

Person (Primary Client) Information

Completed By: _____

Date: _____

Client's Last Name: _____

Client's First Name: _____ MI: _____

Pseudonym: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Sex (circle one): M F

Other Phone: _____ Age or DOB: _____

Work Phone: _____ Place of Employment: _____

Education (check one):

Less than 12 Years _____ High School Graduate _____
Some College _____ College Graduate _____
Vocational Training _____ Unknown _____

Is this person (check one):

Homeless? Yes _____ No _____
At Risk of Homelessness? Yes _____ No _____

Race (check one):

American Indian/Native Alaskan _____ Anglo (non-
Hispanic White) _____ Asian/Pacific Islander _____ Black
(non-Hispanic Black) _____ Hispanic _____ Multi-
Racial _____ Other _____ Unknown _____

If the person is Homeless or Near Homeless please specify if the individual is one of the following (check one): (Note: The is marked as "Status" on the screen.)

Unaccompanied Male _____ Unaccompanied Female _____
Single Parent Family _____ Two Parent Family _____ Adult
Couple No Children _____ Unaccompanied Youth Under 18
(excluding state wards) _____ State Ward _____
Unknown _____

Primary Language (check one):

Asian _____ English _____ Lakota _____ Other _____
Spanish _____ Vietnamese _____ Unknown _____

Does this person have a disability? (check one):

Yes _____ No _____ Unk _____

Primary Income (check one):

Job/Employed _____ Job Training Stipend _____ None _____
Other _____ Social Security/Retirement _____ Spouse/
Partner _____ SSI/Disability _____ TANF _____
Unknown _____

_____ Check if there is a Release of information/Picture/
Protection Order in Agency file

Income Range (check one):

\$0 _____ \$0 - 10,000 _____ \$10,000 - 20,000 _____
\$20,000 - \$30,000 _____ \$30,000 _____ Unknown _____

(Number in Family: _____)

Currently Receiving TANF: Yes _____ No _____ Unk _____

Incident Information

Completed By: _____

Client's Last Name: _____	
Client's First Name: _____	MI: _____
Incident Date: _____	Date Reported: _____
Incident # _____	

Type of Incident/ Victimization (Number up to 3):

(Note: Only the Primary Victimization (#1) will be included on reports)

- _____ Adolescent Sexual Assault
- _____ Adult Survivor of Incest/Child Sexual Abuse
- _____ Arson
- _____ Assault
- _____ Auto Theft
- _____ Bomb threat
- _____ Burglary
- _____ Business
- _____ Child Abuse/Physical
- _____ Child Abuse/Sexual
- _____ Criminal Mischief
- _____ Dating Violence
- _____ Disturbance
- _____ Domestic Violence
- _____ DWI/DUI
- _____ Elder Abuse
- _____ False Imprisonment
- _____ Fraud/Forgery
- _____ Homicide Survivors
- _____ Indecent Exposure
- _____ Kidnapping/Abduction
- _____ Lost/Stolen Item(s)
- _____ Miscellaneous Other _____
- _____ Motor Vehicle Homicide
- _____ Prowler
- _____ Robbery
- _____ Sexual Assault/Adult
- _____ Stalking
- _____ Suspicious Person
- _____ Telephone Offenses
- _____ Theft
- _____ Threats
- _____ Trespass
- _____ Vandalism
- _____ Violating Protection Order
- _____ Weapon Violation

Case Disposition (check all that apply):

- _____ Incident Reported
- _____ Arrest Made
- _____ Crime Prosecuted
- _____ Incident Not Reported
- _____ Crime Victim Compensation Filed
- _____ Warrant Issued
- _____ Unknown

If the Primary Victimization is "Domestic Violence:"

Was Victim/Client living with the Offender at the time of the latest incident? Yes _____ No _____ Unk _____

Number of Children in the Home: _____

of children who witnessed the incident

Yes _____ No _____ Unk _____

of children physically harmed during the incident

Yes _____ No _____ Unk _____

of children suspected of being sexual abuse

Yes _____ No _____ Unk _____

Victimization

Completed By: _____

Client's Last Name: _____	Incident # _____
Client's First Name: _____	MI: _____
County where incident occurred: _____	

