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Justice Research and Statistics Association
777 North Capitol Street, N.E., Suite 801
Washington, D.C. 20002
(202) 842-9330

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Joan C. Weiss
Executive Director

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EXECUTIVE SUMMARY

The Violence Against Women Act of 1994 specified that a study be conducted of "how the States may collect centralized data bases on the incidence of sexual and domestic violence offenses within a State." The National Institute of Justice (NIJ) asked the Justice Research and Statistics Association (JRSA) to undertake a study of domestic and sexual violence incident data collection by the states. The study involved convening a panel of experts and surveying state Statistical Analysis Center (SAC) directors to determine how these data were collected in their states. The findings of this study were published in July 1996 in an NIJ Research Report entitled *Domestic and Sexual Violence Data Collection.*

In 1997, JRSA began the second phase of the study, which was designed to expand upon the findings of the first effort. The first step in this second study was to update the survey of SAC directors which provided the information included in the 1996 report. Changes in data collection procedures were noted, and the SAC directors were asked to provide the names of contacts in their states who could provide additional information on the states' databases. JRSA then interviewed these contacts, along with the directors of the state domestic violence and sexual assault coalitions, to obtain detailed information on the data collection systems. Copies of data collection forms and other system documentation were also obtained.

The study also examined the data collection systems in three states in greater detail by having the SACs in those states study and report on their state systems. The three state "case studies" were conducted in: (1) Iowa, which studied its National Incident-Based Reporting System (NIBRS)-compatible incident-based crime reporting system; (2) Connecticut, which examined its Family Violence Reporting Program, a specialized domestic violence data collection system; and (3) Illinois, which studied its new automated system for collecting domestic violence and sexual assault service provider data. Each SAC conducted interviews with knowledgeable individuals who provided information about how the data systems functioned, and surveyed data providers to determine how the information was collected and used at the local level.

OVERVIEW OF STATE DATA COLLECTION SYSTEMS

In our classification of state domestic violence and sexual assault data collection systems, we used as a baseline the Federal Bureau of Investigation's (FBI's) summary-based Uniform Crime Reporting (UCR) program. The study included only those data collection systems which provide more detailed data on domestic violence and sexual assault than can be obtained from the national summary system. Crime reporting to the FBI's UCR program under NIBRS was included in our study.

The systems reported here are divided into two basic types, depending on the source of the data: (1) law enforcement databases, which collect data on offenses reported to or arrests by local law enforcement agencies; and (2) service provider databases, which collect data on clients served by local domestic violence and sexual assault programs. A total of 34 states have some type of law enforcement data collection system for domestic violence, and 14 have this type of system for

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sexual assault data. A total of 16 states collect statewide domestic violence data from service providers, while 17 states maintain statewide systems for collecting sexual assault data. The service provider systems are further subdivided into incident-based systems (6 for domestic violence and 8 for sexual assault data) and summary systems (10 for domestic violence and 9 for sexual assault data).

Law Enforcement Incident-Based Crime Reporting Systems

Twelve states were identified that currently capture either domestic or sexual violence data statewide via an incident-based crime system. Some of these 12 state systems have been developed as a result of NIBRS, while others are state-based systems that are not necessarily compatible with NIBRS.

A total of 46 of the 54 states and territories surveyed indicated that they have implemented, or are working toward or planning to meet, the NIBRS data collection standards. For purposes of this study, only those states which estimated that the vast majority of crime in the state is reported through the state IBR system are considered to have "statewide" NIBRS-compatible data collection systems. This definition resulted in seven states being classified as NIBRS states, regardless of their status with regard to the FBI's process of certifying states to submit data to NIBRS.

NIBRS provides significant enhancements over the summary UCR system for reporting and analyzing domestic violence and sexual assault. In expanding the number of crimes for which offenses reported to the police are tracked, NIBRS includes the additional assault offense categories of simple assault and intimidation, which will facilitate the study of domestic violence, and the inclusion of the additional sex offense categories of forcible sodomy, sexual assault with an object, and forcible fondling, which will enhance the study of sexual violence.

NIBRS also includes an extensive list of codes for identifying the relationship between the victim and offender in every violent incident. These codes include relationships within the family (such as spouse, common-law spouse, and sibling), and outside the family (such as acquaintance, ex-spouse, and boy/girlfriend). These relationship codes allow for the identification of domestic violence incidents, and also permit more detailed analysis of sexual violence information (for example, specifying the extent to which perpetrators were known to victims, were friends, acquaintances or neighbors of victims, or were family members of victims).

There are, however, two potential drawbacks to the use of NIBRS to identify domestic violence cases. A comparison of NIBRS relationship codes with the possible various relationship criteria used in the states, shows that NIBRS is missing several possible relationship codes that could be relevant in domestic violence cases. For example, while NIBRS includes former spouses as a relationship, it omits other former intimate relationships, such as boyfriend/girlfriend, from its list. This omission may result in many domestic-related cases not being identified as such in NIBRS-compatible data collection systems. States can add their own additional relationship codes to their NIBRS systems, but these will not be reported when the data are examined at the national level.

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NIBRS includes 11 offenses for which only arrests, and not crimes, are reported. These include several offenses which are considered by some states to be domestic in nature, including "nonviolent family offenses," "trespassing," and "disorderly conduct." Thus some domestic-related offenses which do not result in an arrest will not be included in NIBRS-compatible data collection systems.

In addition to providing the ability to identify most domestic violence offenses, the NIBRS offense codes also allow for the analysis of sexual violence information. Under NIBRS, it will be possible to determine the extent to which perpetrators were known to victims, were friends, acquaintances or neighbors of victims, or were family members of victims.

In general, IBR systems provide information on characteristics of the victim and offender, along with information on the nature of the offense, whether a weapon was involved and if so, what type, and whether the victim was injured. Other variables captured in some of these systems include: whether or not a child was present during the incident, information on protection orders, and information on referrals to service providers.

Specialized Domestic and Sexual Violence Data Collection Systems: Incident-Based

Fourteen states collect statewide information on domestic violence or sexual assault incidents using specialized incident-based data collection forms. Incident-based data collection forms and activities are of two general types. About half of these states collect detailed information for every incident involving domestic or sexual violence. In the remaining states, only minimal information is recorded for each incident.

Specialized domestic violence and sexual violence systems generally capture similar, but more detailed, information regarding these incidents than the NIBRS/IBR systems. In addition to information about victims, offenders, and offenses, these systems may capture information on the specific circumstances surrounding the incident (for example, nature of the dispute or type of behavior involved); alcohol or drug involvement; presence of children; whether or not an arrest was made; prior abuse history; and whether a protection order was in effect.

Specialized Domestic and Sexual Violence Data Collection Systems: Summary-Based

Summary-based domestic violence and sexual assault reporting systems are used in nine states to capture the frequency of domestic and sexual violence incidents in each jurisdiction. In general, summary domestic violence and sexual assault specialized data collection systems collect data in the same manner as summary UCR systems.

Summary reporting forms typically provide less information on domestic violence and sexual assault incidents than incident-based forms. In general, little more is reported than the frequency of calls for service or incidents, with specifications for offense type or relationship. While most of the systems specify the nature of the offense, only a few capture victim or offender characteristics or victim/offender relationship.

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Service Provider Systems: Client-Based

Spurred by the reporting requirements of federal and state agencies which fund domestic violence and sexual assault programs, and facilitated by coordination efforts of statewide coalitions, many states are now moving toward the development of centralized statewide data systems to capture client and service information on victims of both domestic and sexual violence. Nine data collection systems were identified that maintain information at the state level on each client served. In addition, nine states indicated that they are in the process of developing statewide client-based systems.

The information maintained in client-based systems is collected by staff from clients who request services from the program. In most systems, information is collected from hotline calls as well as from programs providing face-to-face services to victims. The data for most of these systems are obtained through a client intake process utilizing standard client or intake forms. Some of the newer systems involve direct computer entry at each local program.

One of the issues in considering client-based data systems as a source of information on the incidence of domestic and/or sexual violence is being able to clearly identify the client population. Thus, data systems should have the capacity to identify primary victims (as opposed to children or significant others who are also receiving services), new clients or incidents (as opposed to multiple contacts with the service provider related to a single incident), the type of abuse (especially in those systems which collect information on both domestic violence and sexual assault), and the time period during which the incident occurred (for example, whether a rape victim is calling about an incident that occurred recently or five years ago).

It should be noted that the capability of these systems to identify clients may vary depending upon which reporting source is considered. Many of these systems employ separate reporting procedures for hotline or crisis calls, for example, which provide less information than for other types of sources. In addition, crisis data may be more incomplete than those from other sources, since programs place a priority on service provision rather than data collection in these types of cases.

Service Provider Systems: Summary-Based

Many states utilize statewide summary systems to collect information from service providers. These systems, like the client-based systems previously discussed, have been implemented for the purpose of providing information to funding sources. Thus these summary-based service provider systems tend to focus on the number of clients and services provided. Because of the limited nature and purposes of these systems, rarely does information summarized at the state level appear to provide an indicator of the frequency of incidents or offenses. This is primarily due to the lack of information available in these systems for identifying clients. Thus, while some of the data from these summary systems may provide useful estimates of the incidence of

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domestic violence in a state (such as the number of new victims), the available information from such systems is of limited utility.

Summary

Each of the three types of data collection systems examined here has advantages and disadvantages. The two approaches that yield the most complete data on domestic violence and sexual assault are the specialized incident-based data collection systems and the service provider incident-based systems. The former systems are based on official reports to police, and are therefore limited to the extent that domestic violence and sexual assault incidents are not reported to the police. Service provider incident-based systems provide information on all clients who receive services, regardless of whether and when an incident has occurred. In order to be useful for estimating the incidence of domestic violence, these systems must allow for the identification of a primary victim, and for individuals who receive services on more than one occasion for the same incident. Regardless of which system is implemented, it should provide detailed information on the victim, the offender, and the characteristics of the incident.

NIBRS provides the most promise for comparing incident rates across states. NIBRS has the advantage of allowing for standard definitions of domestic violence and sexual assault based on offense and relationship codes. States can also add codes to identify domestic violence cases, and codes for their unique state statutes. Since NIBRS is a general crime reporting system, however, it does not provide as much detailed information on domestic violence and sexual assault incidents as do specialized or service provider systems. Nevertheless, states which implement incident-based crime reporting systems such as NIBRS may find that it is no longer necessary nor desirable to maintain specialized data collection systems for domestic violence or sexual assault.

STATE CASE STUDIES

Iowa's Incident-Based Crime Reporting System

Conversion from summary to incident-based reporting (IBR) in Iowa was completed January 1, 1991. Iowa was the fifth state to be accepted as a certified "reporting state" of incident-based crime data to NIBRS. Iowa incorporated its incident-based domestic violence data and hate/bias crime data as part of the new IBR system, housing all crime data in one computerized system. Including domestic violence data collection as part of the new IBR system was relatively straightforward, since the existing domestic violence data collection was already incident-based, and since the data elements included in the new IBR system were compatible with those collected in the previous incident-based domestic violence system.

