

# DOMESTIC VIOLENCE ASSESSMENT

Chicago Police Department

INCIDENT INFORMATION	DATE OF OCCURRENCE		TIME OF OCCURRENCE		ADDRESS OF INCIDENT		
	BEAT OF OCCUR.	BEAT OF ASSIGN.	EVENT NO.		R D NO.	TYPE OF OFFENSE	
	VICTIM'S NAME (LAST, FIRST)					PHONE NO.	
	RELATIONSHIP TO OFFENDER				PRIMARY LANGUAGE SPOKEN	INTERPRETER NEEDED?	IF NEEDED, REFER TO SPECIAL ORDER S02-01-05 "LIMITED ENGLISH PROFICIENCY"
	OFFENDER'S NAME (LAST, FIRST)				DESCRIPTION	IS OFFENDER IN CUSTODY?	

ASSESSMENT		<b>YES</b>	<b>NO</b>	<b>NO ANSWER</b>
	1. HAS THE OFFENDER EVER USED OR THREATENED TO USE A WEAPON AGAINST YOU, YOUR CHILDREN, OR SOMEONE YOU CARE ABOUT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. HAS THE OFFENDER THREATENED TO KILL YOU , YOUR CHILDREN, OR SOMEONE YOU CARE ABOUT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. HAS THE OFFENDER EVER TRIED TO CHOKE YOU?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. CAN THE OFFENDER OBTAIN A GUN EASILY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. HAS THE OFFENDER EVER PREVENTED YOU FROM LEAVING, SEEKING ASSISTANCE, OR CALLING THE POLICE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. IS THE OFFENDER VIOLENTLY OR CONSTANTLY JEALOUS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. DOES THE OFFENDER CONTROL MOST OF YOUR DAILY ACTIVITIES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. HAVE YOU LEFT THE OFFENDER OR SEPARATED DUE TO DOMESTIC VIOLENCE OR ABUSE AFTER LIVING TOGETHER OR BEING MARRIED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9. HAS THE OFFENDER EXPERIENCED RECENT CHANGES THAT CAUSED MORE STRESS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10. HAS THE OFFENDER TRIED OR THREATENED TO COMMIT SUICIDE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11. DO YOU HAVE A CHILD THAT IS NOT THE OFFENDER'S?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12. HAS THE OFFENDER FOLLOWED, THREATENED, OR MADE UNANNOUNCED VISITS TO YOUR WORKPLACE, SCHOOL, OR OTHER LOCATION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13. DO YOU KNOW IF THERE IS A COURT ORDER AGAINST THE OFFENDER?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WAIVER	I UNDERSTAND THAT BY SIGNING THIS FORM, I AUTHORIZE THE CHICAGO POLICE DEPARTMENT TO PROVIDE MY DOMESTIC VIOLENCE ASSESSMENT INFORMATION TO THE CHICAGO POLICE DEPARTMENT'S DOMESTIC VIOLENCE PROGRAM, FAMILY RESCUE, OR THE CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN WHO PROVIDE SUPPORT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THAT THEY MAY CONTACT ME.		
	SIGNATURE _____	DATE _____	<input type="checkbox"/> REFUSED _____ VICTIM'S INITIALS

AFTER THE VICTIM WAS ADVISED OF POSSIBLE RISK OF HARM, DID THE VICTIM SPEAK TO THE DOMESTIC VIOLENCE HOT LINE AT 1-877-863-6338 OR 1-877-863-6339 (TTY)?  YES  NO

DURING THIS INCIDENT, DID THE OFFENDER USE OR THREATEN TO USE A WEAPON AGAINST THE VICTIM; THREATEN TO KILL THE VICTIM, THEIR CHILDREN OR SOMEONE THEY CARE ABOUT; OR TRY TO CHOKE THE VICTIM?  YES  NO

EMAILED TO THE BUREAU OF DETECTIVES		DATE & TIME EMAILED		RD NO.
<input type="checkbox"/> AREA 1 <input type="checkbox"/> AREA 2 <input type="checkbox"/> AREA 3 <input type="checkbox"/> AREA 5				
OFFICER'S NAME (PRINT LAST, FIRST)	SIGNATURE	STAR NO.	DATE & TIME SUBMITTED	
OFFICER'S NAME (PRINT LAST, FIRST)	SIGNATURE	STAR NO.	DATE & TIME SUBMITTED	
APPROVING SUPERVISOR (PRINT)	SIGNATURE	STAR NO.	DATE & TIME APPROVED	
ENTERED INTO THE CLEARNET SYSTEM <input type="checkbox"/>	EMAILED TO THE STATE'S ATTORNEY'S OFFICE <input type="checkbox"/>			
DATE	TIME	DATE	TIME	
<input type="checkbox"/> 14TH DISTRICT	<input type="checkbox"/> 3RD DISTRICT	<input type="checkbox"/> 4TH DISTRICT	<input type="checkbox"/> 5TH DISTRICT	<input type="checkbox"/> 10TH DIST. <input type="checkbox"/> 12TH DIST. <input type="checkbox"/> 19TH DIST.
EMAILED TO THE CONNECTIONS FOR ABUSED WOMEN AND THEIR CHILDREN <input type="checkbox"/>	EMAILED TO FAMILY RESCUE <input type="checkbox"/>	EMAILED TO DVAs@chicagopolice.org <input type="checkbox"/>		
DATE	TIME	DATE	TIME	