Type of Abuse (check all that apply):

- Physical Abuse
- Sexual Abuse
 - Exposing
 - Fondling/Masturbation
 - Penetration
- Stalking/Harassment
- Verbal/Emotional/Psychological Abuse
- Not Applicable

Physical Impact (check all that apply):

- Broken Bones Bruises, Cuts, Scrapes
- Burns Head Injury Internal Injuries
- No Visible Injuries Other Pregnancy
- STD Choked Unknown

Weapons Used (check all that apply):

- Automobile Fists, Hands, Body Gun
- Knife No Weapon Object
- Unidentified Weapon Unknown

Relationship to offender (check one):

- Acquaintance
- Adult in Supervisory Role/Day Care Worker
- Boyfriend/Girlfriend
- Child
- Co-Habiting Adult
- Co-Worker
- Date
- Ex-Spouse/Ex-Co-Habiting Adult
- Ex-Boyfriend/Girlfriend (never lived together)
- Friend
- Grandparent
- Neighbor
- Other Relative
- Parent
- Roommate, Landlord, Tenant
- Sibling
- Spouse, Living Together
- Spouse, Separated
- Step Parent
- Stranger
- Therapist/Clergy
- Unknown
- Unrelated Child

Episode Location (check one):

- Automobile/Vehicle Person's Home
- Offender's Home Home Shared by Person & Offender Other Home/Building
- Outdoors School/Workplace Other
- Unknown

Duration of Abuse (check one):

- Single Incident Less than one year 1-3 years 3-5 years 6-10 years 11+ years Unknown

Alcohol/Drugs Involved (check one):

- Yes No

Animal abused or harmed (check one):

- Yes No

Medical Attention (check all that apply):

- Sought Treatment Hospitalized
- No Medical Treatment Sought Unknown

Sexual Assault Forensic Exam (check one):

- Exam Completed by Physician/Nurse
- Exam Completed by SANE
- Partial Exam Completed
- No Exam Completed

Current Court Orders (check all that apply):

- DV Protection Order Issued on Behalf of Client
- DV Protection Order Issued Against Client
- Harassment Protection Order Issued on Behalf of Client
- Harassment Protection Order Issued Against Client
- Civil Restraining Order Issued on Behalf of Client
- Civil Restraining Order Issued Against Client
- Custody Order in Effect
- No-Contact Order Issued on Behalf of Client
- No-Contact Order Issued Against Client

Offender Information

Completed By: _____

Primary Client/Victims Name: _____

Incident # _____

Date of Offense: _____

Date Reported: _____

Offender's Last Name: _____

Offender's First Name: _____ MI: _____

Pseudonym: _____

Sex (circle one): M F Age or DOB: _____

Education (check one):

Less than 12 Years _____ High School Graduate _____
Some College _____ College Graduate _____ Vocational
Training _____ Unknown _____

Primary Language (check one):

Asian _____ English _____ Lakota _____ Other _____
Spanish _____ Vietnamese _____ Unknown _____

Race (check one):

American Indian/Native Alaskan _____ Anglo (non-
Hispanic White) _____ Asian/Pacific Islander _____ Black
(non-Hispanic Black) _____ Hispanic _____ Multi-
Racial _____ Other _____ Unknown _____

Does this person have a disability? (check one):

Yes _____ No _____ Unk _____

Has this person had prior court orders issued against them? (check one):

Yes _____ No _____ Unknown _____

Primary Income (check one):

Job/Employed _____ Job Training Stipend _____ None _____
Other _____ Social Security/Retirement _____ Spouse/
Partner _____ SSI/Disability _____ TANF _____ Unknown _____

If yes, was/were the order(s) violated? check one):

Yes _____ No _____ Unknown _____

Income Range (check one):

\$0 _____ \$0 - 10,000 _____ \$10,000 - 20,000 _____
\$20,000 - \$30,000 _____ \$30,000 _____ Unknown _____

Case Disposition (check all that apply)

____ Incident Reported
____ Arrest Made
____ Crime Prosecuted
____ Incident Not Reported
____ Crime Victim Compensation Filed
____ Warrant Issued
____ Unknown

