

## **NHCADSV victim database contact log- scenario #1**

### **Directions:**

Read the entire scenario below. Afterwards, figure out how many contact logs you will need and then fill out the appropriate information for each one created. Refer to your NHCADSV victim database contact log manual if you need help. Use yesterday's date for the contact date, Mark your current advocate position and the office you work out of at the crisis center.

### **Scenario:**

Rosario Hernandez has been abused by her husband, Rubin, for the last twelve years of their marriage. She has two children, Nina, 11, and Ernesto, 9. Both children have overheard their father swearing at their mother, seen him push her, and once saw him strangle her until she was unconscious.

Tonight, while the children were at a movie with their aunt Alma from Allentown, Rubin shoved Rosario into their dresser, slapped her repeatedly in the mouth and face, and held her down on the bed by her wrists, while he accused her of flirting with the man next door. When Alma arrived home with Nina and Ernesto, she found her sister crying in the bathroom. Alma threatened to call the police on Rubin if he would not let Rosario and the two children leave. Alma took Rosario to the emergency room.

You (the advocate) are called on the crisis line at 9:45 pm. The call is from a nurse at 222-2222. You call the number and find out an advocate is needed at the hospital. You arrive at 10 pm at the emergency room in Concord.

At the hospital you offer Rosario support, talk about crisis center services, including shelter options, victim's compensation, and discuss filing an emergency restraining order. Rosario does not want the police to come, so she decides she will wait until the court opens to file a restraining order. She is terrified to go home, especially because her sister has threatened Rubin. He knows where Alma and her parents live and she doesn't have anywhere else to go. As the advocate, you feel she and her children are eligible for shelter. You call the back-up staff person to let her know that Rosario and her two children will be arriving in about an hour. You will transport all three to the DV shelter.

While Rosario is getting x-rays, you speak with Alma who is very angry that Rubin has hurt her sister again and she is struggling with why Rosario will not leave him. You talk with Alma for about fifteen minutes about why it is difficult for women to leave abusive relationships and offer her the crisis center phone number to call for more information and to "vent".

At 12:45 am Rosario, Ernesto, and Nina say goodnight to Alma and you drive them to the shelter. At 1 am you arrive at the shelter.

CONTACT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME OF CONTACT 9:45 pm DURATION OF CONTACT \_\_\_\_\_ (Minutes)

**ADVOCATE POSITION**

\_\_\_ AVAP \_\_\_ Direct Service \_\_\_ SA  
\_\_\_ Child \_\_\_ DVS \_\_\_ Shelter  
\_\_\_ CJ \_\_\_ Ed/Outreach \_\_\_ Volunteer am shift  
\_\_\_ Director \_\_\_ Intern \_\_\_ Volunteer pm shift

**OFFICE**

\_\_\_ DCYF  
\_\_\_ Home  
\_\_\_ Main  
\_\_\_ Satellite 1  
\_\_\_ Satellite 2  
\_\_\_ Shelter

**LOCATION/METHOD OF CONTACT**

\_\_\_ CAC\* \_\_\_ Hospital\* \_\_\_ Police Department\*  
\_\_\_ Court\* \_\_\_ Office appt. \_\_\_ School/Campus  
 Crisis line \_\_\_ Office call \_\_\_ Shelter  
\_\_\_ DCYF \_\_\_ Office walk-in \_\_\_ Social Service org.  
\_\_\_ Email \_\_\_ Other location \_\_\_ Support Group\*  
\*Location \_\_\_\_\_

Advocate Name/initials \_\_\_\_\_

**CONTACT INFORMATION**

**Contact Type**

\_\_\_ Primary Victim \_\_\_ Secondary Victim  Third Party

**Contact Identity** First contact with your crisis center? \_\_\_ Yes \_\_\_ No

Name Nurse- Concord Hospital

Phone Number 222-2222

Town/State of Residence Concord, NH

**Referred by**

\_\_\_ Acquaintance \_\_\_ DJJS \_\_\_ Mental Health \_\_\_ Social serv.  
\_\_\_ BEAS \_\_\_ Employer \_\_\_ Other crisis ctr. \_\_\_ Sub. Abuse  
\_\_\_ Court \_\_\_ Family/friend \_\_\_ Outreach \_\_\_ Unknown  
\_\_\_ DCCS \_\_\_ Faith-based com. \_\_\_ Police \_\_\_ Website  
\_\_\_ DCYF \_\_\_ Lawyer \_\_\_ Self  
\_\_\_ DFA  Medical provider \_\_\_ School/Campus