One of the issues associated with the switch to incident-based reporting in Iowa was the resulting decrease in reporting on the part of local law enforcement agencies. In the final year of the summary-based system, all 225 eligible agencies in the state reported crime figures directly to the Department of Public Safety. In 1991, the first full year of reporting under the new IBR system, only 61% of proportion eligible agencies reported data. In 1996, at the end of its sixth year of

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operation, 185 departments, or about 80% of eligible agencies, were direct contributors to the state. Some of the current non-reporters are among the largest departments in Iowa: Cedar Rapids, the state's second-largest city, and Council Bluffs, the sixth-largest, are among them.

The most frequently reported reasons for non-reporting to the state IBR system were lack of compatible software and lack of data entry personnel. Other reasons given for not participating included lack of compatible hardware and having no computer system appropriate for UCR participation.

Connecticut's Family Violence Reporting Program

Connecticut's Family Violence Reporting Program was instituted in 1986. Completion of a family violence offense report is required for each family violence incident regardless of whether or not an arrest occurs. The data form completed by law enforcement agencies collects information on the date and time of the offense; the nature of the offense; number and type of weapons involved; seriousness of injury; whether or not alcohol or drugs were involved; whether or not there was a prior court order; the victim-offender relationship; and whether children were present or involved.

Connecticut's law enforcement agencies are currently in the process of converting from summary-based crime reporting to incident based reporting (NIBRS). Approximately 30 of Connecticut's 99 law enforcement agencies are currently collecting NIBRS data. The data components of the Family Violence Reporting Program are being incorporated into the NIBRS reporting program. Connecticut will continue to collect data using the current reporting program until NIBRS becomes operational statewide.

One of the advantages of specialized data collection systems is their ability to collect more detailed information on domestic violence than can be collected under more general crime reporting systems. One of the main advantages of Connecticut's Family Reporting Program is its ability to provide consistent data on family violence over a long period of time, allowing researchers and policymakers access to information on long-term trends in domestic violence in their state.

Illinois' InfoNet System

The Illinois Criminal Justice Information Authority's (ICJIA) InfoNet is a new system designed to collect victim data statewide. The InfoNet is a tool to automate the required victim and service information that is reported by ICJIA-funded service agencies. This tool also allows each service provider to easily collect a variety of case level information including the victim's circumstances, the court proceedings, and the services provided to the victim, and to create reports for other funding agencies. All of the information recorded by the service providers is kept confidential using a unique identifier for each client.

ICJIA staff has worked closely with the state's domestic violence and sexual assault coalitions to create data entry screens which were customized to local programs' needs. Data entry using the

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InfoNet software began at local domestic violence agencies in October 1997 and at sexual assault service provider agencies in July 1998. The InfoNet will allow the coalitions to answer questions about the amount and nature of victim services provided by their member agencies.

The InfoNet database was designed to link a program's entire structure in order to both record and calculate a variety of administrative and service information. The relational database includes information on victims and offenders, program staff, volunteers, and financial information. Data entry for the InfoNet system is completed at the reporting agency's site. Staff from ICJIA created the manual to guide the agencies as they set up the software and security systems of the InfoNet. ICJIA staff also held user group meetings to train and pilot the InfoNet system. Throughout the pilot and training process ICJIA compiled the opinions and reactions of users. The results from individual agencies have been overwhelmingly positive despite the difficulties of learning this new and complex automated system of data collection.

RECOMMENDATIONS

Based on the assessment of current state efforts and the case studies of three different state systems, the following are recommendations for the states with regard to domestic violence and sexual assault data collections systems:

- States should implement incident-based reporting systems which use offense and relationship codes that are compatible with the National Incident-Based Crime Reporting System (NIBRS).
- States should move toward implementing incident-based service provider domestic violence and sexual assault data collection systems.
- States should develop guidance and implement training on how to identify and report cases of domestic violence and sexual assault.
- States, with assistance from the federal government, should develop initiatives to analyze and validate domestic violence and sexual assault data being collected by statewide incident-based systems.
- States, with assistance from the federal government, should begin developing linkages among the various state data systems that collect information relevant to domestic violence and sexual assault incidents.

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BACKGROUND AND METHODOLOGY

The Violence Against Women Act of 1994 specified that a study be conducted on "how the States may collect centralized data bases on the incidence of sexual and domestic violence offenses within a State." The National Institute of Justice (NIJ) asked the Justice Research and Statistics Association (JRSA) to undertake a study of domestic and sexual violence incident data collection by the states. In response to this request, JRSA convened a panel of experts representing backgrounds in criminal justice statistics, law enforcement, and victim services to provide comments and suggestions regarding domestic and sexual violence data collection. In addition, JRSA surveyed state Statistical Analysis Center (SAC) directors to determine how these data were collected in their states. The findings of this study were published in July 1996 in an NIJ Research Report entitled *Domestic and Sexual Violence Data Collection*. The current study expands on the findings of our previous effort by conducting a more in-depth assessment of states' efforts to collect domestic violence and sexual assault data.

The first step in the current study was to update the survey of SAC directors which provided the information included in the 1996 report. Changes in data collection procedures were noted, and the SAC directors were asked to provide the names of contacts in their states who could provide additional information on the states' databases. The contacts provided were most often the SAC directors themselves or contacts in the state's Uniform Crime Reporting (UCR) office.

In order to collect more detailed information about the data collection systems in the states, we interviewed by phone the contacts provided by the SACs. These systems were limited to law enforcement-based systems and specialized domestic violence and sexual assault systems. Contacts in all 50 states and four additional jurisdictions (Washington, D.C., Northern Mariana Islands, Puerto Rico, and the Virgin Islands) were interviewed to verify the status of their systems, to identify any newly developed systems, and to collect additional information on the systems identified. If the contact person could not provide the required information, that person was asked for additional names of individuals who would be knowledgeable about the systems. These individuals were then contacted. Appendix B lists the names of all of the individuals contacted during the course of the study.

Copies of data collection forms or content descriptions of automated systems were requested of the individuals who were contacted regarding the data collection systems. Forms and other system documentation were received from most of the states contacted. This material was reviewed and used in conjunction with the interview information to develop the system descriptions and classifications discussed in the study. Appendix C includes copies of all of the data collection forms and system description information received from the states.

As information was being collected, the decision was made to expand the scope of the data collection to include service provider-based data collection systems. In some states, contacts for the other systems provided us with information regarding service provider systems. However, in order to be sure that we had obtained comprehensive information on all such systems in the country, we obtained lists of the contacts for the domestic violence and sexual assault coalitions in each state. We then contacted each coalition in each state and asked them about the existence

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in their state of domestic violence or sexual assault data collection systems in which service providers collected information regarding victims receiving services. Again, contacts were asked for some basic information regarding any identified systems, and were asked to forward copies of data collection forms or system descriptions. Appendix B also lists the individuals who were contacted from the coalitions.

All of the above-referenced contacts with the states were carried out in late 1997 and early 1998. Follow-ups were conducted to obtain data collection forms where they had been promised but not received. These follow-ups were generally completed by the summer of 1998. Thus the information presented in this report is accurate for that time period, but does not reflect changes and additional systems that were put in place after the middle of 1998, with the exception of the states' status with regard to NIBRS certification, which is accurate as of August 1999.

Early in the project, a meeting of nine SAC representatives was convened to identify and discuss the issues associated with statewide domestic violence and sexual assault data collection. The nine SAC representatives (Colorado, Connecticut, Delaware, Florida, Iowa, Massachusetts, New Jersey, New York, and Wisconsin) presented overviews of the data collection systems in their states. The group reviewed the various issues associated with the collection of data from summary and incident-based systems, including how best to collect the data and assure their accuracy. The group confirmed the utility of the classification of state data collection systems ultimately used in the study, and discussed the advantages of a fully developed incident-based reporting system such as the Federal Bureau of Investigation's (FBI's) National Incident-Based Reporting System (NIBRS) or a state's own incident-based reporting (IBR) system for the collection of domestic violence and sexual assault data.

Finally, three state SACs were selected to conduct more in-depth studies of the data collection systems in their states. Each was selected to serve as an example of a specific type of data collection system: (1) Iowa (an incident-based crime reporting system); (2) Connecticut (a specialized incident-based domestic violence data collection system); and (3) Illinois (a service provider data collection system). The SACs conducted interviews and surveys of data providers and users in order to provide a history and description of the data collection system, and information regarding how the data are collected and used.

This report is divided into three major sections. The first section presents the findings of the results of our analysis of state systems for collecting and reporting domestic violence and sexual assault data. The second section presents the findings of the state Statistical Analysis Center studies of the data collection systems in their states: Iowa's incident-based crime reporting system, Connecticut's specialized domestic violence data collection system, and Illinois' service provider information system. The final section of the report presents recommendations to the states for improving the collection of domestic violence and sexual assault data.

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SECTION I. DATA COLLECTION SYSTEMS

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OVERVIEW OF STATE DATA COLLECTION SYSTEMS

In our classification of state domestic violence and sexual assault data collection systems, we have used as a baseline the FBI's summary-based UCR program. We have not included state systems which report summary data to UCR as part of our assessment, since these systems provide limited data on domestic violence and sexual assault. Rather, we have included only those data collection systems which provide more detailed data on domestic violence and sexual assault than can be obtained from the national summary system. Crime reporting to the FBI's UCR program under NIBRS is included in our study.

The systems reported here are divided into two basic types, depending on the source of the data: (1) law enforcement databases, which collect data on offenses reported to or arrests by local law enforcement agencies; and (2) service provider databases, which collect data on clients served by local domestic violence and sexual assault programs. A total of 34 states have some type of law enforcement data collection system for domestic violence, and 14 have this type of system for sexual assault data. The other main category of state data collection systems examined here are those which collect data on numbers of clients served from local domestic violence and sexual assault service provider programs, including domestic violence shelters, rape crisis centers, non-residential domestic violence and sexual assault programs, and hotlines. A total of 16 states collect statewide domestic violence data from service providers, while 17 states maintain statewide systems for collecting sexual assault data from service providers. The service provider systems are further subdivided into incident-based systems (6 for domestic violence and 8 for sexual assault data) and summary systems (10 for domestic violence and 9 for sexual assault data).

Table 1 provides a summary of the states' domestic violence and sexual assault data collection systems according to the classification scheme outlined above. States which currently operate the system under consideration are marked by the symbol "**X**," while states which are developing or plan to develop the system are marked by the symbol "*x*."

The first three columns of the table provide each state's status with regard to NIBRS. Since NIBRS represents the possibility of national-level reporting of detailed domestic violence and sexual assault data, it is discussed extensively in the section on statewide incident-based crime reporting systems. The remaining columns of the table indicate which states have domestic violence and sexual assault data collection systems for each of the remaining categories discussed above.

