

GULF STREAM POLICE DEPARTMENT

RISK ASSESSMENT FORM

OFFICER: _____ DATE: _____ CASE#: _____

OFFENDERS NAME: _____ D.O.B.: _____ Arrested: ☐ Y ☐ N

VICTIMS NAME: _____ D.O.B.: _____

VICTIMS PHONE#: _____ ALT PHONE#: _____

BEST TIME TO CALL VICTIM: _____ VICTIM TRANSPORTED TO SHELTER? ☐ YES ☐ NO

Check here is victim refuses to answer ALL these questions.

A "YES" RESPONSE TO QUESTIONS 1 – 3 AUTOMATICALLY TRIGGERS A VICTIM ADVOCATE REFERRAL AT 561-833-7273	
1. Has he/she ever used a weapon against you or threatened you with a weapon?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO ANS.
2. Has he/she threatened to kill you or your children?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO ANS.
3. Do you think he/she might try to kill you?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO ANS.
A "YES" RESPONSE TO 4 OR MORE OF QUESTIONS 4-14 AUTOMATICALLY TRIGGERS A VICTIM ADVOCATE REFERRAL	
4. Does he/she have a gun or can he/she get one easily?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO ANS.
5. Has he/she ever tried to choke you?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO ANS.
6. Is he/she violent, constantly jealous or does he/she control most of your daily activities?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO ANS.
7. Does he/she follow you, spy on you, or leave you threatening messages?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO ANS.
8. Have you left him/her, separated after living together or being married?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO ANS.
9. Is he/she unemployed?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO ANS.
10. Has he/she ever tried to kill himself/herself?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO ANS.
11. Do you have a child or children together?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO ANS.
12. Do you have a child or children that he/she knows is not theirs?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO ANS.
13. Has he/she been physical towards the child(ren) in a manner that concerns you?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO ANS.
14. Does he/she have an alcohol or substance abuse problem?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NO ANS.
If "YES" to Question 14, list substance(s): _____	
AN OFFICER MAY TRIGGER A VICTIM ADVOCATE REFERRAL, IF NOT ALREADY TRIGGERED BY QUESTIONS ABOVE WHENEVER THE OFFICER BELIEVES THAT THE VICTIM IS IN A POTENTIALLY LETHAL SITUATION.	
Is there anything else that concerns you about your safety? If so, explain:	
Check One: Victim screened-in according to protocol Victim screened-in based on belief of officer Victim did not screen-in	Officer decided not to screen victim, WHY?
If victim screened in:	After advising him/her of a high danger assessment, did the victim speak with a Victim's Advocate? <input type="checkbox"/> YES <input type="checkbox"/> NO
NOTE: The questions above and the criteria for determining the level of risk a victim faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screening. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risks than that of other victims of intimate partner violence.	