**VICTIM'S INFORMATION**

(This info. is about the caller who is either a primary or secondary victim)

**Ethnicity** \_\_\_ African American /Black \_\_\_ Age \_\_\_ 0 – 12 \_\_\_ Disability \_\_\_ Developmental  
\_\_\_ Asian American/Asian \_\_\_ 13 – 17 \_\_\_ Emotional  
\_\_\_ Latino/Hispanic \_\_\_ 18 – 25 \_\_\_ Hearing  
\_\_\_ Multiracial \_\_\_ 26 – 40 \_\_\_ Mobility  
\_\_\_ Native American/Alaskan \_\_\_ 41 – 60 \_\_\_ Multiple disabilities  
\_\_\_ Unknown \_\_\_ 60+ \_\_\_ Other  
\_\_\_ White, non-Hispanic \_\_\_ Unknown \_\_\_ Unknown  
\_\_\_ Visual

**Underserved**

\_\_\_ Disability \_\_\_ Gender \_\_\_ Female  
\_\_\_ Elderly 60+ \_\_\_ Male  
\_\_\_ Immigrant \_\_\_ Number of children \_\_\_  
\_\_\_ LGBTIQ \_\_\_ # Children  
\_\_\_ non-English  
\_\_\_ Other  
\_\_\_ Rural

**RELATIONSHIP**

**Primary victim's relationship to the Abuser/Perpetrator**

\_\_\_ Acquaintance/friend \_\_\_ Employee/employer \_\_\_ Same sex partner  
\_\_\_ Child \_\_\_ Ex-partner \_\_\_ Separated  
\_\_\_ Client/patient \_\_\_ Married-partner \_\_\_ Sibling  
\_\_\_ Cohabitant \_\_\_ Other relative \_\_\_ Stranger  
\_\_\_ Dating-partner \_\_\_ Parent \_\_\_ Student/teacher  
\_\_\_ Divorced \_\_\_ Religious congregant \_\_\_ Unknown

**Secondary victim's relationship to the Primary victim**

\_\_\_ Acquaintance \_\_\_ Employer \_\_\_ Married \_\_\_ Partner \_\_\_ Unknown  
\_\_\_ Child \_\_\_ Ex-partner \_\_\_ Other \_\_\_ Relative  
\_\_\_ Cohabitant \_\_\_ Friend \_\_\_ Parent \_\_\_ Teacher

**TYPE OF VIOLENCE (only check One)**

**Sexual Violence**

\_\_\_ SA Adult- Acquaintance/friend  
\_\_\_ SA Adult- Intimate partner/dating  
\_\_\_ SA Adult- Familial  
\_\_\_ SA Adult- Multiple perpetrators  
\_\_\_ SA Adult- Stranger  
\_\_\_ SA Adult- Survivor of child SA  
\_\_\_ SA Child (0-12)  
\_\_\_ SA Teen (13-17)- Acquaintance/friend  
\_\_\_ SA Teen (13-17)- Intimate partner/dating  
\_\_\_ SA Teen (13-17)- Familial  
\_\_\_ SA Teen (13-17)- Multiple perpetrators  
\_\_\_ SA Teen (13-17)- Stranger  
\_\_\_ SA- Sexual harassment

**Stalking**

\_\_\_ ST- non-intimate  
\_\_\_ ST- with DV  
\_\_\_ ST- with SV

**Domestic Violence**

\_\_\_ DV Adult- Emotional abuse  
\_\_\_ DV Adult- Physical abuse  
\_\_\_ DV Child (0-17)- Exposure to DV  
\_\_\_ DV Child (0-17)- Child abuse  
\_\_\_ DV Elder (60+)- Emotional abuse  
\_\_\_ DV Elder (60+)- Physical abuse  
\_\_\_ DV Teen (13-17)- Emotional abuse  
\_\_\_ DV Teen (13-17)- Physical abuse