Definitional Issues

One of the difficulties in developing estimates of the incidence of domestic violence from state and local data collection systems is the lack of standardized definitions of domestic and family violence. Most states define domestic violence in their state statutes, while others define it specifically for data collection purposes. State definitions vary according to which offenses are specified, and which relationships are included. About half of the states have specific domestic

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Table 1. Statewide Domestic and Sexual Violence Data Collection Systems

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violence battery offenses, which may be misdemeanors or felonies.[1] The remaining states classify domestic violence offenses according to the nature of the offense, most commonly simple or misdemeanor-level assaults.

Table A in Appendix A illustrates variations in offense criteria that are used by the states, and which result in a case being counted a domestic violence case. The table lists 29 states which collect relatively detailed information on domestic violence offenses. The table shows the variety of offenses that are specified in the states' statutes or database definitions of domestic violence. For example, only 7 of the 29 states specifically identify property offenses, including destruction of property and vandalism, in their definitions of domestic violence. Similarly, 9 states specify sexual offenses, such as sexual assault, as part of their criteria for identifying domestic violence cases.

Table B in Appendix A shows the relationship criteria specified by the same 29 states. Again, wide variation in the definitions is apparent. For example, while almost all states include spouses, ex-spouses, household members, and those who have a child in common as relationships that define domestic violence, only 10 states include other intimate relationships, such as boyfriend/girlfriend, in their definitions of domestic violence.

As noted above, these criteria determine which cases are identified in databases as being domestic in nature. This makes comparing domestic violence cases across states where definitions vary difficult, since a case that might be included in one state would be excluded in another. These definitional issues should be considered in the ensuing discussions regarding the various state data collection systems.

Confidentiality Issues

Another concern that underlies the development of domestic violence and sexual assault data collection systems is the issue of the confidentiality of the data collected. To maintain the safety of clients and to provide the best services possible, it is important that the identity of clients remain confidential, along with any information they may provide. This is especially relevant for service provider data collection systems, which use client referrals for service as their basic source of information. Moreover, as states and localities see the benefits of sharing information among various agencies, the issue of how to maintain clients' confidentiality will become even more challenging.

[1] Miller, Neal, *Domestic Violence Legislation Affecting Police and Prosecutor Responsibilities in the United States: Inferences from a 50-State Review of State Statutory Codes*. Institute for Law and Justice, September, 1997.

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LAW ENFORCEMENT INCIDENT-BASED CRIME REPORTING SYSTEMS

Statewide incident-based crime reporting (IBR) systems involve the collection and maintenance at the state level of standardized information on each incident of crime reported by law enforcement agencies throughout the state. An incident is typically defined as a single event, independent of the number of offenders, victims, or subsequent charges. Law enforcement officers responding to an incident usually complete a standard, pre-coded incident reporting form which includes information on the victim(s), offender(s), offense(s) and charge(s), property involved, and/or arrest(s). The amount of information pre-coded on the form, as contrasted with the amount left as free text, varies from state to state.

As noted previously, 12 states were identified that currently capture either domestic violence or sexual violence data statewide via an incident-based crime system. These 12 state systems can be categorized as one of two major types: NIBRS-compatible systems and state IBR systems. The characteristics of each of these types will be discussed in turn.

NIBRS-Compatible IBR Systems

The National Incident-Based Reporting System has been proposed as the new uniform crime reporting system for the country. NIBRS is an incident-based reporting system through which data are collected on each single crime occurrence. NIBRS collects data on each single incident and arrest within 22 offense categories made up of 46 specific crimes called Group A offenses. Facts about each crime are collected for each of the offenses coming to the attention of law enforcement. In addition to the Group A offenses, there are 11 Group B offense categories for which only arrest data are reported. The FBI has published standards for the submission of statewide incident-based crime information to NIBRS. States which meet the standard are certified by the FBI to submit data regardless of the number or percentage of local law enforcement agencies reporting data to the state. Since NIBRS has the potential to provide a great deal more information regarding domestic violence and sexual assault than the summary-based UCR system, the current study collected information on the status of NIBRS implementation in the states, summarized in Table 1.

A total of 46 of the 54 states and territories surveyed indicated that they have implemented, or are working toward or planning to meet, the NIBRS data collection standards. For purposes of this study, only those states which estimated that the vast majority of crime in the state is reported through the state IBR system are considered to have "statewide" NIBRS-compatible data collection systems. This definition resulted in seven states being classified as NIBRS states: Delaware, Idaho, Iowa, Kansas, North Dakota, South Carolina, and Vermont. These states are not all currently certified NIBRS states by the FBI (Delaware and Kansas are currently being tested for certification; the other five states are certified). An additional 12 states (Colorado, Connecticut, Massachusetts, Michigan, Nebraska, Ohio, Tennessee, Texas, Utah, Virginia, West Virginia and Wisconsin) are certified NIBRS states by the FBI, but are not classified as having statewide systems in Table 1, since most of the crime in the state is not covered under the IBR

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system (for example, Virginia has been NIBRS-certified by the FBI, but as of August 1998, only about 19% of the crime in the state is currently covered by law enforcement agencies reporting to the NIBRS system).

As the summary data presented in Table 1 suggest, there is considerable variation among the states in terms of their progress toward development of NIBRS-compatible crime reporting systems and the degree to which those which do have such systems have been successful in getting local law enforcement agencies to report their crime data to the system. These issues are examined in greater detail in a later section of this report.

NIBRS provides significant enhancements over the summary UCR system for reporting and analyzing domestic violence and sexual assault. First, NIBRS expands the number of crimes for which offenses reported to the police are tracked. Under the current summary UCR system, offenses reported to the police are reported for only the most serious crimes (known as Part I crimes). Under NIBRS, offenses reported are tracked for all Group A offenses. Of greatest importance is the inclusion of the additional assault offense categories of simple assault and intimidation, which will facilitate the study of domestic violence, and the inclusion of the additional sex offense categories of forcible sodomy, sexual assault with an object, and forcible fondling, which will enhance the study of sexual violence.

In addition to an expanded offense list, NIBRS includes an extensive list of codes for identifying the relationship between the victim and offender in every violent incident (see Table 2). These codes include relationships within the family (such as spouse, common-law spouse, and sibling), and outside the family (such as acquaintance, ex-spouse, and boy/girlfriend). Since the current UCR is summary-based, no information regarding relationships is available (except for homicides, for which the Supplemental Homicide Reporting form collects information on each incident). The inclusion of this information for all violent offenses provides the ability to identify offenses in which the offender and victim are related, thus providing the capability for identifying domestic violence offenses. Moreover, the extensive range of relationship codes in NIBRS allows for the identification of cases based on differing definitions of domestic violence (e.g., violence between spouses or ex-spouses).

There are, however, two potential drawbacks to the use of NIBRS to identify domestic violence cases. A comparison of the relationship codes shown in Table 2 with the possible various relationship criteria used in the states, as depicted in Table B in Appendix A, shows that NIBRS is missing several possible relationship codes that could be relevant in domestic violence cases. For example, while NIBRS includes former spouses as a relationship, it omits other former intimate relationships, such as boyfriend/girlfriend, from its list. This omission may result in many domestic-related cases not being identified as such in NIBRS-compatible data collection systems. States can add their own additional relationship codes to their NIBRS systems, but these will not be reported when the data are examined at the national level.

As noted previously, NIBRS includes 11 Group B crimes for which only arrests, and not offenses, are reported. These include several offenses which, as can be seen from Table A in Appendix A, are considered by some states to be domestic in nature, including "nonviolent

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family offenses," "trespassing," and "disorderly conduct." Thus some domestic-related offenses which do not result in an arrest will not be included in NIBRS-compatible data collection systems.

In addition to providing the ability to identify most domestic violence offenses, the NIBRS offense codes also allow for the analysis of sexual violence information. Under NIBRS, it will be possible to determine the extent to which perpetrators were known to victims, were friends, acquaintances or neighbors of victims, or were family members of victims.

State Incident-Based Crime Reporting Systems

As Table 1 shows, five states in addition to those which are NIBRS-compatible maintain incident-based crime reporting systems. Two states (Alabama and Montana) and the District of Columbia report domestic violence and sexual assault data through their state IBR systems. Two

Table 2. Relationship Codes in NIBRS

Within the Family:	Outside Family But Known to Victim:
Victim was:	Victim was:
Spouse	Acquaintance
Common-law spouse	Friend
Parent	Neighbor
Sibling	Babysittee (baby)
Child	Boyfriend/girlfriend
Grandparent	Ex-spouse
Grandchild	Employer
In-law	Employee
Step-parent	Homosexual relationship
Step-child	Victim was otherwise known
Step-sibling	
Other family member	

additional states, Nebraska and Oregon, maintain special IBR systems that require further explanation. Both states have systems which consist of abbreviated information on incidents provided in the form of entries on a logging form.[2] Nebraska's IBR system collects data on forcible rape only, and so cannot provide any more detailed information on sexual assault incidents than would be available from a summary-based system. The state does identify domestic-related assaults with a special code, however, so it is shown in Table 1 as an IBR

[2] Nebraska has a certified NIBRS system which includes only part of the crime in the state, and is therefore not included as a "statewide" incident-based crime reporting system for purposes of this study. The statewide IBR system for Nebraska that is depicted in Table 1 and discussed in this section is based on the logging form, and is not the state's NIBRS system.

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system providing data on domestic violence only. Oregon's system captures crimes reported to the police for both Part I and Part II UCR offenses, and is therefore capable of providing more sexual assault information than a summary-based system. Since Oregon's system is not capable of identifying domestic violence offenses, it is classified in Table 1 as providing sexual assault data only.

Variations in Data Collection Practices

In addition to the data systems maintained by Nebraska and Oregon, there are some other notable variations in data collection practices among the 12 states with incident-based crime reporting systems. These include the following:

- Information from Delaware's IBR system is converted to meet both NIBRS and current UCR reporting specifications. In January of 1998, law enforcement officers began to use information on domestic violence incidents. The domestic incident report contains information concerning prior abuse-related activity, protection orders, prior system contacts, and a risk assessment.

- North Dakota's NIBRS system covers approximately 80% of reported crime. To complete statewide data collection on domestic and sexual violence, grant funds from the S·T·O·P (Services·Training·Officers·Prosecutors) Violence Against Women Formula Grants Program are being used to complete NIBRS coding on violent offenses at non-participating agencies.

- The Vermont system is totally automated and uses no standardized forms. Officers enter relevant information directly into the system via computer terminals.

- Montana has several agencies which do not submit data in the NIBRS format. Various local automation systems are being utilized as well as some hard copy submissions. The data are converted by the state as best as possible to provide compatibility and complete the statewide system.

Characteristics of Incident-Based Crime Reporting Systems

Table 3 summarizes the characteristics of the 12 IBR systems. Some of the key components of the systems are discussed below.

