

RESTRAINING ORDERS: YES NO
 CURRENT EXPIRED
 TYPE: EMERGENCY TEMPORARY PERMANENT
 ISSUING COURT: _____
 ORDER OR DOCKET NUMBER: _____

VICTIM GIVEN:
 DOMESTIC VIOLENCE INFORMATION SHEET
 ADVISED OF 836 P.C.
 VICTIM ADVISED OF RIGHT TO A SUPPORT PERSON
 INCIDENT/CRIME CASE NUMBER
 ADVISED OF RIGHT OF EPO
 DOMESTIC VIOLENCE/FAMILY PROTECTION
 UNIT PHONE NUMBER _____

DO VICTIM AND/OR SUSPECT HAVE CUSTODY OF CHILDREN? YES NO

NAME: _____	DOB _____	<input type="checkbox"/> M <input type="checkbox"/> F
NAME: _____	DOB _____	<input type="checkbox"/> M <input type="checkbox"/> F
NAME: _____	DOB _____	<input type="checkbox"/> M <input type="checkbox"/> F
NAME: _____	DOB _____	<input type="checkbox"/> M <input type="checkbox"/> F
NAME: _____	DOB _____	<input type="checkbox"/> M <input type="checkbox"/> F
NAME: _____	DOB _____	<input type="checkbox"/> M <input type="checkbox"/> F
NAME: _____	DOB _____	<input type="checkbox"/> M <input type="checkbox"/> F

WITNESSES/CHILDREN

W1 _____ M/F
 Age _____
 Fearful
 Angry
 Calm
 Tearful/Crying
 Hysterical
 Nervous
 Upset
 Other: Explain _____

W2 _____ M/F
 Age _____
 Fearful
 Angry
 Calm
 Tearful/Crying
 Hysterical
 Nervous
 Upset
 Other: Explain _____

W3 _____ M/F
 Age _____
 Fearful
 Angry
 Calm
 Tearful/Crying
 Hysterical
 Nervous
 Upset
 Other: Explain _____

V. S.?

PHOTO TAKEN



HT. _____
WT. _____



PLEASE DRAW ON DIAGRAM(S) THE LOCATION OF ANY INJURIES.

V. S.?

PHOTO TAKEN



HT. _____
WT. _____



DOMESTIC VIOLENCE SUPPLEMENTAL 13700 P.C.

ORIGIN/CRIME DESCRIPTION

VICTIM'S NAME (Last/First/Middle)	DATE OF BIRTH	INCIDENT NUMBER
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VICTIM			INJURIES		
<input type="checkbox"/> UPSET	<input type="checkbox"/> CALM	<input type="checkbox"/> OTHER: EXPLAIN	<input type="checkbox"/> COMP OF PAIN	<input type="checkbox"/> HEAD INJURY	<input type="checkbox"/> OTHER: EXPLAIN
<input type="checkbox"/> CRYING	<input type="checkbox"/> NERVOUS		<input type="checkbox"/> BRUISE	<input type="checkbox"/> LACERATION(S)	<input type="checkbox"/> NO COMPLAINT
<input type="checkbox"/> FEARFUL			<input type="checkbox"/> ABRASION	<input type="checkbox"/> POSSIBLE BROKEN BONES	

SUSPECT			INJURIES		
<input type="checkbox"/> UPSET	<input type="checkbox"/> CALM	<input type="checkbox"/> OTHER: EXPLAIN	<input type="checkbox"/> COMP OF PAIN	<input type="checkbox"/> HEAD INJURY	<input type="checkbox"/> OTHER: EXPLAIN
<input type="checkbox"/> CRYING	<input type="checkbox"/> NERVOUS		<input type="checkbox"/> BRUISE	<input type="checkbox"/> LACERATION(S)	<input type="checkbox"/> NO COMPLAINT
<input type="checkbox"/> FEARFUL			<input type="checkbox"/> ABRASION	<input type="checkbox"/> POSSIBLE BROKEN BONES	

ATTACKED CHILDREN ATTACKED OTHER FAMILY MEMBER

RELATIONSHIP BETWEEN VICTIM AND SUSPECT

MARK ALL THAT APPLY

SPOUSE

FORMER SPOUSE

COHABITANTS

FORMER COHABITANTS LENGTH OF RELATIONSHIP _____ YEAR(S) _____ MONTH(S)

DATING/ENGAGED

FORMER DATING IF APPLICABLE, DATE THAT RELATIONSHIP ENDED: _____

SAME SEX

EMANCIPATED

PARENT OF CHILD _____ RELATIONSHIP

PREVIOUS HISTORY OF ABUSE

PRIOR HISTORY OF ABUSE YES NO

PRIOR ABUSE: NUMBER OF TIMES

DESCRIBE: _____

CASE NUMBER(S): _____

INVESTIGATING AGENCY: _____

MEDICAL TREATMENT

NONE

WILL SEEK OWN

FIRST AID

PARAMEDICS

HOSPITAL

REFUSED

PARAMEDICS AT SCENE? YES NO

UNIT NUMBER: _____

NAME(S) ID#: _____

HOSPITAL: _____

MEDICAL RELEASE SIGNED?

ATTENDING PHYSICIAN(S): _____

SUSPECT UNDER THE INFLUENCE OF : VICTIM UNDER THE INFLUENCE OF :

ALCOHOL DRUGS BOTH ALCOHOL DRUGS BOTH

EVIDENCE

EVIDENCE COLLECTED

FROM CRIME SCENE Other: Explain _____

HOSPITAL _____

Photos of victim's injuries: Yes No

Photos of suspect's injuries: Yes No

WEAPONRY/FIREARMS

Weapons/firearms used during incident: Yes No

Type of weapon used: _____

Weapon(s) impounded: Yes No

Firearm(s) impounded for safety: Yes No

Property Tag Number: _____

Does suspect have/own firearms? Rifle Shotgun Hand gun Pistol

WITNESSES

WITNESSES PRESENT DURING DOMESTIC VIOLENCE? Yes No

STATEMENT(S) TAKEN? Yes No

CHILDREN PRESENT DURING DOMESTIC VIOLENCE? Yes No

Names, Ages and DOB of ALL Children Present: _____

STATEMENT(S) TAKEN? Yes No

WITNESS INFO LISTED ON ARJIS FORMS? Yes No

IS VICTIM WILLING TO COOPERATE WITH THE COURT PROCESS? (DO NOT ASK IN THE PRESENCE OF THE SUSPECT) Yes No

REPORTING OFFICER	ID NUMBER	DIVISION WATCH	DATE AND TIME	
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ORIGIN/CRIME DESCRIPTION

EVIDENCE