

## **Domestic Violence Case Screening Checklist**

Case No. \_\_\_\_\_  
Suspect: \_\_\_\_\_ In custody \_\_ NO \_\_ Yes, as of \_\_\_\_\_

Victim: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Other contact person: \_\_\_\_\_  
Email: \_\_\_\_\_  
Initial Meeting Date: \_\_\_\_\_  
Relationship to Perpetrator: \_\_\_\_\_

Protective Order Issued: \_\_\_\_\_  
Terms: \_\_\_\_\_

### Received and Reviewed:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Police Reports  | <input type="checkbox"/> 9-1-1 call          | <input type="checkbox"/> Recorded Statements |
| <input type="checkbox"/> Photos          | <input type="checkbox"/> Witness Statements  | <input type="checkbox"/> Court documents     |
| <input type="checkbox"/> Medical Reports | <input type="checkbox"/> Defendant Interview | <input type="checkbox"/> Other:              |
| <input type="checkbox"/> Miranda form    | <input type="checkbox"/> Search warrant      | <input type="checkbox"/> Other:              |

Brief description of victim's report:

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Physical/Corroborating Evidence:

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Suspect admissions:

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Action to be taken:

- ☐ File Charge(s): \_\_\_\_\_
- ☐ Decline case: \_\_\_\_\_
- ☐ Further Investigation Requested: \_\_\_\_\_

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