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Table 3. Statewide Incident-Based Crime Reporting Systems

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Domestic Violence Indicators and Offense Codes

There are four methods by which domestic violence cases can be identified in the 12 IBR systems: relationship and offense codes, flags, specific offense codes, and specific crime statutes. The seven NIBRS-compatible systems can identify domestic violence cases using NIBRS relationship and offense codes. While states may vary in their individual definitions of what constitutes a domestic violence offense, comparable estimates across these seven states could be obtained using a standard definition compatible with NIBRS relationship and offense codes. Of the five non-NIBRS systems, two (Alabama and the District of Columbia) use relationship and offense codes to identify domestic violence cases.

Several of the NIBRS states (Delaware, Iowa, Kansas, and Vermont) and two of the states with state IBR systems (the District of Columbia and Nebraska) flag domestic violence cases when they are reported to the system. In most states a special line or box is included on the incident-based reporting form which the responding officer checks to indicate that the incident meets the appropriate criteria for reporting a domestic violence incident. In most states these criteria involve statutory definitions of domestic violence.[3]

Montana uses a specific UCR offense code for domestic assault that can be used to identify domestic violence cases. Two of the NIBRS/IBR states (Vermont and the District of Columbia) have specific statutes related to domestic violence which are coded on the data reporting form.

Information Available

Table 3 shows the information available from the systems regarding the victim, the offender, and other information about the incident. The seven NIBRS-compatible systems, along with the Alabama and D.C. systems, all collect similar information. Two of the state IBR systems (Nebraska and Oregon) appear to be primarily logging systems for type of offense and, as a result, can provide little information other than counts of incidents by offense type. Montana's system, once it is converted to meet NIBRS specifications, will collect the same types of data as the other NIBRS-compatible systems. The characteristics shown in Table 3 for Montana refer to the reporting capabilities of the state's IBR system in its current form.

Victim and Offender Characteristics

The age or date of birth, race/ethnicity, and gender of victims and offenders are consistently captured by the NIBRS-compatible systems and the state IBR systems in Alabama, the District of Columbia, and Montana. The only variation is the lack of ethnicity coding in the Alabama system. Oregon only captures the victim's gender in its incident-based UCR system. The relationship between the victim and the offender is captured in all systems except those of

[3]In Delaware, a separate incident form is completed in domestic violence cases meeting criteria indicated through special instructions from the Attorney General. When the information from these forms is merged with remaining state data, a flag is included for domestic violence cases.

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Montana, Nebraska and Oregon. The variations in coding of relationships was noted above in the discussion of domestic violence indicators.

Other Information

Several factors related to the offense are also typically captured by statewide IBR systems:

- Type of offense involved - this is included in all systems, although the categories used vary. These variations were examined above in the discussion of the identification of domestic violence offenses.

- Type of weapon involved - this factor is captured by all NIBRS systems and by systems in Alabama, the District of Columbia, and Nebraska. Both Alabama and Nebraska, however, utilize less specific weapon codes than those used in NIBRS.

- Injury to the victim - all NIBRS systems collect information about the type of injury to the victim. The District of Columbia's system captures injury in a similar manner, while Alabama's system records only treatment for an injury, but not the type of injury.

- Other variables - additional factors related to domestic violence are captured in four of the statewide systems. The presence of a child during the incident is recorded in both the Iowa and Kansas systems. Whether referrals were made to service providers is captured in Delaware and Iowa's systems. Finally, whether a victim had a protection order at the time of the incident is documented in Delaware and the District of Columbia's systems.

Documents Produced

Ten of the 12 states with IBR systems produce documents which focus on or include information on domestic or sexual violence. Nine states produce statistics in these areas as part of their state annual crime reports. North Dakota does not include this information in an annual crime report, but produces a special report focusing on domestic and sexual violence. In addition to including this information in their annual crime reports, Delaware and Alabama produce special domestic violence reports. Vermont, whose NIBRS system only recently became statewide, intends to begin producing reports in the near future.

Discussion of Incident-Based Crime Reporting Systems

Advantages

Incident-based crime reporting systems offer the potential for more in-depth analysis of crime data than is possible with summary-based systems. Incident-based information available at the state level allows for the examination of more specific types of crime, the reorganization of data

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to address more specific questions at the state level and across jurisdictions within the state, and the ability to explore complex relationships between multiple offenders and victims.

Under IBR systems such as NIBRS, states are better able to study the extent and nature of both domestic violence and sexual violence. The ability to connect victims and offenders through the use of extensive relationship codes, along with an expansion of the offenses for which crimes reported to the police are captured, allows states to explore the nature of domestic and sexual violence incidents reported to the police. The ability to select incidents of this specific nature for further study is available only with an incident-based system.

In addition, the use of standardized relationship and offense codes in NIBRS creates the potential for conducting comparisons between states based on similar criteria. Although the definitions and coding practices of individual states with regard to domestic violence and sexual assault offenses may vary, cross-state comparisons may still yield valuable information regarding the nature of these crimes. The addition of state-specific codes, statutes, and flags to NIBRS-compatible systems provides for both in-state and cross-state comparability, as well as providing data to analyze differences in definitions.

Finally, the collection of incident-based data at the state level provides the potential for merging this information with data from other sources to produce a more comprehensive assessment of domestic and sexual violence in the state. Many states indicated that crime information is subsequently merged with court or corrections files to provide an even more in-depth look at specific issues of interest.

Concerns

While incident-based systems are providing a wealth of information and possibilities for analysis at the state level, they have also added a level of complexity throughout the state which many are struggling to overcome. Many states are having difficulty in bringing all agencies on line with a standard system, providing adequate training to get consistent data collection, and obtaining all information requested in a timely fashion. These difficulties have the potential to negate the benefits of these systems.

Since incident-based systems collect data on all major crimes reported to the police, they do not provide detailed information about specific types of offenses, such as domestic or sexual violence. As a result, incident-based crime reporting systems are not as useful as specialized data collection systems for examining specific questions about the circumstances surrounding domestic violence or sexual violence incidents.

While the incident-based system allows for a greater wealth of information than summary-based systems, the complexity of the system, with multiple offenses, victims, and offenders, makes analysis more complicated. For example, 30 sexual assault incidents may yield 50 victim-to-offender relationships, which makes the interpretation and explanation of the data more difficult.

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As noted previously, incident-based systems that use only the NIBRS offense and relationship codes may miss some domestic violence cases that fall outside of these codes, such as relationships between former boyfriends and girlfriends. Thus, these systems may be defining domestic violence more narrowly than is usually the case.

Finally, as with any law enforcement reporting system, agencies can only report the offenses of which they are aware. These systems, therefore, suffer from the weakness of any crime reporting system in underestimating the incidence of domestic violence and sexual violence to the extent that these crimes are underreported by victims.

SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE DATA COLLECTION SYSTEMS: INCIDENT-BASED

As shown in Table 1, 14 states (Connecticut, Georgia, Illinois, Maryland, Michigan, Nevada, New Jersey, New York, Oklahoma, Rhode Island, Texas, West Virginia, Wisconsin, and Wyoming) were identified that collect statewide information on domestic violence incidents using specialized incident-based data collection forms. Two of these states, Rhode Island and Wisconsin, also collect incident-based information on sexual assault - Rhode Island with the same form and Wisconsin with a separate form. Table 4 summarizes the characteristics of these specialized systems.

Incident-based data collection forms and activities are of two general types. For eight of the 15 systems (Connecticut, Georgia, Nevada, New Jersey, New York, Rhode Island, Texas, and Wisconsin[4]), officers complete a standardized form for every incident involving domestic violence or sexual violence, as applicable. These are typically very comprehensive forms that provide detailed information about each incident. In the remaining seven systems (Illinois, Maryland, Michigan, Oklahoma, West Virginia, Wyoming, and Wisconsin[5]), information is logged onto a multiline form on which each line represents one incident. As would be expected, information captured by these latter systems is typically less comprehensive than that maintained by the eight states which use detailed forms to track incidents.

The data collection procedures and systems in several states represent notable variations from those typical of specialized reporting systems. These data collection practices are as follows:

- Connecticut requires local law enforcement agencies to submit domestic violence incident forms to the state system only when an arrest is made. Under Connecticut statutes, arrest is mandatory in domestic violence cases.

[4] Wisconsin's domestic violence form.

[5] Wisconsin's sexual violence form.

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- Georgia's system involves the submission of incident forms monthly. These are followed by the submission of clearance forms, as applicable.

- Approximately 50% of reported crime in Michigan is reported via a certified NIBRS system. Local law enforcement agencies not submitting NIBRS data must complete a supplemental domestic violence report. Domestic violence data from the two systems are summarized separately and added together for reporting purposes.

- Oklahoma's domestic violence logging form captures only date, time, and type of offense.

- Nevada's central repository accepts not only completed forms, but other paperwork with the required information highlighted. Coding is completed centrally, as necessary.

- Rhode Island's form is used for both domestic and sexual violence cases. Originally developed for domestic violence in 1988, it was revised in 1996 to cover sexual violence incidents as well.

Characteristics of Incident-Based Specialized Domestic Violence and Sexual Assault Systems

Table 4 summarizes the key characteristics of the incident-based specialized domestic and sexual violence data collection systems.

Defining Domestic Violence

While the data collected by specialized incident-based forms are similar to those collected by the statewide incident-based crime reporting systems, law enforcement officers in states with the former systems only provide information for incidents which have been classified as involving domestic violence and/or sexual violence. The determination by the officer or other agency personnel as to whether any given incident constitutes domestic violence or sexual assault is thus critical to a case's inclusion or exclusion from the data collection system.

In most of the states with these data collection systems, statutory definitions of domestic violence or sex crimes are used to determine the types of cases to be included in the system. In two states (Maryland and New York), domestic violence is defined by instructions on the incident form itself, without referral to statutory language. Michigan appears to have no standard statutory definition or instructions for how cases are to be identified as domestic violence or sexual assault.

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Table 4. Specialized Incident-Based Reporting Systems

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Information Available

Specialized domestic violence and sexual violence forms generally capture more information specifically related to these offenses than the NIBRS/IBR systems. Table 4 summarizes the specific information available in each state's system.

Victim and Offender Characteristics

As with the NIBRS/IBR systems, most specialized forms capture victim and offender characteristics. All states' specialized incident-based forms collect information on the age and gender of the victim and offender except Oklahoma's. Most forms also capture the race of both victim and offender.

Victim/Offender Relationship

While all forms except Oklahoma's include information on the relationship between the victim and offender, there is considerable variation among the states in the specific categories used to characterize the relationship. Several states use categories very similar to those used in NIBRS, but include additional categories such as "child-in-common." Other states employ categories that reflect the relationships specified in their state statutes as defining domestic violence; for example, "dating relationship," "co-habitant," or "former co-habitant." Two states (New Jersey and Rhode Island) include a separate data element to reflect living arrangement (in same household, for example) independent of relationship.

Offense-Related Information

All forms recorded some offense-related information, although variations in coding schemes were again evident. Offense codes used by states include NIBRS and UCR codes, state statutes, lists of offenses reflecting the state domestic violence definition, and lists of specific abusive behaviors (for example, biting and kicking). Agencies can either fill in the appropriate offense code or check one of a list of possible items.