**Other Crime**

\_\_\_ OC- Bullying  
\_\_\_ OC- Other

**SERVICES PROVIDED (check all that apply)**

\_\_\_ Crisis counseling (Hotline)  Info/ref specific (phone)  
\_\_\_ Crisis counseling (In-person) \_\_\_ Material goods assistance  
\_\_\_ Criminal justice support\* \_\_\_ Other shelter referral\*\*  
\_\_\_ Childcare \_\_\_ Personal advocacy  
\_\_\_ Emergency financial assist. \_\_\_ Police accompaniment  
\_\_\_ Emergency legal advocacy \_\_\_ Shelter bed nights  
\_\_\_ Follow-up \_\_\_ Transportation provided  
\_\_\_ Group counseling/support \_\_\_ Transport to DV shelter  
\_\_\_ Hospital accompaniment \_\_\_ TRO accompaniment\*\*\*  
\_\_\_ Info/ref general (In-person) \_\_\_ PRO accompaniment\*\*\*  
\_\_\_ Info/ref specific (In-person) \_\_\_ Victim's Compensation  
\_\_\_ Info/ref general (phone)

**DVS Specific Services** \_\_\_ DCYF referral \_\_\_ DCYF consult  
\_\_\_ Other DHHS referral \_\_\_ Other DHHS consult

**Please mark additional information, if applicable**

**\* Criminal justice support**

\_\_\_ Bail hearing \_\_\_ Criminal charge \_\_\_ Viol TRO/PRO \_\_\_ Other

**\*\* Shelter referral reason**

\_\_\_ Accessibility \_\_\_ Homeless \_\_\_ Rules  
\_\_\_ Capacity issue \_\_\_ Ineligible \_\_\_ Shelter is full  
\_\_\_ Geographic location \_\_\_ Not interested

**\*\*\* TRO/PRO accompaniment** Is victim the defendant? \_\_\_ Yes

\_\_\_ Cont. \_\_\_ Denied \_\_\_ Granted \_\_\_ Withdrawn \_\_\_ Unk.

**Civil court support**

\_\_\_ Custody \_\_\_ Divorce/separation \_\_\_ Visitation \_\_\_ Other

CONTACT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME OF CONTACT 10:00 pm DURATION OF CONTACT 165 (Minutes)

**ADVOCATE POSITION**

AVAP  Direct Service  SA  
 Child  DVS  Shelter  
 CJ  Ed/Outreach  Volunteer am shift  
 Director  Intern  Volunteer pm shift

**OFFICE**

DCYF  
 Home  
 Main  
 Satellite 1  
 Satellite 2  
 Shelter

**LOCATION/METHOD OF CONTACT**

CAC\*  Hospital\*  Police Department\*  
 Court\*  Office appt.  School/Campus  
 Crisis line  Office call  Shelter  
 DCYF  Office walk-in  Social Service org.  
 Email  Other location  Support Group\*  
\*Location Concord

Advocate Name/initials \_\_\_\_\_

**CONTACT INFORMATION**

**Contact Type**

Primary Victim  Secondary Victim  Third Party

**Contact Identity** First contact with your crisis center?  Yes  No

Name Rosario H. (or Rosario Hernandez)

Phone Number Unknown

Town/State of Residence Hooksett, NH

**Referred by**

Acquaintance  DJJS  Mental Health  Social serv.  
 BEAS  Employer  Other crisis ctr.  Sub. Abuse  
 Court  Family/friend  Outreach  Unknown  
 DCCS  Faith-based com.  Police  Website  
 DCYF  Lawyer  Self  
 DFA  Medical provider  School/Campus

**VICTIM'S INFORMATION**

(This info. is about the caller who is either a primary or secondary victim)

**Ethnicity** **Age** **Disability**  
 African American /Black  0 – 12  Developmental  
 Asian American/Asian  13 – 17  Emotional  
 Latino/Hispanic  18 – 25  Hearing  
 Multiracial  26 – 40  Mobility  
 Native American/Alaskan  41 – 60  Multiple disabilities  
 Unknown  60+  Other  
 White, non-Hispanic  Unknown  Unknown  
 Visual

**Underserved**

Disability  
 Elderly 60+  
 Immigrant  
 LGBTIQ  
 non-English  
 Other  
 Rural

**Gender**

Female  
 Male

**Single Head of household?**

Yes  No

**Number of children**

2 # Children

**TYPE OF VIOLENCE (only check One)**

**Sexual Violence**

SA Adult- Acquaintance/friend  
 SA Adult- Intimate partner/dating  
 SA Adult- Familial  
 SA Adult- Multiple perpetrators  
 SA Adult- Stranger  
 SA Adult- Survivor of child SA  
 SA Child (0-12)  
 SA Teen (13-17)- Acquaintance/friend  
 SA Teen (13-17)- Intimate partner/dating  
 SA Teen (13-17)- Familial  
 SA Teen (13-17)- Multiple perpetrators  
 SA Teen (13-17)- Stranger  
 SA- Sexual harassment

