

## DOMESTIC VIOLENCE ASSESSMENT

Chicago Police Department

INCIDENT INFORMATION	DATE OF OCCURRENCE		TIME OF OCCURRENCE		ADDRESS OF INCIDENT	
	BEAT OF OCCUR.	BEAT OF ASSIGN.	EVENT NO.		R D NO.	TYPE OF OFFENSE
	VICTIM'S NAME (LAST, FIRST)					PHONE NO.
	RELATIONSHIP TO OFFENDER				PRIMARY LANGUAGE SPOKEN	INTERPRETER NEEDED? <input type="checkbox"/> NO <input type="checkbox"/> YES
	OFFENDER'S NAME (LAST, FIRST)				DESCRIPTION	IF NEEDED, REFER TO SPECIAL ORDER S02-01-05 "LIMITED ENGLISH PROFICIENCY" IS OFFENDER IN CUSTODY? <input type="checkbox"/> YES <input type="checkbox"/> NO

ASSESSMENT		YES	NO	NO ANSWER
	1. HAS THE OFFENDER EVER USED OR THREATENED TO USE A WEAPON AGAINST YOU, YOUR CHILDREN, OR SOMEONE YOU CARE ABOUT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2. HAS THE OFFENDER THREATENED TO KILL YOU , YOUR CHILDREN, OR SOMEONE YOU CARE ABOUT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3. HAS THE OFFENDER EVER TRIED TO CHOKE YOU?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4. CAN THE OFFENDER OBTAIN A GUN EASILY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5. HAS THE OFFENDER EVER PREVENTED YOU FROM LEAVING, SEEKING ASSISTANCE, OR CALLING THE POLICE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	6. IS THE OFFENDER VIOLENTLY OR CONSTANTLY JEALOUS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	7. DOES THE OFFENDER CONTROL MOST OF YOUR DAILY ACTIVITIES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	8. HAVE YOU LEFT THE OFFENDER OR SEPARATED DUE TO DOMESTIC VIOLENCE OR ABUSE AFTER LIVING TOGETHER OR BEING MARRIED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9. HAS THE OFFENDER EXPERIENCED RECENT CHANGES THAT CAUSED MORE STRESS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	10. HAS THE OFFENDER TRIED OR THREATENED TO COMMIT SUICIDE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	11. DO YOU HAVE A CHILD THAT IS NOT THE OFFENDER'S?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12. HAS THE OFFENDER FOLLOWED, THREATENED OR MADE UNANNOUNCED VISITS TO YOUR WORKPLACE, SCHOOL, OR OTHER LOCATION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	13. DO YOU KNOW IF THERE IS A COURT ORDER AGAINST THE OFFENDER?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WAIVER	I UNDERSTAND THAT BY SIGNING THIS FORM, I AUTHORIZE THE CHICAGO POLICE DEPARTMENT TO PROVIDE MY DOMESTIC VIOLENCE ASSESSMENT INFORMATION TO ( <b>FAMILY RESCUE</b> OR THE <b>ILLINOIS DOMESTIC VIOLENCE HOTLINE</b> ) WHO PROVIDE SUPPORT SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THAT THEY MAY CONTACT ME.	
	SIGNATURE _____ DATE _____	<input type="checkbox"/> REFUSED _____ VICTIM'S INITIALS _____

AFTER THE VICTIM WAS ADVISED OF POSSIBLE RISK OF HARM, DID THE VICTIM SPEAK TO THE DOMESTIC VIOLENCE HOT LINE AT 1-877-863-6338 OR 1-877-863-6339 (TTY)? ☐ YES ☐ NO

DURING THIS INCIDENT, DID THE OFFENDER USE OR THREATEN TO USE A WEAPON AGAINST THE VICTIM; THREATEN TO KILL THE VICTIM, THEIR CHILDREN OR SOMEONE THEY CARE ABOUT; OR TRY TO CHOKE THE VICTIM? ☐ YES ☐ NO

EMAILED TO THE BUREAU OF DETECTIVES				RD NO.
<input type="checkbox"/> AREA NORTH	<input type="checkbox"/> AREA CENTRAL	<input type="checkbox"/> AREA SOUTH	DATE	
OFFICER'S NAME (PRINT LAST, FIRST)		SIGNATURE	STAR NO.	
			DATE & TIME SUBMITTED	
OFFICER'S NAME (PRINT LAST, FIRST)		SIGNATURE	STAR NO.	
			DATE & TIME SUBMITTED	
APPROVING SUPERVISOR (PRINT)		SIGNATURE	STAR NO.	DATE & TIME APPROVED
FOR REVIEW USE ONLY				
EMAILED TO THE RESEARCH & DEVELOPMENT DIVISION <input type="checkbox"/>		EMAILED TO THE STATE'S ATTORNEY'S OFFICE <input type="checkbox"/>		
DATE	TIME	DATE	TIME	
<input type="checkbox"/> 14TH DISTRICT		<input type="checkbox"/> 3RD DISTRICT OR <input type="checkbox"/> 4TH DISTRICT		
EMAILED TO THE DOMESTIC VIOLENCE HOTLINE <input type="checkbox"/>		EMAILED TO FAMILY RESCUE <input type="checkbox"/>		
DATE	TIME	DATE	TIME	