Most states also capture weapon and injury information. Only Oklahoma does not record weapon use and Oklahoma and West Virginia do not capture victim injury. In general, codes found for weapon and injury on these forms have fewer categories than those used in NIBRS-compatible systems.

Other Information

The eight states which use single incident forms are more likely to include additional factors related to the incident than those states which log multiple incidents on the same form. Among the factors included by those eight states were:

- specific circumstances surrounding the incident (for example, nature of the dispute or type of behavior involved);

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- alcohol or drug involvement;
- presence of children;
- whether or not an arrest was made;
- prior abuse history;
- whether a protection order was in effect.

Documents Produced

Most states with specialized incident-based reporting systems summarize the data collected by the system in published reports. Eleven states include domestic violence sections in their annual state crime reports, while three produce special reports on domestic violence. Of the two states collecting sexual violence information, Rhode Island includes the information in its annual crime report while Wisconsin produces a special report.

Discussion of Specialized Incident-Based Domestic Violence and Sexual Assault Data Collection Systems

Advantages

Specialized incident-based systems provide greater analytic capability than summary-based systems. The advantages of incident-based data discussed previously for crime reporting incident-based systems like NIBRS also apply to these state systems. In addition, since these systems include only domestic violence and sexual assault incidents, they are likely to contain more data elements of direct relevance to these offenses. They therefore provide the potential for more detailed analysis of the factors related to domestic violence and sexual assault. This specificity also applies to the data elements and coding schemes used in the data collection systems. For example, the specific coding of the relationship between the victim and the offender to correspond with state definitions may be extremely useful for the state's study of its domestic violence policies and issues. However, the same categories would not be particularly instructive in the analysis of other types of crime.

Concerns

One of the drawbacks of this type of data collection system relates to concerns about its comprehensiveness in capturing domestic violence and sexual assault incidents. The decision regarding whether or not to report a given incident to the system is left to the discretion of the local law enforcement agency. The need for interpretations of what may be vague state definitions, the use of discretion based on the nature of the offense, and the disincentive associated with completing additional paperwork are all factors which may work to exclude some incidents from being reported to the system.

The fact that these specialized systems include specific elements and coding based on state definitions suggests that attempting to compare the data across states would be problematic. The opportunity afforded by NIBRS-compatible state systems to select cases based on standardized

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relationship and offense codes would not be as easily available in attempting comparisons across states with specialized systems.

Finally, state incident-based crime reporting systems also provide rich data on domestic violence and sexual assault incidents. As states move toward developing NIBRS-compatible crime reporting systems, there will be fewer states that are willing to maintain specialized domestic violence and sexual assault systems as well. Thus the types of specialized systems discussed here may be phased out in years to come as states move toward incident-based crime reporting.

SPECIALIZED DOMESTIC AND SEXUAL VIOLENCE DATA COLLECTION SYSTEMS: SUMMARY-BASED

Summary-based domestic violence and sexual assault reporting systems are used in nine states (California, Florida, Maine, Missouri, Ohio, Oregon, Puerto Rico, Tennessee, and Washington) to capture the frequency of domestic violence incidents in each jurisdiction. As part of its summary UCR system, Florida also captures enhanced sexual violence information.

In general, summary domestic violence and sexual assault specialized data collection systems collect data in the same manner as summary UCR systems. In fact, in three states (Florida, Maine, and Missouri) relevant domestic violence and/or sexual violence data are captured on the same UCR form required for all crime reporting. In Washington, while the information is captured on a separate form, it is submitted to the state with the UCR forms.

Each agency is required to submit summary reports on domestic violence incidents to a central agency. Reports are typically submitted monthly, although some states have quarterly reporting. Each agency is responsible for summarizing the required information for all incidents reported in its jurisdiction. At the state level, the information is again summarized across all jurisdictions. Notable variations in the methods by which states collect summary domestic violence and sexual assault data via specialized systems are as follows:

- California's law enforcement agencies report domestic violence-related calls for assistance. Information is also collected from other "jurisdictions," such as Parks and Recreation, school districts, and railroads.

- Florida's UCR form captures information on four types of sexual violence as well as domestic violence, making it the only system which provides both domestic violence and enhanced sexual violence information.

Characteristics of Specialized Summary Domestic Violence and Sexual Assault Data Collection Systems

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Table 5 summarizes the characteristics of the nine domestic violence and one sexual assault summary data collection systems.

Defining Domestic Violence

As with the prior systems discussed, state definitions of domestic violence determine which cases are reported to the state system. As Table 5 shows, most of the summary systems use statutory definitions to make this determination.

Information Available

Summary reporting forms typically provide less information on domestic violence and sexual assault incidents than incident-based forms. In general, little more is reported than the frequency of calls for service or incidents, with specifications for offense type or relationship. The Florida UCR system provides the frequency of offenses reported, clearances, adult/juvenile arrests, and weapon involvement for four sexual violence offenses.

Table 5 shows the information available under each state's system. Unlike the incident-based systems, which can produce data to analyze relationships between factors, these systems are capable of reporting only the total number of incidents falling under each category. Only five of the nine forms capture victim or offender characteristics or victim/offender relationship. Six of the nine forms specify the type of offense involved in the domestic violence incidents.

Documents Produced

Of the nine states with summary domestic violence reporting, six include this information in their state annual crime reports. Florida also includes its enhanced sexual violence information in its annual crime report. Florida and Puerto Rico include their summary domestic violence information in a separate report on domestic violence.

Discussion of Summary-Based Specialized Reporting Systems

Advantages

Specialized summary systems on domestic and/or sexual violence provide basic information on the extent and perhaps seriousness of the domestic or sexual violence problems reported to law enforcement. Counts for different categories of offenses, and various victim and offender characteristics, are also available from many of these systems. Thus these systems do provide basic information on the incidence of domestic violence or sexual assault as reported to law enforcement.

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Table 5. Specialized Summary Reporting Systems

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Concerns

These summary-based systems provide little information beyond numbers of incidents. Compared with other types of systems examined here, these systems allow for no further reorganization or analysis of the data at the state level. At the same time, systems which require counts across multiple categories of multiple factors (relationship by injury, for example) are likely to be cumbersome to complete unless factors are already automated. For these more complex summary forms, the submission of incident-based information might be easier for many local agencies.

As noted with the other systems, the identification of relevant cases may be of concern with summary forms. Such concerns are compounded by the use of summary forms since the determination of which cases to include in the local summary counts may actually be made by clerks or other office staff responsible for completing the reporting forms, as opposed to officers who have responded to the incident. Not only must the officer interpret and document information relevant to determining whether to report the incident, but another individual must interpret the offense definition and apply that definition to the information presented in the incident report.

SERVICE PROVIDER SYSTEMS - CLIENT-BASED

Spurred by the reporting requirements of federal and state agencies which fund domestic violence and sexual assault programs, and by coordination activities through statewide coalitions, many states are now moving toward the development of centralized statewide data systems to capture client and service information on victims of both domestic and sexual violence. As noted previously, these data collection systems can be divided into those which collect information on each client (comparable to incident-based law enforcement systems), and those which collect summary information. Table 1 shows that nine data collection systems were identified that maintain information at the state level on each client served. In addition, nine states indicated that they are in the process of developing statewide client-based systems. The newer client-based systems are designed to capture standard statewide client and service data directly through automated systems at the programs or facilities, while providing local programs with the capability of completing the reports needed to meet the requirements of multiple granting sources. While the data collection activities in many states place emphasis on capturing information on services provided, many record information on the victims, offenders, and characteristics of incidents of domestic and sexual violence that is as extensive as that maintained by incident-based law enforcement systems.

The information maintained in client-based systems is collected by staff from clients who request services from the program. In most systems, information is collected from hotline calls as well as from programs providing face-to-face services to victims. The data for most of these systems are obtained through a client intake process utilizing standard client or intake forms. Some of the

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newer systems (Alabama, Illinois, and New Hampshire) involve direct computer entry at each local program. In the remaining states intake forms are either submitted to a central agency for automation, automated at each local program, or both. The central agencies are usually state agencies or domestic violence and/or sexual assault coalitions or other similar organizations.

Characteristics of Client-Based Service Provider Systems

Table 6 summarizes the characteristics of the nine client-based service provider systems.[6] Of the nine systems identified, one (Alabama) focuses solely on domestic abuse victims, five (Alaska, Illinois, New Hampshire, Oklahoma, and Rhode Island) include both domestic and sexual abuse, and three (the District of Columbia, Massachusetts, and Washington) focus solely on sexual assault victims. In these systems, information on self-referred victims is obtained from hotline calls, non-residential programs, domestic violence shelters and service provider programs, and rape crisis centers. Table 6 shows which sources are used for each state's system.
Notable characteristics of the various state systems include the following:

- Alabama's system collects only basic information on victims who call the crisis line and those who receive non-residential services. More extensive data on the incident and perpetrator are collected only for those clients admitted to a shelter.

- Alaska's system has been operating since 1985 and reporting is mandated statewide. This is Alaska's only source for domestic violence and sexual assault information, and the system captures a great deal of information.

- Illinois' system just became operational in 1998. Automated reporting of information from programs to the states via the Internet will begin next year.

- New Hampshire's new automated system is primarily geared to capturing information on clients and services as needed to satisfy granting sources. Little information is available on the offender and offense.

- Oklahoma's system is operated by the Department of Mental Health and focuses on the provision of services. The system covers a variety of problems, including domestic violence and sexual assault victimization. The nature of the specific problem is not collected unless the client is admitted to a facility. Because the system covers so many problems, little information specific to domestic violence or sexual assault is available.

[6] The list of information available includes primarily data elements chosen for comparison with the other systems described in this report. Client-based systems are likely to include additional data elements regarding clients and the services they receive which are not documented in the table.

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Table 6. Service Provider Client-Based Systems

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- Rhode Island's system collects information from a newly developed hotline for all victims of crime. It includes information on victims, offenders, and offenses. Rhode Island is currently developing another automated system to support its victim service programs.

- The District of Columbia's system consists of data collected from its rape crisis center.

- Massachusetts has collected sexual abuse information since 1986 in summary format and has only recently converted to a statewide client-based system. The system is incident-based, rather than client-based.

Information Available

Identifying Clients

One of the issues in considering client-based data systems as a source of information on the incidence of domestic and/or sexual violence is being able to clearly identify the client population. Thus data systems should have the capacity to identify primary victims (as opposed to children or significant others), new clients or incidents (as opposed to multiple contacts with the service provider related to a single incident), the type of abuse (especially in those systems which collect information on both domestic violence and sexual assault), and the time period during which the incident occurred (for example, whether a rape victim is calling about an incident that occurred within the last year or five years ago).

