

Case Information Form

**definition of terms:**

*decedent(s):* person(s) whose death is under review. If there are multiple decedents, please fill out a separate decedent information sheet for each person.

*domestic violence perpetrator:* person who is identified as the primary abuser in the relationship. This is the person who held the balance of power in the relationship over time, perhaps had a record of assaulting the dv victim, and who otherwise made threats or acted in ways consistent with common definitions of domestic violence. This person may be either the decedent, the person directly responsible for another's death, or play another role.

*domestic violence victim:* person who is identified as the victim of ongoing domestic violence prior to the death under review. This is the person who held the balance of fear in the relationship over time, perhaps had a record of seeking help to end the abuse, and who otherwise had experiences consistent with being abused. This person may be the decedent or the perpetrator of homicide or play another role.

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# Washington State Domestic Violence Fatality Review

This face sheet to be stored separately from rest of data

## Face Sheet

**Case #**

date review initiated:

county/tribe/region of review:

date review completed:

**Identifying Information:**

*For cases of homicide, or when a death occurs in the course of self defense:*

name of person directly responsible for the fatality:	Gender	relationship to decedent(s)	If deceased, date of death	Date of Birth
Aliases/AKAs				
Did this person commit suicide following a completed or attempted homicide?		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unknown		

*Decedents:*

decedent(s) name	Gender	relationship to perpetrator of homicide	date of death	Date of Birth	Death
					<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> accident <input type="checkbox"/> other
					<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> accident <input type="checkbox"/> other
					<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> accident <input type="checkbox"/> other
					<input type="checkbox"/> homicide <input type="checkbox"/> suicide <input type="checkbox"/> accident <input type="checkbox"/> other

Aliases/AKAs

Please note: none of the information on this page except for the case number will be entered into a permanent database. This information, which connects a set of names to a case number, will be kept long enough to ensure that fatalities are not reviewed more than once by different regions, and then destroyed. Thus, all documentation of the case in the records of the Domestic Violence Fatality Review Project will be designated by case # and not names.

Date of review:

Domestic Violence Fatality Review Case  
# \_\_\_\_\_

**Short narrative overview:**

**A. Type of Incident**

- homicide  multiple homicide  attempted homicide  suicide  suicide by police  abuser suicide  
 battered woman suicide  attempted suicide  other untimely death  other \_\_\_\_\_

Check all that apply:

deceased

person(s) who are the direct cause of death

- domestic violence perpetrator  
 domestic violence victim  
 children of dv victim  
 children of dv victim and perpetrator  
 children of dv perpetrator, but not the dv victim's  
 other family of dv victim  
 other family of dv perpetrator  
 friends of dv victim  
 new intimate partner of dv victim  
 advocates/lawyers for dv victim  
 co workers of dv victim  
 police officer  
 bystanders  
 other (specify):

- domestic violence perpetrator  
 domestic violence victim  
 child of dv victim and / or perpetrator  
 person hired by or acting on behalf of: domestic violence perpetrator  
 person hired by or acting on behalf of: domestic violence victim  
 law enforcement  
 other (specify):

**B. Demographic information:**

*Identification of dv victim and dv perpetrator*

Has the panel identified a domestic violence victim and a domestic violence perpetrator? yes no

If yes, what did the panel base this identification on?

- Filings for any of the civil orders for protection  histories of arrest and prosecution for dv  
 testimony from friends and family  histories of seeking help from programs for victims of dv  
 perpetrator treatment records

*Race*

Please note that racial identifications can be complicated by citizen/immigrant status as well as assimilation/acculturation. Panel members should take care to consider race in relation to immigration/citizen status.

Domestic violence victim's racial identification		Domestic violence perpetrator's racial identification
	white / non Hispanic	
	African/African American	
<i>tribe:</i>	Native American	<i>tribe:</i>
	Hispanic / Latino	
<i>specify:</i>	Asian	<i>specify:</i>
<i>specify:</i>	mixed race	<i>specify:</i>
<i>specify:</i>	other	<i>specify:</i>

*Gender*

Domestic violence victim's gender		Domestic violence perpetrator's gender
	man	
	woman	
<i>specify:</i>	other	<i>specify:</i>

*Age*

Domestic violence victim's date of birth:	
Domestic violence perpetrator's date of birth:	

*Education*

DV victim's educational attainment		DV perpetrator's educational attainment
	no high school	
	some high school	
	high school degree	
	GED	
	some college	
	AA degree	
	BA	
	M.A.	
	Ph.D.	
	J.D.	
<i>specify:</i>	other license/certificate	<i>specify:</i>

*Economic status*

DV victim's estimated income: \$ /month		DV perpetrator's estimated income: \$ /month
source of income:		source of income:
	employed	
	on SSI / SSD	
	receiving food stamps	
	unemployment	
	On AFDC	
	on TANF	
	minimum wage job	
	spousal support	
	family	
	no income	
<i>specify:</i>	Other	<i>specify:</i>

