

RESTRAINING ORDERS: ☐ YES ☐ NO☐ CURRENT ☐ EXPIREDTYPE: ☐ 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 _____ ☐ M ☐ F

NAME: _____

DOB _____ ☐ M ☐ F

NAME: _____

DOB _____ ☐ M ☐ F

NAME: _____

DOB _____ ☐ M ☐ F

NAME: _____

DOB _____ ☐ M ☐ F

NAME: _____

DOB _____ ☐ M ☐ F

NAME: _____

DOB _____ ☐ M ☐ 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

VICTIM
☐ UPSET
☐ CRYING
☐ FEARFUL

☐ CALM
☐ NERVOUS
☐ OTHER: EXPLAIN _____**INJURIES**
☐ COMP OF PAIN
☐ BRUISE
☐ ABRASION

☐ HEAD INJURY
☐ LACERATION(s)
☐ POSSIBLE
BROKEN BONES

☐ OTHER: EXPLAIN
☐ NO COMPLAINT
SUSPECT
☐ UPSET
☐ CRYING
☐ FEARFUL

☐ CALM
☐ NERVOUS
☐ OTHER: EXPLAIN _____**INJURIES**
☐ COMP OF PAIN
☐ BRUISE
☐ ABRASION

☐ HEAD INJURY
☐ LACERATION(s)
☐ POSSIBLE
BROKEN BONES

☐ OTHER: EXPLAIN
☐ NO COMPLAINT
☐ ATTACKED CHILDREN☐ ATTACKED OTHER FAMILY MEMBER**RELATIONSHIP BETWEEN VICTIM AND SUSPECT**

MARK ALL THAT APPLY

☐ SPOUSE
☐ FORMER SPOUSE
☐ COHABITANTS
☐ FORMER COHABITANTS LENGTH OF RELATIONSHIP
☐ DATING/ENGAGED _____ YEAR(S) _____ MONTH(S)
☐ FORMER DATING
☐ SAME SEX IF APPLICABLE, DATE THAT
RELATIONSHIP ENDED: _____
☐ EMANCIPATED
☐ PARENT OF CHILD _____
RELATIONSHIP
PREVIOUS HISTORY OF ABUSEPRIOR HISTORY OF ABUSE ☐ YES ☐ NOPRIOR 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 ☐ NoPhotos of suspect's injuries: ☐ Yes ☐ No**WEAPONRY/FIREARMS**Weapons/firearms used during incident: ☐ Yes ☐ No

Type of weapon used: _____

Weapon(s) impounded: ☐ Yes ☐ NoFirearm(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 ☐ NoSTATEMENT(S) TAKEN? ☐ Yes ☐ NoCHILDREN PRESENT
DURING DOMESTIC VIOLENCE? ☐ Yes ☐ No

Names, Ages and DOB of ALL Children Present: _____

STATEMENT(S) TAKEN? ☐ Yes ☐ NoWITNESS INFO LISTED
ON ARJIS FORMS? ☐ Yes ☐ NoIS 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

ORIGIN/CRIME DESCRIPTION

EVIDENCE