**Stalking**

ST- non-intimate  
 ST- with DV  
 ST- with SV

**Domestic Violence**

DV Adult- Emotional abuse  
 DV Adult- Physical abuse  
 DV Child (0-17)- Exposure to DV  
 DV Child (0-17)- Child abuse  
 DV Elder (60+)- Emotional abuse  
 DV Elder (60+)- Physical abuse  
 DV Teen (13-17)- Emotional abuse  
 DV Teen (13-17)- Physical abuse

**Other Crime**

OC- Bullying  
 OC- Other

**SERVICES PROVIDED (check all that apply)**

Crisis counseling (Hotline)  Info/ref specific (phone)  
 Crisis counseling (In-person)  Material goods assistance  
 Criminal justice support\*  Other shelter referral\*\*  
 Childcare  Personal advocacy  
 Emergency financial assist.  Police accompaniment  
 Emergency legal advocacy  Shelter bed nights  
 Follow-up  Transportation provided  
 Group counseling/support  Transport to DV shelter  
 Hospital accompaniment  TRO accompaniment\*\*\*  
 Info/ref general (In-person)  PRO accompaniment\*\*\*  
 Info/ref specific (In-person)  Victim's Compensation  
 Info/ref general (phone)

**DVS Specific Services**  DCYF referral  DCYF consult  
 Other DHHS referral  Other DHHS consult

Please mark additional information, if applicable

**\* Criminal justice support**

Bail hearing  Criminal charge  Viol TRO/PRO  Other

**\*\* Shelter referral reason**

Accessibility  Homeless  Rules  
 Capacity issue  Ineligible  Shelter is full  
 Geographic location  Not interested

**\*\*\* TRO/PRO accompaniment** Is victim the defendant?  Yes

Cont.  Denied  Granted  Withdrawn  Unk.

**Civil court support**

Custody  Divorce/separation  Visitation  Other

**RELATIONSHIP**

**Primary victim's relationship to the Abuser/Perpetrator**

Acquaintance/friend  Employee/employer  Same sex partner  
 Child  Ex-partner  Separated  
 Client/patient  Married-partner  Sibling  
 Cohabitant  Other relative  Stranger  
 Dating-partner  Parent  Student/teacher  
 Divorced  Religious congregant  Unknown

**Secondary victim's relationship to the Primary victim**

Acquaintance  Employer  Married  Partner  Unknown  
 Child  Ex-partner  Other  Relative  
 Cohabitant  Friend  Parent  Teacher

CONTACT DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME OF CONTACT \_\_\_\_ DURATION OF CONTACT 15 (Minutes)

**ADVOCATE POSITION**

AVAP  Direct Service  SA  
 Child  DVS  Shelter  
 CJ  Ed/Outreach  Volunteer am shift  
 Director  Intern  Volunteer pm shift

**OFFICE**

DCYF  
 Home  
 Main  
 Satellite 1  
 Satellite 2  
 Shelter

**LOCATION/METHOD OF CONTACT**

CAC\*  Hospital\*  Police Department\*  
 Court\*  Office appt.  School/Campus  
 Crisis line  Office call  Shelter  
 DCYF  Office walk-in  Social Service org.  
 Email  Other location  Support Group\*

Advocate Name/initials \_\_\_\_\_

\*Location Concord

**CONTACT INFORMATION**

**Contact Type**

Primary Victim  Secondary Victim  Third Party

**Contact Identity** First contact with your crisis center?  Yes  No

Name Alma

Phone Number Unknown

Town/State of Residence Allenstown

**Referred by**

Acquaintance  DJJS  Mental Health  Social serv.  
 BEAS  Employer  Other crisis ctr.  Sub. Abuse  
 Court  Family/friend  Outreach  Unknown  
 DCCS  Faith-based com.  Police  Website  
 DCYF  Lawyer  Self  
 DFA  Medical provider  School/Campus