*Law Enforcement / Military*

Was either the domestic violence victim or the domestic violence perpetrator employed by the law enforcement or the military?

no yes. If yes, specify below:

domestic violence victim		domestic violence perpetrator
	employed in law enforcement	
	specify position	
	employed in military	
	specify position	

Please specify the country if the perpetrator's law enforcement or military experience was for an institution other than the US:

*Sex Industry*

Is there any evidence that the domestic violence victim was involved in the sex industry?  yes no

Is there any evidence that the domestic violence perpetrator encouraged or coerced the domestic violence victim to participate in the sex industry?  yes no

### C. Immigrant / Refugee / Citizenship status

Please check all that apply:

domestic violence victim's status		domestic violence perpetrator's status
	citizen of the United States	
	documented immigrant/refugee	
	undocumented immigrant / refugee	
	in the process of attaining documented legal status	
sponsored by: <input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> employer <input type="checkbox"/> filing individually based on status as a battered woman <input type="checkbox"/> other <i>specify:</i>	sponsor	sponsored by: <input type="checkbox"/> domestic violence victim <input type="checkbox"/> employer <input type="checkbox"/> other <i>specify:</i>

If the domestic violence victim was an immigrant or refugee, is there any evidence that the domestic violence perpetrator held the domestic violence victim's passport or other important legal documentation?  yes  no

### D. Relationship Information

Date the relationship started \_\_\_\_\_

*Domestic violence perpetrator's relationship to domestic violence victim at time fatality occurred:*

(check one in each column)

legal status of relationship	living together status	emotional status	children
<input type="checkbox"/> no legal relationship / never married	<input type="checkbox"/> living together Date first lived together: _____	<input type="checkbox"/> relationship current at time of death	<input type="checkbox"/> children in common
<input type="checkbox"/> married date	<input type="checkbox"/> previously lived together, not living together at time of death	<input type="checkbox"/> in process of breaking up/victim had stated intention of leaving	<input type="checkbox"/> no children, in common or otherwise
<input type="checkbox"/> legally separated date	<input type="checkbox"/> never lived together	<input type="checkbox"/> broken up/separated/divorced at time of death date of separation:	<input type="checkbox"/> domestic violence victim had children not related to domestic violence perpetrator
<input type="checkbox"/> filed for divorce date		<input type="checkbox"/> dating history existed, but no indicators of a serious reciprocal relationship	<input type="checkbox"/> domestic violence perpetrator had children not related to domestic violence victim
<input type="checkbox"/> divorced date			<input type="checkbox"/> victim pregnant at time of fatality how many months? Father: <input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> other
<input type="checkbox"/> registered as domestic partners date			

## E. Family Information

List all children related to the victim or perpetrator **and** any children (related or not) living with the victim or perpetrator at the time of the fatality:

Age	Gender	Related to	Living with
		<input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> domestic violence victim <input type="checkbox"/> both	<input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> foster care <input type="checkbox"/> domestic violence victim <input type="checkbox"/> relatives <input type="checkbox"/> both <input type="checkbox"/> _____
		<input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> domestic violence victim <input type="checkbox"/> both	<input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> foster care <input type="checkbox"/> domestic violence victim <input type="checkbox"/> relatives <input type="checkbox"/> both <input type="checkbox"/> _____
		<input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> domestic violence victim <input type="checkbox"/> both	<input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> foster care <input type="checkbox"/> domestic violence victim <input type="checkbox"/> relatives <input type="checkbox"/> both <input type="checkbox"/> _____
		<input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> domestic violence victim <input type="checkbox"/> both	<input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> foster care <input type="checkbox"/> domestic violence victim <input type="checkbox"/> relatives <input type="checkbox"/> both <input type="checkbox"/> _____
		<input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> domestic violence victim <input type="checkbox"/> both	<input type="checkbox"/> domestic violence perpetrator <input type="checkbox"/> foster care <input type="checkbox"/> domestic violence victim <input type="checkbox"/> relatives <input type="checkbox"/> both <input type="checkbox"/> _____

Number of others living in domestic violence victim's home:

relationship(s):  parent  sibling  cousin  friend  acquaintance  
 husband/boyfriend/partner (different than abuser)  other

## F. Information about the circumstances of death

*Where the death occurred*

Urban/Rural continuum code \_\_\_\_\_

Did the death take place on:  a reservation or tribal land?  military land?

Nature of the location where the death or the injurie(s) which resulted in the death occurred:

domestic violence victim's home       domestic violence perpetrator's home       street/parking lot  
 home of friend/family       public building       other  
 hospital       public land/park/forest  
 domestic violence victim's workplace       domestic violence perpetrator's workplace

If death or the injurie(s) which resulted in death occurred at a home, where?

kitchen       bathroom       bedroom  
 living room       yard       garage  
 basement       barn or other outbuilding       other (please specify):

Who was present at the scene of the fatal attack / fatality / accident? (on same property, in same house, nearby...)