Table 6 summarizes the capabilities of the nine state systems with regard to identifying clients. All systems except one allow for the ability to indicate whether a report is for a new client or incident or represents additional services related to an incident already reported. All but one also allow service providers to identify a primary victim along with others (such as children) who may be receiving services. Most of the systems provide some categorization of the type of abuse that occurred. In the case of systems that collect both domestic violence and sexual assault information, this may simply be an indicator of which of the two types of violence the victim suffered. In the other systems, the notation under this factor in Table 6 indicates whether specific information regarding the nature of the incident is recorded. Of the nine systems, six identify the specific type of abuse that occurred. Finally, the table shows whether the systems can identify when the incident occurred, with at least the ability to identify incidents that occurred during the last year. Six of the nine systems have this capability.

It should be noted that the capability of these systems to identify clients may vary depending upon which reporting source is considered. Many of these systems employ separate reporting procedures for hotline or crisis calls, for example, which provide less information than for other types of sources. In addition, crisis data may be more incomplete than that from other sources, since programs place a priority on service provision rather than data collection in these types of cases.

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Victim, Offender and Incident Information

All systems capture some basic information about the client. Six of the nine systems (Alabama, Alaska, Rhode Island, the District of Columbia, Illinois, and Massachusetts) capture information similar to that described for the law enforcement systems, including victim and offender characteristics (age, race, gender), as well as information on the nature and/or circumstances surrounding the incident (for example, weapon use). As would be expected, however, coding schemes for this information vary from state to state.

Five of the nine systems capture information as to whether the relevant incident was reported to the police. This information could be valuable in statewide attempts to estimate the incidence of domestic or sexual violence through comparison or combination with other information systems based on police reporting.

Documents Produced

In general, client-based systems have only recently been developed and have not yet focused on publishing reports concerned with the incidence of domestic assault or sexual abuse. Most systems are currently focused on providing grantors with required information on the numbers of clients being served and the types of services provided. The exception is Alaska, which publishes the data from its service provider system in an annual report.

Discussion of Incident-Based Service Provider Systems

Service provider systems have the potential to address the failure of law enforcement systems to collect data on many domestic violence and sexual assault incidents. To the extent that victims are more likely to call crisis hotlines or seek services than to contact the police, service provider systems should be more comprehensive in scope than law enforcement systems. However, these systems suffer from a similar coverage problem: not all victims seek services, and some victims who report incidents to police do not seek services. Therefore, not all victims would necessarily be identified under a service provider system. Moreover, it is not possible to accurately assess the degree of overlap between law enforcement and service provider systems. Determining the overlap between these two systems would be necessary in order to gain a comprehensive picture of the incidence of domestic violence and sexual assault.

Since these systems report information on all clients who receive services, they do not have the same definitional problems as law enforcement systems. A similar problem for these systems, however, is the definition of a client. Overcounting in such systems (at least in relation to how law enforcement systems count cases) can occur when the same client receives services on multiple occasions for the same incident, or when a female victim and her children all receive services, and all are counted. Thus those systems which allow these circumstances to be identified are most useful for obtaining statewide estimates of the incidence of domestic violence or sexual assault.

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Finally, service provider systems vary widely in the amount of information they collect. Some systems collect detailed data on only a small subset of the clients who receive services. This makes comparing information across states which use such systems a difficult task.

SERVICE PROVIDER SYSTEMS - SUMMARY-BASED

Many states utilize statewide summary systems to collect information from service providers on hotline calls, clients receiving services from non-residential domestic violence and other victims programs, domestic violence shelters, and rape crisis centers. These systems, like the client-based systems previously discussed, have been implemented for the purpose of providing information to funding sources. Thus these summary-based service provider systems tend to focus on the number of clients and services provided.

Table 7 shows which states collect summary-based service provider data. In all of these systems, client or service information is submitted in summary form from programs or facilities to a central agency. Because of the limited nature and purposes of these systems, rarely does information summarized at the state level appear to provide an indicator of the frequency of incidents or offenses. This is primarily due to the lack of information available in these systems for identifying clients. As noted in the discussion of incident-based service provider systems, adequate incidence information would require the ability to identify clients who are primary victims, first time clients, the type of abuse, and the recency of the offense. Because of the aggregate nature of information from these summary systems, these data elements are not available. Thus, while some of the data from these summary systems may provide useful estimates of the incidence of domestic violence in a state (such as the number of new victims), the available information from such systems is of limited utility.

Table 7. States with Summary-Based Service Provider Data Collection Systems

Domestic Violence	Sexual Assault	Both Domestic Violence And Sexual Assault
Mississippi	Alabama	Connecticut
Missouri	Louisiana	Iowa*
Nevada	Maine	Nebraska*
New Jersey	Pennsylvania	North Dakota
Utah		West Virginia

*Domestic violence and sexual assault data are collected in a single summary reporting system.

KENTUCKY'S CENTRAL REGISTER

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One additional state system is worth mentioning because of its unique nature. The state of Kentucky collects adult abuse information, including information on spouse abuse, in a system operated by its Department of Social Services (DSS). The Kentucky Adult Protective Services Central Register, implemented in 1976 and automated in 1986, was designed to provide a central statewide information system on reported cases of adult abuse, self-neglect, neglect by caretaker, exploitation, and spouse abuse. With reports submitted from multiple sources, this system combines the benefits of both the specialized incident-based law enforcement forms and victim service provider client-based forms. This is the only state system identified that combines information from multiple sources into a single case-based system.

Because reports are mandated from "any person who has reasonable cause to suspect that an incident has occurred," this central register is initiated by reports not only from law enforcement, but from victim service providers, hospitals, relatives, friends, and the victims themselves. Law enforcement officers in the state complete a special domestic violence incident form which is forwarded to the DSS. Other reports are more likely to be initiated by phone or office visits.

Information captured in the DSS database includes victim characteristics (age, race/ethnicity, gender, marital status, living arrangement, and victim/offender relationship), offender characteristics (age, gender, and race/ethnicity), reporting source, investigation findings, service needs and referrals, and legal action. While the abuse is categorized as adult abuse or spouse abuse, no additional information on the nature of the abuse is contained on the form.

As the major source for statewide information on adult and spouse abuse in Kentucky, this information is utilized for management reporting and to identify trends. Data are also available to be used for research. The information is published annually in a special report from DSS and portions are included in Kentucky's annual crime report.

SUMMARY

Each type of data collection system examined here has advantages and disadvantages. The two approaches that yield the most complete data on domestic violence and sexual assault are the specialized incident-based data collection systems and the service provider incident-based systems. The former systems are based on official reports to police, and are therefore limited in their scope to the extent that domestic violence and sexual assault incidents are not reported to the police. Service provider incident-based systems provide information on all clients who receive services, regardless of whether and when an incident has occurred. In addition, these systems must allow for the identification of a primary victim and for individuals who receive services on more than one occasion for the same incident. Regardless of which system is implemented, it should provide detailed information on the victim, the offender and the characteristics of the incident.

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NIBRS provides the most promise for comparing incident rates across states. NIBRS has the advantage of allowing for standard definitions of domestic violence and sexual assault based on offense and relationship codes. States can also add codes to identify domestic violence cases, and codes for their unique state statutes. Since NIBRS is a general crime reporting system, however, it does not provide as much detailed information on domestic violence and sexual assault incidents as do specialized or service provider systems. Moreover, NIBRS is missing at least one important relationship code, and includes several domestic-related offense categories only when an arrest occurs. Despite these limitations, states that implement incident-based crime reporting systems such as NIBRS may find that it is no longer necessary nor desirable to maintain specialized data collection systems for domestic violence or sexual assault. This may be especially true if states add additional variables and codes to the NIBRS system that will allow them to collect additional data on domestic violence offenses.

Many states have had difficulty in implementing NIBRS. States which have implemented the system have difficulty in obtaining the cooperation of local law enforcement agencies, especially large ones, in reporting data to the system. Thus the conversion to NIBRS may result in an apparent drop in the number of domestic violence and sexual assault incidents caused by fewer agencies reporting data to the system, not to an actual decrease in incidents. For this reason, obtaining national estimates of domestic violence and sexual assault based on NIBRS will remain difficult for the foreseeable future.

One issue common to all of the law enforcement data collection systems is the need for consistency in how cases are reported to the system by local law enforcement agencies. States need to provide training on an ongoing basis to ensure that all local agencies are using the same criteria to report incidents to the system.

Once domestic violence and sexual assault databases are firmly established, states should consider linking their law enforcement and service provider databases to other data collection systems, including courts, corrections, and social service agencies. Information on case dispositions and services provided in non-criminal justice settings would considerably enhance states' ability to conduct meaningful analyses of domestic violence and sexual assault incidents.

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SECTION II. STATE CASE STUDIES

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BACKGROUND AND METHODOLOGY

In order to give states more detailed information about the various types of domestic violence and sexual assault data collection systems, JRSA arranged for the SACs in three states to conduct in-depth studies of the data collection systems in their states. The three state SACs and their corresponding data systems were: (1) Iowa, which studied its NIBRS-compatible incident-based crime reporting system; (2) Connecticut, which examined its Family Violence Reporting Program, a specialized domestic violence data collection system; and (3) Illinois, which studied its new automated system for collecting domestic violence and sexual assault service provider data.

Iowa was one of the first states to convert to NIBRS and become certified to submit NIBRS data to the FBI. The vast majority of the state's localities report NIBRS data. In addition, Iowa had a domestic violence data collection system in place when it implemented NIBRS, and supplements its NIBRS data collection with additional variables related to domestic violence. These factors make the state a good choice for examining a NIBRS system.

Connecticut's Family Violence Reporting Program is one of the oldest in the country. Connecticut has been collecting specialized domestic violence data since 1986, and the continuity of the system has produced a great deal of policy-relevant data. The Connecticut system was chosen for detailed study because of these characteristics.

Illinois' automated service provider information system is new, and represents the "state of the art" in collecting data from service providers. Since service provider information systems are relatively new to the states, it seemed important to examine the issues related to the development and implementation of such a system. For these reasons, Illinois was selected to represent a state collecting service provider data.

Each of the three SACs used the same basic methodology to collect information on its system. Each SAC conducted interviews with knowledgeable individuals who provided information about how the data systems were developed and implemented, and how they functioned. The SACs also surveyed data providers (law enforcement agencies in Iowa and Connecticut; domestic violence and sexual assault programs in Illinois) to determine how the information was collected and used at the local level. The results of these interviews and surveys were compiled in reports which were submitted to JRSA. These reports were edited for inclusion in this document. More detailed information regarding these three systems is available from the SACs which conducted the studies.

As noted previously, states define domestic violence in different ways, and some of these definitions are more narrow than others. The data collection systems in the three states discussed here are limited by their definitions of domestic violence and sexual assault. State decisionmakers need to consider how the systems described here might fit with the definitions of domestic violence and sexual assault used in their states.

