



Charlotte County Sheriff's Office Domestic Violence Assessment

Case Number:		Click or tap here to enter text.	
Date and Time Reported:			
Date		Enter Time	
Subject #1 Name:		Subject #2 Name;	
Last, First, Middle Init		Last, First, Middle Init	
Brief Description of Incident:			
Click or tap here to enter text.			
	Subject 1	Subject 2	
Subject Refused:	Choose	Choose	
Is this a Domestic Incident?	Choose	Choose	
Intimate Partner Violence?	Choose	Choose	
Alcohol or Drugs?	Choose	Choose	
Was an Advocate contacted?	Choose	Choose	
Has the perpetrator ever used a weapon against you or threatened you with a weapon?	Choose	Choose.	
Has the perpetrator ever threatened to kill you or your children?	Choose	Choose	
Do you think the perpetrator is capable of killing you?	Choose	Choose.	
Does he/she have access to a firearm?	Choose	Choose	
Have you and your partner ever been separated?	Choose	Choose	
Has your partner ever tried to commit suicide?	Choose	Choose	
Has your partner ever placed their hands or an object around your throat?	Choose	Choose	
Officer Name and Badge Number:			
Enter text.			