Present:	killed?	Injured?	witnessed?	did not witness?	unknown
domestic violence perpetrator					
domestic violence victim					
new partner of domestic violence victim					
Child(ren) [list by age and gender]:					
Others (indicate number of people for each category):					
Other family					
Friends					
Acquaintances					
Strangers / Bystanders					
Co-workers					
Helping professional / Advocate					
Emergency medical personnel					
Fire Department personnel					
Other					

Did anyone hear excited utterances before the death occurred?  yes  no

If yes, were the excited utterances documented?  yes  no

*Medical Care*

Decedent 1

Did the death occur under medical care?  yes  no if yes, specify (hospital, trauma center, private doctor)

Did the decedent receive any medical attention for the fatal injurie(s) prior to death?

Who provided medical intervention:

- Emergency Medical Team     
  Fire department personnel   
  police     
  Ambulance personnel  
 local hospital emergency room personnel   
  regional trauma center emergency room personnel   
  other \_\_\_\_\_

What sort of medical intervention took place?

Did the decedent have to be transported to a regional trauma center (i.e., Harborview)? By what means? How long did this take?

Decedent 2

Did the death occur under medical care?  yes  no if yes, specify (hospital, trauma center, private doctor)

Did the decedent receive any medical attention for the fatal injurie(s) prior to death?

Who provided medical intervention:

- Emergency Medical Team
- Fire department personnel
- police
- Ambulance personnel
- local hospital emergency room personnel
- regional trauma center emergency room personnel
- other \_\_\_\_\_

What sort of medical intervention took place?

Did the decedent have to be transported to a regional trauma center (i.e., Harborview)? By what means? How long did this take?

Decedent 3

Did the death occur under medical care?  yes  no if yes, specify (hospital, trauma center, private doctor)

Did the decedent receive any medical attention for the fatal injury/ies prior to death?

Who provided medical intervention:

- Emergency Medical Team
- Fire department personnel
- police
- Ambulance personnel
- local hospital emergency room personnel
- regional trauma center emergency room personnel
- other \_\_\_\_\_

What sort of medical intervention took place?

Did the decedent have to be transported to a regional trauma center (i.e., Harborview)? By what means? How long did this take?

*Access to / use of firearms*

If a gun was used, where was it kept? (check all that apply)  home  car  friend/family home  other (specify)

Additional info: \_\_\_\_\_

Who owned the gun? (check all that apply)  domestic violence perpetrator  domestic violence victim

other (specify)  Additional info: \_\_\_\_\_

When was it acquired? Date:

How was the gun acquired?  purchased legally  purchased illegally  borrowed  stolen  unknown

If stolen, when was it stolen? (date) from where was it stolen?

Were all required registrations in place?  yes  no

Did the dv victim or prosecutor ever request on a court order that guns be surrendered or destroyed?  yes  no

Did a court ever order that the guns be surrendered or destroyed?  yes  no

Were they?  yes  no

Did law enforcement ever have the legal authority to remove guns from the home?  yes  no

If the DV victim and perpetrator lived together, did the DV victim ever request directly to the police that guns be removed from the home?  yes  no

Were they removed?  yes  no date of removal:

Were they returned?  yes  no date of return:

Federal prohibitions on gun ownership/possession

Had the person in possession of the gun ever been convicted of a domestic violence misdemeanor or felony?

yes  no

Had the person in possession of the gun ever been a respondent to a domestic violence protection order (not NCO or RO)?

yes  no

Did the domestic violence perpetrator own large guns not covered by laws limiting offender's right to own guns?

yes  no

*Motor vehicle involved:*

If Motor vehicle incident/crash, check all that apply

		Complete for Children	
		Age	Gender
<b>Driver</b>	<input type="checkbox"/> DV abuser <input type="checkbox"/> DV victim <input type="checkbox"/> child _____ <input type="checkbox"/> other family <input type="checkbox"/> other _____		
<b>Passenger (1)</b>	<input type="checkbox"/> DV abuser <input type="checkbox"/> DV victim <input type="checkbox"/> child _____ <input type="checkbox"/> other family <input type="checkbox"/> other _____		
<b>Passenger (2)</b>	<input type="checkbox"/> DV abuser <input type="checkbox"/> DV victim <input type="checkbox"/> child _____ <input type="checkbox"/> other family <input type="checkbox"/> other _____		
<b>Pedestrian (1)</b>	<input type="checkbox"/> DV abuser <input type="checkbox"/> DV victim <input type="checkbox"/> child _____ <input type="checkbox"/> other family <input type="checkbox"/> other _____		
<b>Pedestrian (2)</b>	<input type="checkbox"/> DV abuser <input type="checkbox"/> DV victim <input type="checkbox"/> child _____ <input type="checkbox"/> other family <input type="checkbox"/> other _____		

Who investigated the scene of the accident:

specialized auto accident unit within the local jurisdiction

specialized auto accident unit from State Patrol

non-specialized unit

Was there any history of "crazy driving" as an abusive tactic?