**TYPE OF VIOLENCE (only check One)**

**Sexual Violence**

SA Adult- Acquaintance/friend  
 SA Adult- Intimate partner/dating  
 SA Adult- Familial  
 SA Adult- Multiple perpetrators  
 SA Adult- Stranger  
 SA Adult- Survivor of child SA  
 SA Child (0-12)  
 SA Teen (13-17)- Acquaintance/friend  
 SA Teen (13-17)- Intimate partner/dating  
 SA Teen (13-17)- Familial  
 SA Teen (13-17)- Multiple perpetrators  
 SA Teen (13-17)- Stranger  
 SA- Sexual harassment

**Stalking**

ST- non-intimate  
 ST- with DV  
 ST- with SV

**Domestic Violence**

DV Adult- Emotional abuse  
 DV Adult- Physical abuse  
 DV Child (0-17)- Exposure to DV  
 DV Child (0-17)- Child abuse  
 DV Elder (60+)- Emotional abuse  
 DV Elder (60+)- Physical abuse  
 DV Teen (13-17)- Emotional abuse  
 DV Teen (13-17)- Physical abuse

**Other Crime**

OC- Bullying  
 OC- Other

**VICTIM'S INFORMATION**

(This info. is about the caller who is either a primary or secondary victim)

**Ethnicity**

African American /Black  
 Asian American/Asian  
 Latino/Hispanic  
 Multiracial  
 Native American/Alaskan  
 Unknown  
 White, non-Hispanic

**Age**

0 - 12  
 13 - 17  
 18 - 25  
 26 - 40  
 41 - 60  
 60+  
 Unknown

**Disability**

Developmental  
 Emotional  
 Hearing  
 Mobility  
 Multiple disabilities  
 Other  
 Unknown  
 Visual

**Underserved**

Disability  
 Elderly 60+  
 Immigrant  
 LGBTIQ  
 non-English  
 Other  
 Rural

**Gender**

Female  
 Male

**Single Head of household?**

Yes  No

**Number of children**

# Children

**SERVICES PROVIDED (check all that apply)**

Crisis counseling (Hotline)  Info/ref specific (phone)  
 Crisis counseling (In-person)  Material goods assistance  
 Criminal justice support\*  Other shelter referral\*\*  
 Childcare  Personal advocacy  
 Emergency financial assist.  Police accompaniment  
 Emergency legal advocacy  Shelter bed nights  
 Follow-up  Transportation provided  
 Group counseling/support  Transport to DV shelter  
 Hospital accompaniment  TRO accompaniment\*\*\*  
 Info/ref general (In-person)  PRO accompaniment\*\*\*  
 Info/ref specific (In-person)  Victim's Compensation  
 Info/ref general (phone)

**DVS Specific Services**

DCYF referral  DCYF consult  
 Other DHHS referral  Other DHHS consult

**Please mark additional information, if applicable**

**\* Criminal justice support**

Bail hearing  Criminal charge  Viol TRO/PRO  Other

**\*\* Shelter referral reason**

Accessibility  Homeless  Rules  
 Capacity issue  Ineligible  Shelter is full  
 Geographic location  Not interested

**\*\*\* TRO/PRO accompaniment**

Is victim the defendant?  Yes  
 Cont.  Denied  Granted  Withdrawn  Unk.

**RELATIONSHIP**

**Primary victim's relationship to the Abuser/Perpetrator**

Acquaintance/friend  Employee/employer  Same sex partner  
 Child  Ex-partner  Separated  
 Client/patient  Married-partner  Sibling  
 Cohabitant  Other relative  Stranger  
 Dating-partner  Parent  Student/teacher  
 Divorced  Religious congregant  Unknown

**Secondary victim's relationship to the Primary victim**

Acquaintance  Employer  Married  Partner  Unknown  
 Child  Ex-partner  Other  Relative  
 Cohabitant  Friend  Parent  Teacher

**Civil court support**

Custody  Divorce/separation  Visitation  Other

**ADVOCATE POSITION**

- \_\_\_ AVAP \_\_\_ Direct Service \_\_\_ SA
\_\_\_ Child \_\_\_ DVS \_\_\_ Shelter
\_\_\_ CJ \_\_\_ Ed/Outreach \_\_\_ Volunteer am shift
\_\_\_ Director \_\_\_ Intern \_\_\_ Volunteer pm shift

**OFFICE**

- \_\_\_ DCYF
\_\_\_ Home
\_\_\_ Main
\_\_\_ Satellite 1
\_\_\_ Satellite 2
\_\_\_ Shelter

