|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Officer Name: | Badge #: | Department/Precinct: | | Case #: | |
| Victim Name: | DOB:  \_\_ /\_\_ /\_\_\_\_\_ | Sex: | Race/Ethnicity: | Date:  \_\_/\_\_/\_\_\_\_\_ | Time:  am/pm |
| Victim Phone: ( ) – | Is this a safe #? Yes No | | Relationship to offender:­ | | |
| Offender’s name: | | Consent to follow-up call from service provider: Yes No | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| ***A “Yes” response to any of Questions 1-4 will require law enforcement to advise the victim they are in a potentially lethal situation.*** | | | |
| 1. Did they ever use a weapon against you or threaten you with a weapon? | Yes | No | No Ans |
| 1. Did they ever threaten to kill you or your children? | Yes | No | No Ans |
| 1. Do you believe they will try to kill you? | Yes | No | No Ans |
| 1. Have they ever choked you or attempted to choke you? | Yes | No | No Ans |
| ***A “No” response to Questions 1-4, but a “Yes” response to at least four of the questions between Questions 5-11 will require law enforcement to advise the victim they are in a potentially lethal situation.*** | | | |
| 1. Do they have a gun or could they easily obtain a gun? | Yes | No | No Ans |
| 1. Are they violently or constantly jealous, or do they control most of your daily activities? | Yes | No | No Ans |
| 1. Did you leave or separate from them after you were living together or married? | Yes | No | No Ans |
| 1. Are they unemployed? | Yes | No | No Ans |
| 1. To the best of your knowledge, have they ever attempted suicide? | Yes | No | No Ans |
| 1. Do you have a child who they believe is not their biological child? | Yes | No | No Ans |
| 1. Have they ever followed, spied on, or left threatening messages for you? | Yes | No | No Ans |
| ***If the result of the victim’s response to Question 12 leads the law enforcement officer to believe the victim is in a potentially lethal situation, then law enforcement will be required to advise the victim of that result.*** | | | |

1. Is there anything else that worries you about your safety? If so, what worries you?

|  |  |
| --- | --- |
| Check one: | The victim declined to be screened. |
| The officer could not administer the screen. |
| The victim is in a potentially lethal situation based on score. |
| The victim is in a potentially lethal situation based on the officer’s belief. |
| The victim is not in a potentially lethal situation. |
| **Remember:** Law enforcement must advise *all* victims of the nearest locally certified domestic violence center, regardless of score or officer belief. | |

*Each situation may present unique factors that influence risk for lethal violence that are not captured in this assessment. Although most victims who are believed to be in a potentially lethal situation would not be expected to be killed, these victims face a much higher risk than other victims of intimate partner violence.*