Yes  No  Unknown

**G. Prior Threats To Kill / Knowledge Of Level Of Dangerousness**

Do any law enforcement reports, charging papers or protection order narratives include descriptions of the following (if yes, indicate dates if possible):

	law enforcement reports	charging papers	protection order narratives	reported in counseling / advocacy	Reported to / witnessed by family / friends
threats to kill dv victim					
threats to kill children ,family members or friends					
suicide threats					
suicide attempts					
choking					
knife brandished					
knife used					
gun brandished					
gun used					
blunt object brandished					
blunt object used					
suspected or charged in death of former intimate partner					
former intimate partner died in an accident					
Other (specify)					

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## H. Criminal Justice System response to the fatality

### Law Enforcement

What agency(s) responded to the fatality (or incident which resulted in a fatality)?

Did law enforcement arrive  before or  after the fatal injury occurred?

What sort of call were law enforcement responding to:

- domestic violence  barricaded  possible suicide  possible DOA  suspicious circumstances  
 shots fired  other (specify)

If the situation was a barricade or hostage situation, were negotiators brought in?  yes  no

Were police forced to defend themselves or otherwise act with deadly force? (suicide by police)  yes  no

Was there enough information to immediately identify a suspect?

If no, how long did it take to identify a suspect? date suspect identified:

Was an arrest made at the scene of the fatality/fatal injury/attack?

Was there a tentative identification of a suspect or identification of a person of interest?  yes  no

How much time elapsed between the fatality and arrest of suspect? date of arrest:

Did law enforcement investigations identify enough information to charge the suspect?  yes  no

### Prosecution and Courts

Were criminal charges filed related to the fatality?  Yes  No

If No, were charges not filed because:

- it was a suicide/homicide  it was a suicide (no homicide involved)  
 it was ruled self defense  
 No for other reasons, please explain:

Against whom were charges filed?  domestic violence perpetrator  domestic violence victim  other(s)

original charges	Final charges:
1.	1.
2.	2.
3.	3.
4.	4.

What amount was bail set at?

Did the suspect make bail?

Was the suspect offered a plea bargain?

What factors informed the decision to offer a plea bargain:

If defendant did not plea, was the case tried before a jury?

trial date:		length of trial:		Sentencing date:	
Disposition:	<input type="checkbox"/> acquitted <input type="checkbox"/> probation # years/months: <input type="checkbox"/> prison # years/months: <input type="checkbox"/> jail # years/months			<input type="checkbox"/> suspended? <input type="checkbox"/> treatment <input type="checkbox"/> credit for time served (months/days)	

If on probation, what were the conditions of release?

Were any court orders issued? (i.e., a No Contact Order)

Were parental rights severed? yes no

### I. Status of Children after the fatality

Had CPS/CFS been involved with the family prior to the fatality?  yes no

Who made the decision about where children went immediately after the fatality?

DV victim  DV abuser  DV victim's family  DV abuser's family  law enforcement  CPS other\_\_\_\_\_

With whom were children placed immediately after the fatality?

DV victim  DV abuser  DV victim's family  DV abuser's family  foster care  group home other\_\_\_\_\_

Following the fatality:

Were the children ever placed with the DV abuser?  yes no

If yes, was this a formal placement?

Yes: Formal placement made by:  law enforcement  CPS  court  Other (specify)\_\_\_\_\_

No, informal/family placement (specify)\_\_\_\_\_

Were the children ever placed with the DV abuser's family?  yes no

If yes, was this a formal placement?

Yes: Formal placement made by:  law enforcement  CPS  court  Other (specify)\_\_\_\_\_

No, informal/family placement (specify)\_\_\_\_\_

Were the children moved multiple times (more than once)?  yes no

If children were placed in foster care, was a relative ever identified for permanent placement?  yes no

How long did it take to identify a relative for placement?

Were the policies of the Indian Child Welfare Act followed?  yes no unknown

Was the children's tribal status assessed?

If the children were members of a tribe, was the tribe contacted?

What factors influenced the placement decision?

Were children expected to testify at a trial?

What counseling / support did children receive after the fatality?

**J. Criminal Justice System involvement prior to the fatality (please complete for each contact)**

Pending criminal actions at time of the fatality in which domestic violence abuser was defendant

	court date		court date
protection order violation		stalking	
no contact order in place		sexual abuse of domestic violence victim	
no contact order violation		sexual abuse of children	
assault		other	

Pending criminal actions at time of the fatality in which domestic violence victim was defendant

	court date		court date
protection order violation		stalking	
no contact order in place		sexual abuse of domestic violence victim	
no contact order violation		sexual abuse of children	
assault		other	

Were domestic violence related charges ever dismissed against this domestic violence abuser with this dv victim?

yes  no

How many times? Official reason for dismissal

Does the domestic violence abuser have a prior history of domestic violence towards other victims?

