

STATE OF NEW JERSEY, DEPARTMENT OF LAW AND PUBLIC SAFETY
SUPPLEMENTARY DOMESTIC VIOLENCE OFFENSE REPORT

(1) CASE NO. _____

(2) MUNICIPALITY	(3) MUN. CODE NO.	(4) SP STATION	(5) CODE	(6) DEPARTMENT PHONE NUMBER () - - - - - EXT. _____	
(7) OFFENSE DATE / /	(8) DAY CODE (Circle Number) S M T W TH F S 1 2 3 4 5 6 7	(9) MILITARY TIME _____ HRS.	(10) TOTAL TIME SPENT: (Enter Approx. Time if Unknown) _____ HRS. _____ MIN.	(11) WAS ALCOHOL INVOLVED? <input type="checkbox"/> YES	(12) OTHER DRUGS INVOLVED? <input type="checkbox"/> YES

VICTIM INFORMATION *Victim must be involved in a dating relationship or 18+ years old or emancipated.
 (If this is a violation of a domestic violence restraining order ONLY, State of New Jersey is the victim, leave blocks 14 through 20 blank).*

(13) VICTIM'S NAME	(14) AGE Enter Approx. Age if Unknown _____	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE CODE (Circle One) 1 2 3 4	ETHNICITY <input type="checkbox"/> A - HISPANIC <input type="checkbox"/> B - NON-HISPANIC	(15) IS VICTIM PREGNANT? <input type="checkbox"/> YES
(16) HAVE VICTIM & OFFENDER EVER BEEN INVOLVED IN A DATING RELATIONSHIP? (Applies only to relationships after August 11, 1994.) <input type="checkbox"/> YES	(17) IS VICTIM DISABLED? <input type="checkbox"/> YES If Yes, Check one: <input type="checkbox"/> PSYCHOLOGICAL <input type="checkbox"/> PHYSICAL	(18) IF VICTIM IS DISABLED OR 60 YEARS OLD OR OLDER, WAS CRIMINAL NEGLECT ALSO INVOLVED (2C:24.8)? <input type="checkbox"/> YES	(19) WERE CHILDREN: <input type="checkbox"/> 1. INVOLVED <input type="checkbox"/> 2. PRESENT		
(20) RELATIONSHIP OF VICTIM TO OFFENDER: (Check ONLY One.) <input type="checkbox"/> 1. VICTIM IS THE SPOUSE <input type="checkbox"/> 2. VICTIM IS THE EX-SPOUSE <input type="checkbox"/> 3. VICTIM IS A CO-PARENT <input type="checkbox"/> 4. VICTIM IS A RELATIVE (Mother, Father, etc.) <input type="checkbox"/> 5. VICTIM IS A FRIEND/ACQUAINTANCE <input type="checkbox"/> 6. VICTIM IS AN EX-FRIEND					

OFFENDER INFORMATION *Offender must be 18+ years old or emancipated.*

(21) AGE Enter Approx. Age if Unknown _____	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	RACE CODE (Circle One) 1 2 3 4	ETHNICITY <input type="checkbox"/> A - HISPANIC <input type="checkbox"/> B - NON-HISPANIC	(22) OFFENDER: <input type="checkbox"/> IS A PRESENT HOUSEHOLD MEMBER <input type="checkbox"/> IS A FORMER HOUSEHOLD MEMBER <input type="checkbox"/> NEVER RESIDED WITH VICTIM
(23) HAS A DOMESTIC VIOLENCE ORDER EVER BEEN ISSUED BETWEEN THE PARTIES INVOLVED? <input type="checkbox"/> YES	(24) DID THIS INCIDENT INVOLVE/ALLEGED A VIOLATION OF A DOMESTIC VIOLENCE RESTRAINING ORDER? <input type="checkbox"/> YES	(25) AS A RESULT OF THIS INCIDENT, WAS A D.V. RESTRAINING ORDER ISSUED FOR ONE OF THE 14 OFFENSES IN BLOCK 27? <input type="checkbox"/> YES	(26) WAS OFFENDER ARRESTED FOR: (Check ONLY One.) (A) VIOLATION OF A D.V. RESTRAINING ORDER ONLY? <input type="checkbox"/> YES (B) DOMESTIC VIOLENCE OFFENSE ONLY (Block 27)? <input type="checkbox"/> YES (C) BOTH - VIOLATION OF A D.V. RESTRAINING ORDER AND A DOMESTIC VIOLENCE OFFENSE (BLOCK 27)? <input type="checkbox"/> YES	

OFFENSE INFORMATION *Leave section blank if incident is ONLY a violation of a domestic violence restraining order.*

(27) CURRENT DOMESTIC VIOLENCE OFFENSE COMPLAINT: (Check ONLY One.) <input type="checkbox"/> 1. HOMICIDE <input type="checkbox"/> 2. ASSAULT <input type="checkbox"/> 3. TERRORISTIC THREATS* <input type="checkbox"/> 4. KIDNAPPING <input type="checkbox"/> 5. CRIMINAL RESTRAINT <input type="checkbox"/> 6. FALSE IMPRISONMENT <input type="checkbox"/> 7. SEXUAL ASSAULT <input type="checkbox"/> 8. CRIMINAL SEXUAL CONTACT <input type="checkbox"/> 9. LEWDNESS* <input type="checkbox"/> 10. CRIMINAL MISCHIEF* <input type="checkbox"/> 11. BURGLARY* <input type="checkbox"/> 12. CRIMINAL TRESPASS* <input type="checkbox"/> 13. HARASSMENT <input type="checkbox"/> 14. STALKING* <small>* For these offenses check "None" - "No Injury", in Block 30.</small>					
DEGREE OF INJURY FROM WEAPON USED (Check ONLY One.)			(31) WEAPONS SEIZED? (Check if Yes for each weapon.)	(32) ENTER NUMBER OF DEATHS OTHER THAN A HOMICIDE VICTIM. IF NONE, ENTER 0.	
WEAPON	(28) AGGRAVATED SERIOUS INJURY	(29) NON-AGGRAVATED MINOR INJURY	(30) NO INJURY	COMPLETE ONLY IF BLOCK 32 IS OTHER THAN ZERO.	
1. GUN					
2. KNIFE or cutting instrument					
3. OTHER DANGEROUS					
4. HANDS, FISTS, ETC.					
5. NONE					
				(33) ENTER NUMBER OF ASSOCIATED ADULT DEATHS MALE <input type="text"/> FEMALE <input type="text"/>	
				(34) ENTER NUMBER OF ASSOCIATED JUVENILE DEATHS MALE <input type="text"/> FEMALE <input type="text"/>	
				(35) DID OFFENDER COMMIT SUICIDE? <input type="checkbox"/> YES	

(36) REMARKS:

(37) RANK/NAME:	(38) BADGE NO.:	(39) DATE COMPLETED:	(40) REVIEWED BY:
(41)	(42)	(43)	