**LOCATION/METHOD OF CONTACT**

- \_\_\_ CAC\* \_\_\_ X \_\_\_ Hospital\* \_\_\_ Police Department\*
\_\_\_ Court\* \_\_\_ Office appt. \_\_\_ School/Campus
\_\_\_ Crisis line \_\_\_ Office call \_\_\_ Shelter
\_\_\_ DCYF \_\_\_ Office walk-in \_\_\_ Social Service org.
\_\_\_ Email \_\_\_ Other location \_\_\_ Support Group\*
\*Location Concord

Advocate Name/initials \_\_\_\_\_

**CONTACT INFORMATION**

**Contact Type**

- \_\_\_ X \_\_\_ Primary Victim \_\_\_ Secondary Victim \_\_\_ Third Party

**Contact Identity** First contact with your crisis center? \_\_\_ Yes \_\_\_ No

Name Nina H. (or Nina Hernandez)

Phone Number Unknown

Town/State of Residence Hooksett, NH

**Referred by**

- \_\_\_ Acquaintance \_\_\_ DJJS \_\_\_ Mental Health \_\_\_ Social serv.
\_\_\_ BEAS \_\_\_ Employer \_\_\_ Other crisis ctr. \_\_\_ Sub. Abuse
\_\_\_ Court \_\_\_ Family/friend \_\_\_ Outreach \_\_\_ Unknown
\_\_\_ DCCS \_\_\_ Faith-based com. \_\_\_ Police \_\_\_ Website
\_\_\_ DCYF \_\_\_ Lawyer \_\_\_ Self
\_\_\_ DFA \_\_\_ X \_\_\_ Medical provider \_\_\_ School/Campus

**TYPE OF VIOLENCE (only check One)**

**Sexual Violence**

- \_\_\_ SA Adult- Acquaintance/friend
\_\_\_ SA Adult- Intimate partner/dating
\_\_\_ SA Adult- Familial
\_\_\_ SA Adult- Multiple perpetrators
\_\_\_ SA Adult- Stranger
\_\_\_ SA Adult- Survivor of child SA
\_\_\_ SA Child (0-12)
\_\_\_ SA Teen (13-17)- Acquaintance/friend
\_\_\_ SA Teen (13-17)- Intimate partner/dating
\_\_\_ SA Teen (13-17)- Familial
\_\_\_ SA Teen (13-17)- Multiple perpetrators
\_\_\_ SA Teen (13-17)- Stranger
\_\_\_ SA- Sexual harassment

**Stalking**

- \_\_\_ ST- non-intimate
\_\_\_ ST- with DV
\_\_\_ ST- with SV

**Domestic Violence**

- \_\_\_ DV Adult- Emotional abuse
\_\_\_ DV Adult- Physical abuse
\_\_\_ X \_\_\_ DV Child (0-17)- Exposure to DV
\_\_\_ DV Child (0-17)- Child abuse
\_\_\_ DV Elder (60+)- Emotional abuse
\_\_\_ DV Elder (60+)- Physical abuse
\_\_\_ DV Teen (13-17)- Emotional abuse
\_\_\_ DV Teen (13-17)- Physical abuse

**Other Crime**

- \_\_\_ OC- Bullying
\_\_\_ OC- Other

**VICTIM'S INFORMATION**

(This info. is about the caller who is either a primary or secondary victim)

**Ethnicity**

- \_\_\_ African American /Black
\_\_\_ Asian American/Asian
\_\_\_ X \_\_\_ Latino/Hispanic
\_\_\_ Multiracial
\_\_\_ Native American/Alaskan
\_\_\_ Unknown
\_\_\_ White, non-Hispanic

**Age**

- \_\_\_ X \_\_\_ 0 - 12
\_\_\_ 13 - 17
\_\_\_ 18 - 25
\_\_\_ 26 - 40
\_\_\_ 41 - 60
\_\_\_ 60+
\_\_\_ Unknown

**Disability**

- \_\_\_ Developmental
\_\_\_ Emotional
\_\_\_ Hearing
\_\_\_ Mobility
\_\_\_ Multiple disabilities
\_\_\_ Other
\_\_\_ X \_\_\_ Unknown
\_\_\_ Visual