Yes  No How many?

Was there ever any indication that the domestic violence perpetrator pressured the domestic violence victim to refuse cooperation with the prosecution, or to change the story from the initial statements?  Yes  No

**K. Batterer's Treatment/Perpetrator's Intervention Programs**

How many times had the domestic violence perpetrator been ordered to batterer's treatment? to anger management?

Was the treatment program state certified?  Yes  No  Unknown

Was certified batterer's treatment available:

In the county?  Yes  No  Unknown

In the abuser's first language?  Yes  No  Unknown

Was the DV victim contacted by the program?  Yes  No  Unknown

If yes, how?  Mail  Phone  Other \_\_\_\_\_  Unknown

By whom?  Victim liason  Treatment provider  Other \_\_\_\_\_  Unknown

Was the domestic violence perpetrator ordered to batterer's treatment by more than one jurisdiction?

How many times had the domestic violence perpetrator successfully completed batterer's treatment? Or anger management?

If the domestic violence perpetrator was in batterer's treatment, was there ever any talk of homicide or suicide?

Yes  No If yes, explain:

If yes, what actions were taken with reference to victim safety?

victim contacted and warned  dv perpetrator expelled from program  law enforcement notified  other

## L. Civil Actions

*Past, disputed and pending Civil Actions:*

	Against whom? (if applicable)	in place (date)	Being disputed? (Y/N)	pending action/decisions (date)
divorce				
parenting plan <b>(temporary)</b>				
primary physical custody				
visitation				
parenting evaluation				
parenting plan <b>(permanent)</b>				
primary physical custody				
visitation				
parenting evaluation				
child support collection				
civil orders <b>(temporary)</b>				
protection order				
restraining order				
anti harassment order				
civil orders <b>(permanent)</b>				
protection order				
restraining order				
anti harassment order				
Tribal Peacemaker Circle or other traditional dispute resolution order				
other				

*Custody*

For children of both the abuser and DV victim (children in common):

What were the actual custody arrangements? (check all that apply)

domestic violence victim		domestic violence abuser
	had sole physical custody	
	joint custody	
	unsupervised visitation	
	supervised visitation*	
	overnight visits	
	no visitation	

\*If supervised visitation, supervised by whom?  Visitation center  Abuser's family  Victim's family  Counselor  
 Clergy  Other  Unknown

Was there a court ordered custody plan?  Yes  No

If yes, what were the court-ordered custody arrangements? (check all that apply)

domestic violence victim		domestic violence abuser
	had sole physical custody	
	joint custody	
	unsupervised visitation	
	supervised visitation**	
	overnight visits	
	no visitation	

\*\*If supervised visitation, supervised by whom?  Visitation center  Abuser's family  Victim's family  Counselor  
 Clergy  Other  Unknown

*Threats regarding the children:*

Is there any indication that the following threats were ever made (indicate person threatening, nature of threat/action)

domestic violence perpetrator			domestic violence victim	
threatened to	actually did		threatened to	actually did
		take the children to a location unknown by the other for reasons other than their own or the parent's safety (please make a distinction between seeking safe shelter and 'kidnapping')		
		harm the children		
		kill the children		
	for how long?	otherwise deny the other person contact to the children		for how long?
Specify relationship		harm family members, new love interests, or friends	Specify relationship	

*Guardian ad Litem*

Yes

No

Had a guardian ad litem or Court Appointed Special Advocate been appointed?		
Had this person received training in identifying and responding to domestic violence?		

*Parenting Evaluations*

Had a parenting evaluation taken place?		
If yes, by whom?	<input type="checkbox"/> CPS <input type="checkbox"/> Family Court Services <input type="checkbox"/> Independent <input type="checkbox"/> Other (specify):	
Did the evaluator identify domestic violence?		
Were considerations for the domestic violence victim and children's safety built into the recommended plan?		

*Visitation*

Had the victim indicated fear of or reluctance for an arrangement including unsupervised visitation?		
Do affordable supervised visitation centers exist in the domestic violence victim's or the domestic violence perpetrator's community?		

