# DOMESTIC VIOLENCE ASSESSMENT WORKSHEET

Offender's Name:_____
Offender's DOB: _____
Police Department:_____
Officer's Name:_____
Report Number:_____
Date:_____

Victim's Name:_____
Victim's DOB:_____
Victim's home #:_____
Victim's cell #:_____
Work/Alternative #:_____
Victim's email:_____

***Check here if victim did not want to answer any of these questions.*** ☐

**Please provide as much information as possible to each answer. Information can also be documented in your report.**

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|---|---|
| **Has the physical violence increased in severity or frequency?** ☐ **Yes** ☐ **No** | **Have the Offender and Victim separated in last year?** ☐ **Yes** ☐ **No** |
| **Does the Offender have firearms or immediate and easy access to firearms through friend, family member, or 3rd party?** ☐ **Yes** ☐ **No** | **Has the Offender threatened or attempted suicide? When?** ☐ **Yes** ☐ **No** |
| **Has the Offender used or threatened to use a lethal weapon against Victim, such as made a direct threat, or brandished a weapon in front of the victim?** ☐ **Yes** ☐ **No** | **Is the Victim pregnant?** ☐ **Yes** ☐ **No** **Visibly?** ☐ **Yes** ☐ **No** |
| **Has the Offender threatened to kill the Victim?** ☐ **Yes** ☐ **No** | **Are there children living in the home that are not the Offender's?** ☐ **Yes** ☐ **No** |
| **Are threats recent and detailed?** ☐ **Yes** ☐ **No** | **Has the Offender committed prior violence toward others?** ☐ **Yes** ☐ **No** |
| **Has the Offender tried to kill the Victim?** ☐ **Yes** ☐ **No** | **Has the Offender avoided past police contact, such as leaving the scene before the police arrive?** ☐ **Yes** ☐ **No** |
| **Does Victim believe that Offender is capable of killing him/her?** ☐ **Yes** ☐ **No** | **Has the Offender prevented Victim from obtaining help?** ☐ **Yes** ☐ **No** |
| **Has the Offender choked/strangled/suffocated the Victim regardless of whether or not the victim has visible injuries or lost consciousness? (complete Strangulation Worksheet)** **Yes** **No** | **Has the Offender abused animals/pets?** ☐ **Yes** ☐ **No** |
| **Has the Offender choked/strangled, or suffocated the Victim multiple times?** ☐ **Yes** ☐ **No** | **Does the Offender have mental health issues?** ☐ **Yes** ☐ **No** |
| **Does the Offender control Victim's daily activities, e.g. such as by monitoring the victim's activities or relationships, or sought to restrict or control them?** ☐ **Yes** ☐ **No** | **Does the Offender misuse or has misused drugs/alcohol ?** ☐ **Yes** ☐ **No** |
| **Does the Offender exhibit extreme jealousy?** ☐ **Yes** ☐ **No** | **Is the Offender currently not employed?** ☐ **Yes** ☐ **No** |

Please list any other concerns that the Victim may have regarding safety issues:

_____

_____

**If strangulation occurred, please see additional Strangulation Tool**