

## 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.**

<b>Has the physical violence increased in severity or frequency?</b> Yes    No	<b>Have the Offender and Victim separated in last year?</b> Yes    No
<b>Does the Offender have firearms or immediate and easy access to firearms through friend, family member, or 3<sup>rd</sup> party?</b> Yes    No	<b>Has the Offender threatened or attempted suicide? When?</b> Yes    No
<b>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?</b> Yes    No	<b>Is the Victim pregnant?                      Visibly?</b> Yes    No    Yes    No
<b>Has the Offender threatened to kill the Victim?</b> Yes    No	<b>Are there children living in the home that are not the Offender's?</b> Yes    No
<b>Are threats recent and detailed?</b> Yes    No	<b>Has the Offender committed prior violence toward others?</b> Yes    No
<b>Has the Offender tried to kill the Victim?</b> Yes    No	<b>Has the Offender avoided past police contact, such as leaving the scene before the police arrive?</b> Yes    No
<b>Does Victim believe that Offender is capable of killing him/her?</b> Yes    No	<b>Has the Offender prevented Victim from obtaining help?</b> Yes    No
<b>Has the Offender choked/strangled/suffocated the Victim regardless of whether or not the victim has visible injuries or lost consciousness? (complete Strangulation Worksheet)</b> Yes    No	<b>Has the Offender abused animals/pets?</b> Yes    No
<b>Has the Offender choked/strangled, or suffocated the Victim multiple times?</b> Yes    No	<b>Does the Offender have mental health issues?</b> Yes    No
<b>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?</b> Yes    No	<b>Does the Offender misuse or has misused drugs/alcohol ?</b> Yes    No
<b>Does the Offender exhibit extreme jealousy?</b> Yes    No	<b>Is the Offender currently not employed?</b> Yes    No

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

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