**M. CPS/CFS involvement prior to the fatality**

According to CPS/CFS, were there any founded or unfounded (in CPS/CFS terms) allegations of child abuse filed against the domestic violence victim?  Yes  No

date	allegation	child involved	did CPS/CFS find the allegation to be founded or unfounded ?	consequences / follow up

According to CPS/CFS were there any founded or unfounded (in CPS/CFS terms) allegations of child abuse filed against the domestic violence perpetrator?  Yes  No

date	allegation	child involved	did CPS/CFS find the allegation to be founded or unfounded ?	consequences / follow up

	yes	no
Had the CPS/CFS worker received training regarding the identification of domestic violence and its role in child abuse?		
Did the CPS/CFS worker screen for domestic violence?		
Was domestic violence identified as an issue by the CPS/CFS worker?		
Was the dv victim given referrals to a dv program or legal advocacy by the CPS/CFS worker?		
Did domestic violence victim safety figure into the CPS/CFS plan for the family? (specify)		

According to CPS/CFS, had either the victim or perpetrator of domestic violence received services as victims of abuse when they were children? If yes, check off boxes below:

Domestic violence victim		Domestic violence perpetrator
	Unfounded reports filed	
	Founded reports filed (specify year and nature of report)	
	Was removed from home	
If yes, specify years in foster care:	Placed in foster care?	If yes, specify years in foster care:

#### N. Domestic Violence Perpetrator History Of Violence Towards Others

Is there any evidence that the domestic violence perpetrator was violent towards other people? (i.e., bar brawls, complaints filed by people other than the domestic violence victim, previous intimate partners, fighting with police...)

date	source of information	type of incident	Relationship to the victim	was an agency involved? If so, specify	outcome

Is there any evidence that the domestic violence perpetrator was violent or abusive towards animals?

date	source of information	type of incident	Relationship to the victim	was an agency involved? If so, specify	outcome

**O. School, Workplace and Public Assistance Response**

Was the domestic violence victim in school at any point during the relationship?  yes  no

If yes, specify type of school (Check all that apply):  middle school  high school  community college  
 private 4-year college  public college/university  other

	no	yes (specify incident)	If yes, what school?
Had the domestic violence perpetrator harassed, threatened or assaulted the victim at school or on the way to school?			<input type="checkbox"/> MS <input type="checkbox"/> HS <input type="checkbox"/> CC <input type="checkbox"/> Private 4yr <input type="checkbox"/> Public 4yr <input type="checkbox"/> Other
Were school officials notified of the existence of domestic violence?			<input type="checkbox"/> MS <input type="checkbox"/> HS <input type="checkbox"/> CC <input type="checkbox"/> Private 4yr <input type="checkbox"/> Public 4yr <input type="checkbox"/> Other
Were any provisions for the domestic violence victim's safety on campus implemented?			<input type="checkbox"/> MS <input type="checkbox"/> HS <input type="checkbox"/> CC <input type="checkbox"/> Private 4yr <input type="checkbox"/> Public 4yr <input type="checkbox"/> Other
Does the school have a policy for responding to domestic violence?			<input type="checkbox"/> MS <input type="checkbox"/> HS <input type="checkbox"/> CC <input type="checkbox"/> Private 4yr <input type="checkbox"/> Public 4yr <input type="checkbox"/> Other
Does the school have on campus resources for victims of domestic violence?			<input type="checkbox"/> MS <input type="checkbox"/> HS <input type="checkbox"/> CC <input type="checkbox"/> Private 4yr <input type="checkbox"/> Public 4yr <input type="checkbox"/> Other

Did the domestic violence victim hold a job prior to the fatality?  yes  no if yes, please answer the following:

	yes (specify)	no
Had the domestic violence perpetrator harassed, threatened or assaulted the victim at the workplace or on the way to work?		
Were supervisors aware of the existence of domestic violence?		
Were any provisions for the domestic violence victim's safety in the workplace implemented?		
Does the workplace have a policy for responding to domestic violence?		
Does the workplace provide any resources for victims of domestic violence?		

Was the domestic violence victim on any form of public assistance in the past?  yes  no  unknown

Was the domestic violence victim on any form of public assistance during the relationship?  yes  no If yes, answer the following:

	Yes (specify)	No
What training had the case worker had regarding domestic violence?		
Did the caseworker screen for domestic violence?		
If the domestic violence victim was on TANF, had she qualified for the domestic violence exceptions?		

**P. Medical**

	yes	no
Had the victim suffered prior injuries as a result of domestic violence?		
If yes: Did the victim receive medical care as a result of those injuries?		
If yes: Do hospital records make any note that injuries were domestic violence related?		
Do hospital records note having provided referrals/resources for domestic violence?		
<b>Did the victim access medical care for other reasons during the relationship?</b>		
If yes: Did providers screen for DV?		
Do providers routinely screen for DV?		
Did medical providers ever identify DV?		
Did the DV victim receive referrals/information?		
<b>If the domestic violence victim was pregnant in the 5 years prior to the fatality:</b>		
Had the domestic violence victim received prenatal care?		
If yes, starting what month of pregnancy?		
Did the prenatal care provider routinely screen for domestic violence?		
Was abuse identified during the course of prenatal care?		
Were referrals/DV information provided?		

Did any of the children's' medical providers identify DV as an issue in the home?		
If yes: Were referrals/DV information provided?		
Did any of the children receive medical care as a result of injuries in the home?		
If yes: Did providers identify abuse as an issue?		
If yes, describe: _____		

Summary of history of visits for injuries, accidents and trauma to hospital/medical by domestic violence victim

Date of visit	chief complaint	admit/discharge	disposition	domestic violence discussed?