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IOWA'S INCIDENT-BASED CRIME REPORTING SYSTEM

History of the Uniform Crime Reporting Program in Iowa

In 1974, the Iowa General Assembly enacted a provision of the *Code of Iowa* requiring law enforcement agencies to submit reports of crime and arrests to the Department of Public Safety's (DPS) Bureau of Criminal Investigation. On January 1, 1975, the Iowa Uniform Crime Reporting program was implemented, with forms being sent to 210 local law enforcement agencies around the state. The forms used were provided by the Federal Bureau of Investigation (FBI), since most contributing agencies had previously submitted data directly to the FBI. Monthly reports were received from 209 agencies throughout 1975 and 1976. From 1977 to 1990, the number of agencies submitting reports slowly grew, reaching a total of 225 in 1990. With very few exceptions, the reporting agencies submitted data for every month from 1977 to 1990.

This summary-based system was used in Iowa until implementation of the National Incident Based Reporting System (NIBRS). Conversion to incident-based reporting (IBR) in Iowa was completed January 1, 1991.[7] Iowa was the fifth state to be accepted as a certified "reporting state" of incident-based crime data to the national system.

Planning for IBR in Iowa began in 1986, with the impetus coming from the federal government. State and local officials saw the utility of an incident-based system, and the Department of Justice was providing funds for states to develop incident-based systems compatible with NIBRS. A statewide steering committee was formed which included representatives from sheriffs' offices and police departments varying in size and region of the state. Having had experience working in and with local law enforcement agencies, steering committee members and DPS were aware that some incentives had to be provided to encourage participation in a new system which would require more work at the local level. The incentives were provided in the form of new incident, arrest, and supplementary reporting forms which could be used by local agencies in their daily operations.

The draft designs of the forms were taken to five regional meetings. Changes were made to the forms based on the feedback received in the meetings. A check box format was adopted that included a fairly large number of elements in an effort to reduce the need for lengthy narrative.

Forms were initially provided to departments at no cost. Use of these forms permitted small departments in particular to report data to DPS and obtain summaries back for local consumption. Many smaller departments had no other vehicle for the development of local reports, and their participation enabled DPS to provide a service to the local agencies. Although there was never any requirement to use the forms, some departments began using the first draft forms as soon as their existence became known, and usage became much more widespread after the forms were finalized.

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[7] As is the case with states that have converted to NIBRS, incident-based reporting now forms the basis of Iowa's Uniform Crime Reporting (UCR) system. However, since the term "Uniform Crime Reporting system" is used in this report to refer to the summary-based data system used throughout the country, the term "incident-based reporting system" will be used to refer to Iowa's system.

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Local departments can report data to Iowa's IBR system in one of three basic ways. Those that have in-house computer systems capable of reporting data do so electronically. Other departments either report online through the IOWA system or dial into the system via telephone. Finally, some smaller agencies continue to report manually on data submission forms.

Domestic Violence Data Reporting in Iowa

Under Chapter 236 of the Code of Iowa, the Department of Public Safety is also charged with the responsibility of collecting information on incidents of domestic abuse. DPS began collecting domestic abuse data on July 1, 1985, assuming a function previously performed by the Iowa Department of Human Services (DHS). The transfer to DPS was due to legislative action which stemmed from dissatisfaction with domestic violence reporting to DHS; local law enforcement agencies simply weren't reporting incidents of domestic violence. After data collection responsibility was transferred to DPS (to whom the local agencies already reported crime data), the number of reported domestic violence incidents increased dramatically, from 3,501 incidents in 1986 to 6,199 in 1990. It is the opinion of observers in the Department of Public Safety that these increases were due both to better reporting and actual increases in domestic violence.

With the implementation of incident-based reporting in 1991, the Department incorporated incident-based domestic violence data and hate/bias crime data as part of the new system, housing all crime data in one computerized system. Including domestic violence data collection as part of the new IBR system was relatively straightforward, since the existing domestic violence data collection was already incident-based. None of the decisionmakers involved in the transition supported maintaining domestic violence data outside of the new incident-based system.

The data elements included in the new IBR system were compatible with those collected in the previous incident-based domestic violence system, resulting in comparable data. Both systems involved check-off boxes to simplify completion of forms. The IBR system does include demographic data pertaining to victims and offenders; this information was not part of the old system. The data elements collected on domestic violence cases under the IBR system include the following:

- reporting agency
- day, date, and time of occurrence
- name, sex, race, ethnicity, address, and age of victim
- name, sex, race, ethnicity, address, and age of offender
- relationship of victim and offender
- type of injury
- presence of children at the time of abuse
- identity of person reporting abuse
- weapons used
- referrals made

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- alcohol/drug involvement
- arrests made
- offender present at scene upon police arrival

Sexual Assault Data Reporting in Iowa

Data on sexual assault in Iowa are collected in the same manner as domestic violence data as part of the incident-based system. Sexual assault data collection has been part of Iowa's UCR system since it originated in 1975. Most of the data elements collected for domestic violence are also collected for sexual assault, with the exception of the following:

- referrals made
- presence of children at time of abuse
- identity of person reporting abuse
- name, address, and date of birth of offender and victim.

Issues Associated with Implementation of the IBR System

Loss of Reporting Agencies and Data

One decision made by the steering committee during the implementation of the IBR system was to avoid parallel data collection systems. Under the rationale that there is little incentive for agencies to use a new system if a comfortable old system exists, the committee opted to discontinue Iowa's old summary-based UCR system on December 31, 1990, and begin the new system the following day. Representatives from the DPS report that there was never any thought of operating dual systems and that they do not regret having made the transition in this manner.

At the same time, DPS representatives also admit that moving to a system which required more work on the part of local law enforcement agencies led to a decrease in reporting. In the final year of the summary-based system, all 225 eligible agencies in the state reported crime figures directly to the Department. In 1991, the first full year of reporting under the new IBR system, only 61% of eligible agencies reported data. This proportion increased to 72% the next year and 78% in 1994. In 1996, at the end of its sixth year of operation, 185 departments, or about 80% of eligible agencies, were direct contributors to the state. Some of the current non-reporters are among the largest departments in Iowa: Cedar Rapids, the state's second-largest city, and Council Bluffs, the sixth-largest, are among them.

The impact of this loss of reporting agencies can be seen in the change in the number of reported domestic violence incidents under the new IBR system. In 1990, under the old system and with all agencies reporting, there were 6,199 reported domestic violence incidents. In 1991, the first year of the new IBR system, there were only 2,986 incidents While reported incidents under the new system increased steadily after 1991, it was not until 1995 that reports under the new system

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reached the level they were during the last year under the old system. Reports of sexual assault also showed this same drop from 1990 to 1991.

Reasons for Non-Reporting

When questioned about the reasons that local agencies do not participate in Iowa's incident-based reporting program, DPS personnel report that either the lack of compatible software or insufficient personnel typically are responsible for non-participation. These observations were supported by the findings of a survey of local law enforcement agencies. The 25 non-reporters who responded to the survey cited lack of compatible software and lack of data entry personnel as the two most common reasons for non-reporting. Other reasons given for not participating included lack of compatible hardware and having no computer system appropriate for UCR participation. Only two respondents, both sheriffs, mentioned any philosophical disagreement with the incident-based reporting system.

It is interesting to note that slightly over half the non-reporters (13 of 25 agencies) indicated that they did not collect any domestic violence data at all. The remaining agencies collected data through manual systems (6 agencies), automated systems (5 agencies), or a combination of the two (1 agency).

Variations in Reporting Domestic Violence Cases

One of the questions addressed by the survey of local law enforcement agencies is the degree to which reporting criteria for domestic violence cases vary among agencies. If policies pertaining to reporting domestic violence are not uniform from one agency to another, even agencies which strive to be complete in their reporting will report results different from other agencies with similar domestic violence problems but different policies. To address this issue, law enforcement agencies were asked the following question: "In your agency, what information is considered sufficient to make a determination of domestic violence (i.e., what minimum threshold must be met before a case can be defined as domestic violence)?" The responses of the 156 agencies which answered this question are shown in Table 8. As the table shows, there is substantial variation in the number and combinations of factors which departments consider sufficient for filing a domestic violence case. For example, responding to a domestic disturbance in which there is only the victim's statement regarding what occurred would result in a domestic violence case being reporting in some agencies, but not others.

Another factor thought to influence domestic violence reporting is the individual actually making the final determination of domestic violence for purposes of reporting to the state system. Thus survey respondents were asked, "Who makes the final determination of domestic violence for purposes of UCR reporting?" Again, there was considerable variation among the 131 agencies who responded to this question (see Table 9). Although the investigating officer made this determination in most agencies, UCR clerks or officers also received frequent mention, along with a variety of other individuals. These differences in who makes the determination of whether

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Table 8. Factors Required for Determining a Domestic Violence Case

Factor	Number	Percent
Victim statement only	15	9.6%
Physical evidence only	8	5.1%
Victim & perpetrator statements	5	3.2%
Victim statement, physical evidence	41	26.3%
Physical evidence, previous cases	1	0.6%
Victim and perpetrator statements, physical evidence	42	26.9%
Victim statement, physical evidence, previous cases	12	7.7%
Victim statement, physical evidence, witness statement	2	1.3%
Victim & perpetrator statements, physical evidence, previous cases	26	16.7%
All of the above	4	2.6%
Totals	156	100.0%

an incident is classified as domestic violence are another potential source of variation in reporting cases to the statewide system.

Table 9. Individuals Responsible for Identifying Domestic Violence Cases

Individual	Number	Percent
Investigating Officer	84	64.1%
UCR Clerk or Officer	38	29.0%
Officer Supervisor	16	12.2%
Data Entry Personnel	7	5.3%
Records Section Supervisor.	2	1.5%
County Attorney	1	0.8%
Chief or Sheriff	1	0.8%
Report Review Sergeant	1	0.8%
Total respondents	131	

Note. Percentages add up to more than 100% due to multiple responses. Non-reporters were not asked this question.

Uses of Domestic Violence Data

One of the other questions the survey addressed was how incident-based data on domestic violence were used by law enforcement agencies. The responses to this question are shown in Table 10. The most common use of domestic violence data by police agencies was for reports

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and presentations: to boards, the community, coalitions, other criminal justice agencies, and the media. Fewer than one in four departments indicated that they used the data for planning or deploying personnel. Almost one in four departments reported that they did not use the data at all. In an additional question which asked why departments did not use the state-reported domestic violence data, most responded that there was no need to use the data, although many indicated that their departments collected their own data which were used for various purposes.[8]

Table 10. Law Enforcement Uses of Domestic Violence Data

Data Use	Number	Percent
Council/board reports	76	48.7%
Presentations to the community	63	40.4%
Reports to coalitions	59	37.8%
Reports to other CJ agencies	53	34.0%
Reports to the media	51	32.7%
Grant applications	38	24.4%
Planning	36	23.1%
Deploying personnel	31	19.9%
General statistics	1	0.6%
Don't have DV data to use	2	1.3%
Don't use the data	35	22.4%
Total Respondents	156	

Note. Percentages add up to more than 100% due to multiple responses.

Service providers were also asked about their use of domestic violence data. The first question asked providers to indicate the source of the domestic violence data they used. The responses of the 37 agencies who answered this question are shown in Table 11. Statewide data and local data from the state incident-based system were the most commonly used. Many programs reported using their own data as well. Only two programs reported that they did not use any domestic violence data.

