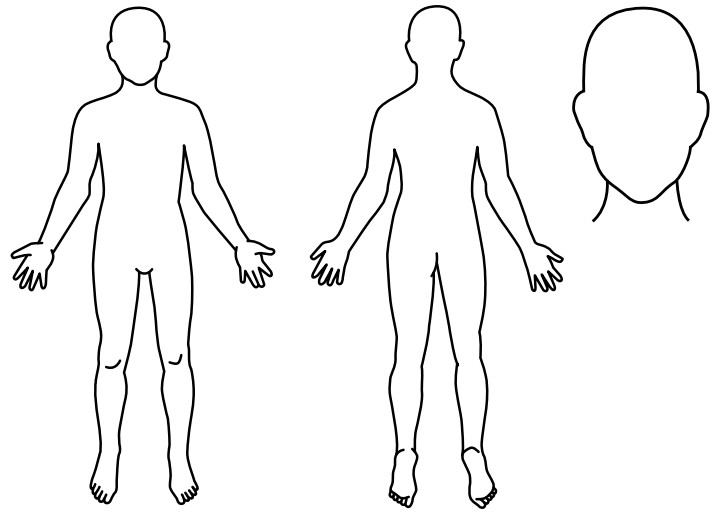
Current Civil Protection Order
 Current Criminal No Contact Order
 No Contact Order or Protection Order violation today
 If so, by whom _____
 Recent escalation of violence
 Prior unwanted physical contact
 Does victim report threat of future harm
 Caused serious injury to another in prior incident
 Stalking behaviors. Provide specific details in narrative.
 HAS FORCED PARTNER TO HAVE SEX
 Previous attempt(s) of strangulation
 Threatened abuse or allegation of abuse of animals

Victim perception of future risk: Low Medium High

Weapons

<input type="checkbox"/> Access to weapons	<input type="checkbox"/> ATTEMPTED STRANGULATION
<input type="checkbox"/> Prior use of weapons to injure or threaten	<input type="checkbox"/> Breathing difficulty
<input type="checkbox"/> Weapon moved	<input type="checkbox"/> Voice change
Type: _____	<input type="checkbox"/> Swallowing changes
<input type="checkbox"/> Seized	<input type="checkbox"/> Behavioral changes
	<input type="checkbox"/> Loss of consciousness

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



Factor 2: Threat to Kill

Specific threats to kill victim
 Specific threats to kill children or _____
 Displaying weapon at time of threat

Factor 3: Threats of Suicide

Suspect suicidal. Number of attempts & date of most recent _____
 Depression or other mental illness
 Other stressors _____

Factor 4: Separation

RECENT SEPARATION
 Recent or imminent court action
 Loss of employment

Factor 5: Coercive/Controlling Behavior

Threats and intimidation
 Destruction of property or pets
 Monitoring by suspect (GPS, cell phone)
 Isolating of victim
 EXTREME POSSESSIVENESS

Factor 6: Prior Police Contact

<input type="checkbox"/> Prior Civil Protection Order	<input type="checkbox"/> Violation
<input type="checkbox"/> Prior Criminal No Contact Order	<input type="checkbox"/> Violation
<input type="checkbox"/> Other prior police contact	

Information/Assistance and Community Referral

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

Factor 7: Alcohol or Drug Abuse by Suspect

Drug and/or alcohol abuse
 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 _____

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: November 2012.