Summary of history of visits to hospital/medical by children in the home for injuries, accidents and trauma

Date of visit	chief complaint	admit/discharge	disposition	any suspicion of abuse?

**Q. Access To Helping / Accountability Resources**

Did the domestic violence victim have access to a working telephone?  yes  no  unknown

If yes, where?  In the domestic violence victim's home  At the domestic violence victim's place of work  
 At friend/family/neighbor's  Cell phone  Other (specify)

How far did the domestic violence victim have to travel to access community resources in person?

Did the domestic violence victim have access to transportation?  yes  no

If yes, specify:  own car  borrowed car  public transportation  other (specify)

To the panel's knowledge, were any of the following agencies involved with the domestic violence victim or the domestic violence perpetrator in the past 5 years prior to the fatality? Check all that apply and list specific names:

dv victim	dv perpetrator	Organization	dv victim	dv perpetrator	Organization
		law enforcement			domestic violence victim shelter/safehouse
		city prosecutor			religious community / church / temple / mosque
		county prosecutor			community based legal advocacy
		court/judges (specify) <input type="checkbox"/> superior <input type="checkbox"/> district <input type="checkbox"/> municipal			court based legal advocacy
		family court			Protection order advocacy program
		probation			immigrant advocacy organization
		parole officer			animal control/humane society
		anger management program			Dept. of Child and Family Services (CPS, FRS)
		batterer's intervention program			culturally specific organization
		substance abuse program			TANF office
		mental health provider			TANF employment program
		health care provider			homeless shelter
		supervised visitation/drop off center			sexual assault program
		regional trauma center			other domestic violence victim services (i.e., support group, one to one counseling....)
		local hospital			other social services agency: specify
		Fire department			private/HMO Dr.
		ambulance services			emergency medical technician
		Daycare			Other (specify)

## R. Communication, Translation And Accessibility

### Disability

domestic violence victim		domestic violence perpetrator
	Physical disability (specify)	
	What sorts of accommodations were required for accessibility?	
	Cognitive disability (specify)	
	What sorts of accommodations were required for accessibility?	

### Communication and access to information

domestic violence victim			domestic violence perpetrator	
<input type="checkbox"/> English <input type="checkbox"/> other _____		First Language	<input type="checkbox"/> English <input type="checkbox"/> other _____	
<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown		Degree of literacy in written 1 <sup>st</sup> language	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown	
<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown		Degree of fluency in spoken English	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown	
<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown		Degree of literacy in written English	<input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Fluent <input type="checkbox"/> Unknown	
could speak/vocalize enough English to do the following without a translator/signer?				
yes	no	give a statement to law enforcement	yes	no
yes	no	understand spoken instructions or questions from law enforcement	yes	no
yes	no	receive meaningful counseling/advocacy in spoken English	yes	no

*Translation*

If the **domestic violence victim** had a limited capacity in spoken English, who provided translation in the following circumstances?

	With law enforcement	for protection orders	in criminal hearings	In probation meetings
no one				
children				
neighbor				
relative				
domestic violence perpetrator				
professional translator				
bilingual law enforcement officer or court personnel				
language bank				

If the **domestic violence abuser** possessed a limited capacity in spoken English, who provided translation in the following circumstances?

	With law enforcement	for protection orders	in criminal hearings	In probation meetings
no one				
children				
neighbor				
relative				
domestic violence perpetrator				
professional translator				
bilingual law enforcement officer or court personnel				
language bank				

Access to community resources for the **domestic violence victim**

service	exists in community in domestic violence victim's primary language?	domestic violence victim accessed in primary language	is there affordable translation available to make accessible?	domestic violence victim accessed via translation	accessible to a person with the domestic violence victim's physical or cognitive disabilities?
community based legal advocacy					
victim's shelter					
support groups					
mental health					
substance abuse					
homeless shelter					
criminal proceedings					
civil proceedings					
court based legal advocacy					
supervised visitation/drop off					
police department domestic violence unit					
specialized dv prosecutor's unit					
immigrant women's advocacy organization					
police DV unit					
prosecutor DV unit					
probation <input type="checkbox"/> specialized DV unit <input type="checkbox"/> municipal <input type="checkbox"/> state					
immigrant advocacy organization					
Other (specify)					

Access to community resources for the **domestic violence perpetrator**

service	exists in community in domestic violence perpetrator's primary language?	domestic violence perpetrator obtained service in primary language	translation available to make accessible?	domestic violence perpetrator obtained service via translation	accessible to a person with the domestic violence perpetrator's physical or cognitive disabilities?
batterer's treatment					
mental health					
substance abuse					
probation officer <input type="checkbox"/> muni <input type="checkbox"/> state					
criminal proceedings					
civil proceedings					
defense attorney					
Other (specify)					