**Underserved**

- \_\_\_ Disability
\_\_\_ Elderly 60+
\_\_\_ Immigrant
\_\_\_ LGBTIQ
\_\_\_ non-English
\_\_\_ Other
\_\_\_ Rural

**Gender**

- \_\_\_ X \_\_\_ Female
\_\_\_ Male

**Single Head of household?**

- \_\_\_ Yes \_\_\_ X \_\_\_ No

**Number of children**

\_\_\_ 0 \_\_\_ # Children

**SERVICES PROVIDED (check all that apply)**

- \_\_\_ Crisis counseling (Hotline) \_\_\_ Info/ref specific (phone)
\_\_\_ Crisis counseling (In-person) \_\_\_ Material goods assistance
\_\_\_ Criminal justice support\* \_\_\_ Other shelter referral\*\*
\_\_\_ Childcare \_\_\_ Personal advocacy
\_\_\_ Emergency financial assist. \_\_\_ Police accompaniment
\_\_\_ Emergency legal advocacy \_\_\_ Shelter bed nights
\_\_\_ Follow-up \_\_\_ Transportation provided
\_\_\_ Group counseling/support \_\_\_ X \_\_\_ Transport to DV shelter
\_\_\_ Hospital accompaniment \_\_\_ TRO accompaniment\*\*\*
\_\_\_ Info/ref general (In-person) \_\_\_ PRO accompaniment\*\*\*
\_\_\_ Info/ref specific (In-person) \_\_\_ Victim's Compensation
\_\_\_ Info/ref general (phone)

**RELATIONSHIP**

**Primary victim's relationship to the Abuser/Perpetrator**

- \_\_\_ Acquaintance/friend \_\_\_ Employee/employer \_\_\_ Same sex partner
\_\_\_ X \_\_\_ Child \_\_\_ Ex-partner \_\_\_ Separated
\_\_\_ Client/patient \_\_\_ Married-partner \_\_\_ Sibling
\_\_\_ Cohabitant \_\_\_ Other relative \_\_\_ Stranger
\_\_\_ Dating-partner \_\_\_ Parent \_\_\_ Student/teacher
\_\_\_ Divorced \_\_\_ Religious congregant \_\_\_ Unknown

**Secondary victim's relationship to the Primary victim**

- \_\_\_ Acquaintance \_\_\_ Employer \_\_\_ Married \_\_\_ Partner \_\_\_ Unknown
\_\_\_ Child \_\_\_ Ex-partner \_\_\_ Other \_\_\_ Relative
\_\_\_ Cohabitant \_\_\_ Friend \_\_\_ Parent \_\_\_ Teacher

**DVS Specific Services**

- \_\_\_ DCYF referral \_\_\_ DCYF consult
\_\_\_ Other DHHS referral \_\_\_ Other DHHS consult

**Please mark additional information, if applicable**

**\* Criminal justice support**

- \_\_\_ Bail hearing \_\_\_ Criminal charge \_\_\_ Viol TRO/PRO \_\_\_ Other

**\*\* Shelter referral reason**

- \_\_\_ Accessibility \_\_\_ Homeless \_\_\_ Rules
\_\_\_ Capacity issue \_\_\_ Ineligible \_\_\_ Shelter is full
\_\_\_ Geographic location \_\_\_ Not interested

**\*\*\* TRO/PRO accompaniment**

- Is victim the defendant? \_\_\_ Yes
\_\_\_ Cont. \_\_\_ Denied \_\_\_ Granted \_\_\_ Withdrawn \_\_\_ Unk.

**Civil court support**

- \_\_\_ Custody \_\_\_ Divorce/separation \_\_\_ Visitation \_\_\_ Other

**ADVOCATE POSITION**

AVAP  Direct Service  SA  
 Child  DVS  Shelter  
 CJ  Ed/Outreach  Volunteer am shift  
 Director  Intern  Volunteer pm shift

**OFFICE**

DCYF  
 Home  
 Main  
 Satellite 1  
 Satellite 2  
 Shelter

**LOCATION/METHOD OF CONTACT**

CAC\*  Hospital\*  Police Department\*  
 Court\*  Office appt.  School/Campus  
 Crisis line  Office call  Shelter  
 DCYF  Office walk-in  Social Service org.  
 Email  Other location  Support Group\*  
\*Location Concord

Advocate Name/initials \_\_\_\_\_

**CONTACT INFORMATION**

**Contact Type**

Primary Victim  Secondary Victim  Third Party

**Contact Identity** First contact with your crisis center?  Yes  No

Name Ernesto H. (or Ernesto Hernandez)

