



# DOMESTIC INTERVENTION SUPPLEMENT:

Victim's response page-

**Officer: Was an arrest made? YES or NO If yes complete Supplement**

**Officer: Has the Suspect or Victim been intimate? Yes or No If yes complete Supplement**

Victim Name: \_\_\_\_\_

**1. Check any words listed below that describe how you were abused.**

- |        |                         |                         |                    |
|--------|-------------------------|-------------------------|--------------------|
| Pushed | Pulled hair             | Attempted strangulation | Threatened to harm |
| Kicked | Attempted to suffocate  | Used chemicals          | Verbal abuse       |
| Burned | Slapped with open hand  | Threw objects           | Emotional abuse    |
| Bitten | Struck with closed fist | Scratched               | Financial abuse    |
| Shoved | Struck with object      | Banged head             | Sexual abuse       |

2. I estimate the total number of times I was struck to be \_\_\_\_\_
3. Has he or she ever used a weapon against you or threatened to? \_\_\_\_\_
4. Has he or she threatened to kill you or your children? \_\_\_\_\_
5. Do you think he or she might try to kill you? \_\_\_\_\_
6. Does he or she have a gun they can get to easily? \_\_\_\_\_
7. Has he or she ever attempted to choke you? \_\_\_\_\_
8. Is he or she violent or constantly jealous or controlling? \_\_\_\_\_
9. Have you left him or her after living together or being married? \_\_\_\_\_
10. Do you have a child that is not theirs? \_\_\_\_\_
11. Has he or she ever attempted suicide? \_\_\_\_\_
12. Is he or she unemployed? \_\_\_\_\_
13. Does he or she spy on you or leave threatening messages? \_\_\_\_\_

**Children:**

Name:	Date of Birth	Sex	School or Daycare	Lives with?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

14. Has any of the children witnessed the abuse? \_\_\_\_\_
15. Have any of the children been struck or injured as a result of the abuse? \_\_\_\_\_
16. Are there currently any orders that prohibit contact between you and the suspect? \_\_\_\_\_
17. How many times have you or someone else called for help involving the suspect? \_\_\_\_\_

Completed by: \_\_\_\_\_

Reporting Officer: \_\_\_\_\_ Badge ID# \_\_\_\_\_

Case# \_\_\_\_\_