Witness/Secondary Victim Information

Completed By: _____

Associated with (enter client's name or ID number): _____

Incident # _____

Last Name: _____			
First Name: _____			MI: _____
Relationship to Primary Client/Victim: _____			
Address: _____			
City: _____	State: _____	Zip: _____	County: _____
Home Phone: _____	Sex (circle one):	M	F
Other Phone: _____	Age or DOB: _____		
Work Phone: _____			

Race (check one):

American Indian/Native Alaskan ___ Anglo (non-Hispanic White) ___ Asian/Pacific Islander ___ Black (non-Hispanic Black) ___ Hispanic ___ Multi-Racial ___ Other ___ Unknown ___

Primary Language (check one):

Asian ___ English ___ Lakota ___ Other ___ Spanish ___ Vietnamese ___ Unknown ___

Does this person have a disability? (check one):

Yes ___ No ___ Unk ___

If Under 18 years of age, he/she is

___ Enrolled in School
___ Not Enrolled in School because on Summer Break
___ Not Enrolled in School because Under Age
___ Not Enrolled in School because Suspended/Expelled
___ Not Enrolled in School because of Residency/
Guardianship Requirement
___ Not Enrolled in School because of Lack of Records
(Birth Certificate, Immunizations, etc)
___ Graduated from High School
___ Not Enrolled in School because of Lack of
Transportation
___ Other
___ Unknown

Telephone Contact Sheet

Completed By: _____

Date of Call: _____

Person Making Contact: _____

Check one of the following:

- Incoming Call
- Outgoing Call

Time Spent: _____

Type of Call (check one):

- Primary Victim/Witness
- Secondary Victim/Witness
- Abuser/Perpetrator/Offender
- Advocacy Call
- Information Request
- Speaker Request
- Donation
- Volunteer Opportunities

Caller's Name: _____ Client Name _____

(If different than caller)

Incident # _____

If Caller is Primary or Secondary Victim:

Sex (circle one): M F

Age (if known): _____

County Calling From (if known):

Race (if known):

- American Indian/Native Alaskan
- Anglo (non-Hispanic White)
- Asian/Pacific Islander
- Black (non-Hispanic Black)
- Hispanic
- Multi-Racial
- Other
- Unknown

Type of Incident/ Victimization: (check one)

- | | |
|--|--|
| <input type="checkbox"/> Adolescent Sexual Assault | <input type="checkbox"/> Kidnapping/Abduction |
| <input type="checkbox"/> Adult Survivor of Incest/ | <input type="checkbox"/> Lost/Stolen Item(s) |
| <input type="checkbox"/> Child Sexual Abuse | <input type="checkbox"/> Miscellaneous Other:
_____ |
| <input type="checkbox"/> Arson | |
| <input type="checkbox"/> Assault | <input type="checkbox"/> Motor Vehicle Homicide |
| <input type="checkbox"/> Auto Theft | <input type="checkbox"/> Prowler |
| <input type="checkbox"/> Bomb threat | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Sexual Assault/Adult |
| <input type="checkbox"/> Business | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Child Abuse/Physical | <input type="checkbox"/> Suspicious Person |
| <input type="checkbox"/> Child Abuse/Sexual | <input type="checkbox"/> Telephone Offenses |
| <input type="checkbox"/> Criminal Mischief | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Dating Violence | <input type="checkbox"/> Threats |
| <input type="checkbox"/> Disturbance | <input type="checkbox"/> Trespass |
| <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Vandalism |
| <input type="checkbox"/> DWI/DUI | <input type="checkbox"/> Violating Protection Order |
| <input type="checkbox"/> Elder Abuse | <input type="checkbox"/> Weapon Violation |
| <input type="checkbox"/> False Imprisonment | |
| <input type="checkbox"/> Fraud/Forgery | |
| <input type="checkbox"/> Homicide Survivors | |
| <input type="checkbox"/> Indecent Exposure | |

Type of Contact (check one):

- Crisis Counseling
- Follow-up Contact
- Personal Advocacy

Service Provided (check all that apply):

- Info on/ Referral to
- Community Services
- Shelter
- Transportation
- Emergency Financial Assistance
- Medical Advocacy/Support
- Victim Compensation Claim
- VINE
- General Criminal Justice Info/ Support/ Advocacy
- Info on release of custody
- Parole Information
- General Civil Justice Info/Support/ Advocacy
- Referral to Attorney
- Info about Protection Orders
- Info about Harassment Orders