Phone Number Unknown

Town/State of Residence Hooksett, NH

**Referred by**

Acquaintance  DJJS  Mental Health  Social serv.  
 BEAS  Employer  Other crisis ctr.  Sub. Abuse  
 Court  Family/friend  Outreach  Unknown  
 DCCS  Faith-based com.  Police  Website  
 DCYF  Lawyer  Self  
 DFA  Medical provider  School/Campus

**VICTIM'S INFORMATION**

(This info. is about the caller who is either a primary or secondary victim)

**Ethnicity**  African American /Black  Asian American/Asian  Latino/Hispanic  Multiracial  Native American/Alaskan  Unknown  White, non-Hispanic

**Age**  0 – 12  13 – 17  18 – 25  26 – 40  41 – 60  60+  Unknown

**Disability**  Developmental  Emotional  Hearing  Mobility  Multiple disabilities  Other  Unknown  Visual

**Underserved**

Disability  Elderly 60+  Immigrant  LGBTIQ  non-English  Other  Rural

**Gender**

Female  Male

**Number of children**

0 # Children

**Single Head of household?**

Yes  No

**RELATIONSHIP**

**Primary victim's relationship to the Abuser/Perpetrator**

Acquaintance/friend  Employee/employer  Same sex partner  
 Child  Ex-partner  Separated  
 Client/patient  Married-partner  Sibling  
 Cohabitant  Other relative  Stranger  
 Dating-partner  Parent  Student/teacher  
 Divorced  Religious congregant  Unknown

**Secondary victim's relationship to the Primary victim**

Acquaintance  Employer  Married  Partner  Unknown  
 Child  Ex-partner  Other  Relative  
 Cohabitant  Friend  Parent  Teacher

**TYPE OF VIOLENCE (only check One)**

**Sexual Violence**

SA Adult- Acquaintance/friend  
 SA Adult- Intimate partner/dating  
 SA Adult- Familial  
 SA Adult- Multiple perpetrators  
 SA Adult- Stranger  
 SA Adult- Survivor of child SA  
 SA Child (0-12)  
 SA Teen (13-17)- Acquaintance/friend  
 SA Teen (13-17)- Intimate partner/dating  
 SA Teen (13-17)- Familial  
 SA Teen (13-17)- Multiple perpetrators  
 SA Teen (13-17)- Stranger  
 SA- Sexual harassment

**Stalking**

ST- non-intimate  
 ST- with DV  
 ST- with SV

**Domestic Violence**

DV Adult- Emotional abuse  
 DV Adult- Physical abuse  
 DV Child (0-17)- Exposure to DV  
 DV Child (0-17)- Child abuse  
 DV Elder (60+)- Emotional abuse  
 DV Elder (60+)- Physical abuse  
 DV Teen (13-17)- Emotional abuse  
 DV Teen (13-17)- Physical abuse

**Other Crime**

OC- Bullying  
 OC- Other

**SERVICES PROVIDED (check all that apply)**

Crisis counseling (Hotline)  Info/ref specific (phone)  
 Crisis counseling (In-person)  Material goods assistance  
 Criminal justice support\*  Other shelter referral\*\*  
 Childcare  Personal advocacy  
 Emergency financial assist.  Police accompaniment  
 Emergency legal advocacy  Shelter bed nights  
 Follow-up  Transportation provided  
 Group counseling/support  Transport to DV shelter  
 Hospital accompaniment  TRO accompaniment\*\*\*  
 Info/ref general (In-person)  PRO accompaniment\*\*\*  
 Info/ref specific (In-person)  Victim's Compensation  
 Info/ref general (phone)

**DVS Specific Services**  DCYF referral  DCYF consult  
 Other DHHS referral  Other DHHS consult

**Please mark additional information, if applicable**

**\* Criminal justice support**

Bail hearing  Criminal charge  Viol TRO/PRO  Other

**\*\* Shelter referral reason**

Accessibility  Homeless  Rules  
 Capacity issue  Ineligible  Shelter is full  
 Geographic location  Not interested

**\*\*\* TRO/PRO accompaniment** Is victim the defendant?  Yes

Cont.  Denied  Granted  Withdrawn  Unk.

**Civil court support**

Custody  Divorce/separation  Visitation  Other