**S. Substance Abuse / Mental Health**

domestic violence victim		domestic violence perpetrator
<input type="checkbox"/> no <input type="checkbox"/> Drugs <input type="checkbox"/> alcohol drug, if known	affected by drugs or alcohol at the time of the fatality?	<input type="checkbox"/> no <input type="checkbox"/> Drugs <input type="checkbox"/> alcohol drug, if known
enrollment in substance abuse treatment (specify program) <input type="checkbox"/> police reports <input type="checkbox"/> convictions <input type="checkbox"/> self identification other:	Has a history of substance abuse, indicated by:	enrollment in substance abuse treatment (specify program) <input type="checkbox"/> police reports <input type="checkbox"/> convictions <input type="checkbox"/> self identification other:
<input type="checkbox"/> crisis mental health response <input type="checkbox"/> inpatient treatment <input type="checkbox"/> outpatient treatment other: prescriptions for :	Had history of mental illness indicated by: (specify clinic, program or doctor)	<input type="checkbox"/> crisis mental health response <input type="checkbox"/> inpatient treatment <input type="checkbox"/> outpatient treatment other: prescriptions for:

*Substance abuse providers*

	Yes	No
Did the substance abuse provider have a dv assessment tool in place?		
Do the substance abuse counselors receive training regarding domestic violence?		

*Mental health providers*

Did mental health programs have a dv assessment tool in place?		
Did mental health providers have training regarding domestic violence?		

## T. Domestic Violence Victim's Efforts To Leave / End The Violence

If the victim was living with the domestic violence perpetrator at the time of death, had she/he attempted to move out and/or leave the relationship at a prior time?  Yes  No      If yes, how many times?

### Housing

Is there any evidence that the domestic violence victim sought shelter (please check):

type of program:	sought out and succeeded in obtaining shelter	sought out and did not succeed in obtaining shelter
domestic violence shelter	for how long?	Reason, if known:
homeless shelter	for how long?	Reason, if known:
transitional/long term shelter	for how long?	Reason, if known:
subsidized housing	for how long?	Reason, if known:

What is the average number of requests for shelter turned down by the domestic violence shelters in the area?

Were waiting lists for subsidized housing open in the domestic violence victim's area in the year prior to fatality?

How long would a domestic violence victim expect to wait for an opening in subsidized housing?

Was there an unusually low vacancy rate in the domestic violence victim's area, making rents high?

yes  no

What does the panel estimate rent would cost for the domestic violence victim (and her children)?

### Making ends meet

What percentage of the dv victim's income would have to go to rent?

What percentage of the total income would have to go to child care?

Is there any indication (for example, statements to friends, relatives, attorneys or advocates) that the domestic violence victim could not afford to leave the domestic violence perpetrator and still provide housing, clothing and food for the children?

yes  no

Are there any indications that the domestic violence perpetrator prevented the domestic violence victim from succeeding in work environments?  yes  no

### Other barriers

If it seems the domestic violence victim was seeking to escape the relationship, what other barriers to leaving were identified by the review panel?

## U. Domestic Violence Fatality Review Panel summary

Based on the information available to the Domestic Violence Fatality Review Panel, does the Panel agree that this is a domestic violence related death?  Yes  No

If not, please note why:

What prevention activities would the committee like to propose? (please elaborate)

- |   |  |
|---|--|
| <input type="checkbox"/> increase existing services for domestic violence victims | <input type="checkbox"/> changes in government agency practice   |
| <input type="checkbox"/> create new services for domestic violence victims        | <input type="checkbox"/> changes in non profit agency practice   |
| <input type="checkbox"/> increase services for domestic violence perpetrators     | <input type="checkbox"/> changes in other agency/organization practice (specify)                       |
| <input type="checkbox"/> create new services for domestic violence perpetrators   | <input type="checkbox"/> new programs  |
| <input type="checkbox"/> Legislation change                                       | <input type="checkbox"/> increased coordination / cooperation / communication<br>between ____ and ____ |
| <input type="checkbox"/> community safety project                                 | <input type="checkbox"/> increased training for _____ on _____   |
| <input type="checkbox"/> public forum   | <input type="checkbox"/> changes in TANF policy/implementation   |
| <input type="checkbox"/> education activities in schools                          | <input type="checkbox"/> other _____   |
| <input type="checkbox"/> education through media                                  |  |

Next steps or opportunities for change identified by the panel:

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**V. Which agencies were present and participated in the review?**

shelter/safehouse	batterer's intervention program
law enforcement	other social services agency: specify
city prosecutor	court advocate
county prosecutor	animal control/humane society
family court	Dept. of Child & Family Services (CPS/CFS, FRS)
municipal court	TANF case worker
mental health provider	Probation <input type="checkbox"/> municipal <input type="checkbox"/> state
court based legal advocate	parole
community based legal advocate	court/judges
health care providers	other
Health department program (specify)	