Face to Face Services

Date: _____

Person making Contact: _____

Primary Client/Victim's Name: _____

Incident # _____

Person Receiving Service: _____

____ Adult ____ Child

Client Classification (check one):

- Primary Victim/Witness
 Secondary Victim/Witness
 Abuser/Perpetrator/Offender

Type of Contact (check one):

- Crisis Counseling
 Followup Contact
 Personal Advocacy

Time Spent (in minutes): _____

General Services	Legal Assistance	Groups
Info on/ Referral to Community Services	General Criminal Justice Info/ Support/ Advocacy	DV Adult Victim
Transportation	Court Accompaniment (criminal case)	DV Adolescent Victim
Emergency Financial Assistance	Info on release of custody	DV Child Victim
Medical Advocacy/Support	Parole Information	SA or I/CSA Adult Victim
Info about Victim Compensation Claim	General Civil Justice Info/ Support/Advocacy	SA or I/CSA Adolescent Victim
Assistance in filing for Victim Compensation	Court Accompaniment (civil case)	SA or I/CSA Child Victim
Info about VINE	Info about Protection Orders	Adult DV Offender
Assistance with VINE Registration	Assistance with Protection Order Application	Adolescent DV Offender
Victim Impact Statement	Info about Harassment Orders	Other
Info/Referral to Shelter	Assistance with Harassment Order Application	
	Referral/Accompaniment to Attorney	

<u>Type of Shelter:</u>	<u># of Persons</u>	<u># of Food/Meals</u>	<u># of Beds</u>
<input type="checkbox"/> Emergency			
<input type="checkbox"/> Permanent			
<input type="checkbox"/> Transitional			
<input type="checkbox"/> On Waiting List			
Adults	_____	_____	_____
Adolescents/Children	_____	_____	_____

NOTES:

Community Education/Outreach

Date of Program/Event: _____

Location: _____
City *County*

Contact Information:

Contact Person: _____

Organization: _____

Telephone: _____

Address: _____

<p><u>Program Type (check one):</u></p> <p><input type="checkbox"/> Community Education</p> <p><input type="checkbox"/> In-Service Training</p> <p><input type="checkbox"/> Public Awareness Activity</p> <p><input type="checkbox"/> Technical Assistance/Outreach</p> <p><input type="checkbox"/> Media Contact</p> <p><u>Primary Program Topic (check one):</u></p> <p><input type="checkbox"/> Adolescent Sexual Assault</p> <p><input type="checkbox"/> Domestic Violence</p> <p><input type="checkbox"/> Adolescent Dating Violence</p> <p><input type="checkbox"/> DV Effects on Children</p> <p><input type="checkbox"/> Adult Sexual Assault</p> <p><input type="checkbox"/> Child Abuse/Maltreatment</p> <p><input type="checkbox"/> Incest/Child Sexual Assault</p> <p><input type="checkbox"/> Sexual Harassment</p> <p><input type="checkbox"/> Gender Issues</p> <p><input type="checkbox"/> Healthy Relationships</p> <p><input type="checkbox"/> Pornography</p> <p><input type="checkbox"/> Elder Abuse/Abuse of Vulnerable Adults</p> <p><input type="checkbox"/> Non-Violent Discipline of Children</p> <p><input type="checkbox"/> Personal Safety/Self Defense</p> <p><input type="checkbox"/> Services Provided by Program</p>
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<u>Audience:</u>	<u># in attendance</u>
⇒ Preschool Age/Youth Group	_____
⇒ Elementary School (K-5)/Youth Group	_____
⇒ Middle School (6-8)/Youth Group	_____
⇒ High School (9-12)/Youth Group	_____
⇒ College/Vocational School (13+)	_____
⇒ Teacher/Parent Group	_____
⇒ Church/Clergy	_____
⇒ Civic Group	_____
⇒ Legal/Law Enforcement Personnel	_____
⇒ Medical Personnel	_____
⇒ Social Services/Mental Health Personnel	_____
⇒ Client of Other Social Service Agencies	_____
⇒ Employers/Business	_____