Service providers were also asked how they used domestic violence data. The responses to this question are shown in Table 12. The most common responses were "presentations to the community" and "grant applications." About one in three programs reported using the data for planning purposes, and about 1 in 5 used the data for staffing. About 1 in 3 programs reported not using the IBR data at all. When questioned about their lack of use of the state IBR data, most programs reported that they generated and used their own domestic violence data. Four programs indicated that they did not use the data reported to the state because they had no confidence in the data.

[8]Departments were asked the same questions regarding sexual assault data; the responses were similar to those reported for domestic violence data.

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Table 11. Domestic Violence Data Used by Service Providers

Data	Number	Percent
State-level UCR data from Department of Public Safety (DPS)	21	56.8%
Data from own agency	19	51.4%
Local UCR data from DPS	15	40.5%
Local UCR data from local depts.	8	21.6%
Local non-UCR data from providers	8	21.6%
Local non-UCR data from police	7	18.9%
State corrections data	6	16.2%
Data from A.G.'s victim office	4	10.8%
Iowa Coalition Against Domestic Violence data	3	8.1%
National coalition data	2	5.4%
CFI data	1	2.7%
Don't use any DV data	2	5.4%
Total Respondents	37	

Note. Percentages add up to more than 100% due to multiple responses. Six respondents did not answer this question.

The other source of information about the uses of domestic violence and sexual assault data generated by Iowa's IBR system comes from interviews with state and university analysts and legislative staff members. In general, the users were satisfied with the IBR data collected, and expressed particular satisfaction with the responsiveness of DPS to requests for information. The concerns raised by the interviewees could best be classified as issues endemic to any system which generates domestic violence and sexual assault data from more general reporting of law enforcement agencies regarding offenses and arrests. For example, interviewees expressed concern about the accuracy of the IBR data, since many domestic violence and sexual assault incidents go unreported to the police. Several interviewees also noted their desire for additional types of data related to domestic violence and sexual assault that are not collected in a law enforcement-based system, such as information about protection order violations and case dispositions.

Summary and Conclusions

This study of Iowa's incident-based reporting system as a source of data on domestic violence and sexual assault incidents illustrates several issues typical of the implementation and use of such systems. First, not all local law enforcement agencies will be willing or able to convert from an aggregate reporting to a more complex incident-based system. In implementing the new IBR

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Table 12. Service Provider Uses of Domestic Violence Data

Data Use	Number	Percent
Presentations to the community	22	59.5%
Grant applications	21	56.8%
Council/board reports	13	35.1%
Planning	13	35.1%
Reports to coalitions	12	32.4%
Staffing	8	21.6%
Reports to other CJ officials	8	21.6%
Reports to the media	7	18.9%
For training	1	2.7%
For community awareness	1	2.7%
For comparative purposes	1	2.7%
Don't use any UCR data	12	32.4%
Total Respondents	37	

Note. Percentages add up to more than 100% due to multiple responses. Six respondents did not answer.

reporting system, the IBR Steering Committee in Iowa wisely incorporated incentives for local agencies to participate by providing reporting forms which would be allow those agencies to collect information which would they would find useful. Despite this, however, about 1 in 5 eligible agencies still do not report data some seven years after the IBR system was implemented.

The problem of non-participation appears to be resource-related. Especially in the case of NIBRS-compatible systems, which have specific reporting requirements, some departments do not have the computer software or hardware, or the appropriate personnel, to report to the system.

Assuming that a state does not maintain dual systems, one aggregate and one incident-based, the result of this loss of reporting agencies will be a drop in the number of reported domestic violence and sexual assault incidents. Thus, the price paid by the conversion to incident-based reporting, and the subsequent loss of reporting agencies is the inability to track the number of domestic violence cases over an extended period of time. Iowa's experience shows that even after a number of years, there would still be agencies which do not report data to the system. This means that even now it is impossible to obtain an accurate assessment of the incidence of domestic violence in Iowa.[9]

[9] It is possible to mitigate these effects to some extent through various analytical strategies, the most straightforward of which is to present the incident data in the form of rates, using the populations of the jurisdictions covered by only those agencies reporting to the data system.

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This issue, of course, is not specific to Iowa's implementation of IBR, but rather is shared by those states attempting to implement NIBRS-compatible systems. These issues have been documented at the national level by the SEARCH Group in its report on NIBRS implementation for the Bureau of Justice Statistics.[10]

Another issue related to incident-based crime reporting systems as a source of domestic violence and sexual assault data is variability in reporting practices among reporting agencies. The survey of Iowa's law enforcement agencies showed differences in the criteria used by agencies to report a domestic violence incident to the system, and variability in which individual was primarily responsible for making this determination. This inconsistency of reporting seems to be one of the factors that led some data users to report a lack of confidence in the accuracy and completeness of the domestic violence data in the system.

This variability in reporting can be addressed to some degree through law enforcement training which specifically addresses domestic violence and sexual assault reporting. Standardized definitions and criteria for identifying incidents as domestic violence, along with guidance regarding who at the local level should make this determination, would result in more uniform reporting across the state.

Despite these issues, IBR data appear to be a useful source for information on statewide domestic violence and sexual assault. Results of interviews and surveys of data users and data and service providers indicate that the IBR data are being widely used for a variety of purposes. State analysts, local law enforcement agencies, and service providers all report using the data generated by the IBR system.

CONNECTICUT'S SPECIALIZED DATA COLLECTION SYSTEM

History of the Family Violence Reporting Program

In response to a number of federal and state reports and initiatives, as well as the urging of victim advocates, the Connecticut Office of Policy and Management contracted with St. Joseph's College in 1984 to conduct a study of family violence. *Family Violence in Connecticut: A Preliminary Study of Official Reporting, Under Reporting and Incidence Rates, 1979-1984* was published in February 1985. The study included spouse and partner abuse, child abuse, and elder abuse in its definition of family violence (Connecticut continues to include this broad definition of family violence in its statutes, rather than the more specific spousal or partner violence). The most significant finding of the study was extreme underreporting, particularly for spousal or partner abuse. The primary recommendation was the appointment of a task force to review data and develop more effective programs, legislation, and policies.

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[10] Bureau of Justice Statistics. *Implementing the National Incident-Based Reporting System: A Project Status Report*, July 1997.

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Governor William A. O'Neill appointed the Governor's Task Force on Family Violence in September 1985. Members represented private industry, the medical and mental health communities, the academic community, law enforcement, the courts, the Connecticut State Labor Council, AFL-CIO, victim advocates, and the state agencies dealing with domestic violence, child abuse, and elder abuse. The task force's *Final Report and Recommendations* was published in January 1986, and included recommendations for landmark legislation which would change the way law enforcement and the judiciary handle family violence cases, increase services for family violence victims, and increase public awareness of family violence as a crime. With regard to reporting issues, the task force found that underreporting of family violence incidents was a serious obstacle in dealing with abuse in Connecticut.

Public Act Number 86-337, An Act Concerning Family Violence Prevention and Response, was passed during the 1986 legislative session and became law effective October 1, 1986. The legislation was comprehensive. Besides creating the reporting program, it required mandatory, uniform arrest policies, next day court arraignment, a family violence intervention unit within the courts, an education program for offenders, a criminal protective order and training for judges, prosecutors, and police. The reporting requirements of the legislation included the following components:

- Completion of a family violence offense report was required for each family violence incident regardless of whether or not an arrest occurred;

- All family violence incidents which resulted in an arrest were to be reported to the Department of Public Safety (DPS), which would compile and report statistics regarding family violence crimes;

- DPS was responsible for developing a reporting form for family violence offenses to include name, relationship, gender, age, time and date of incident, whether children were involved or whether the alleged act of family violence was committed in the presence of children, type and extent of the alleged abuse, existence of substance abuse, number and types of weapons involved, existence of any prior court orders, and any other data that they decided would be necessary for a complete analysis of all circumstances leading to the arrest.

The Family Violence Offense Report

The Connecticut Department of Public Safety, Division of State Police, Crimes Analysis Unit created the Family Violence Offense Report, SPC-230-C in July 1986 to capture the legislatively mandated law enforcement data. The forms (in triplicate) are printed and distributed to all law enforcement agencies in the state. Each law enforcement officer in the state must fill out a reporting form (SP-230-C) when making a family violence arrest. The arrest must meet the definition of family member and be for an offense which involves violence or the immediate threat of violence. One copy of the reporting form is sent to the Crimes Analysis Unit (the same

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unit which handles the Uniform Crime Reporting Program), and one copy is sent to the appropriate prosecutor.

The form collects both case identification and incident information. Case identification information includes:

- name of the local police department;
- department case number for the arrest incident;
- arresting officer's name, rank and badge number;
- date of the report.

Data elements which identify or describe the incident or event include:

- town in which the offense took place;
- date and time of the offense;
- offense code for the most serious offense committed;
- number and type of weapons involved;
- seriousness of injury;
- whether or not alcohol or drugs were involved;
- whether or not there was a prior court order;
- whether children were present or involved.

For each participant (victim, offender, or both), the name, sex, date of birth and the relationship to the victim is recorded. For the offense code, the officer must choose among homicide, assault, kidnapping, sexual assault, criminal mischief, risk of injury to a minor, breach of peace, disorderly conduct, or other. The four choices for weapon codes are 1) gun, 2) knife, 3) other dangerous, and 4) hands, fists, etc. For injury codes, the choices are serious, minor, or non-physical. The five relationship codes are: 1) spouse, 2) former spouse, 3) other family member (relative residing in home), 4) other relative (not residing in home) and 5) live-in or companion (living together, having lived together, never lived together but had a child in common). Involvement of alcohol or drugs and existence of a prior court order are yes/no choices, based upon the officer's knowledge.

Connecticut's law enforcement agencies are currently in the process of converting from summary-based crime reporting to incident-based reporting (NIBRS). Approximately 30 of Connecticut's 99 law enforcement agencies are currently collecting NIBRS data. The data components of the Family Violence Reporting Program are being incorporated into the NIBRS reporting program. Connecticut will continue to collect data using the current reporting program until NIBRS becomes operational statewide.

Processing of Data

The Family Violence Offense Reports arrive at the Crimes Analysis Unit by mail. They go through a series of reviews and checks to insure the accuracy of the data before they are input

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into the database. The first review involves checking to see if the arrest box is checked "yes" or "no." If no arrest was made, or the arrest is pending, the original report is sent back to the records department with a note asking to resubmit the same form after the arrest has been made. If an error or omission is found on the form, a copy is returned to the department for correction. A face sheet with a checklist of the most common errors has been developed for simplicity in requesting corrected data. Some of the more common errors are omission of birth date or relationship code, or recording risk of injury to a minor as an offense code, but not having a minor listed as a victim. Originals of incomplete or incorrect forms are held until the corrected copy is resubmitted by the appropriate department. If no correction has been submitted by the end of the year, a second request for the information is sent out.

A number of edits are done at the end of the year, particularly with homicides. Staff compare homicides listed in the Family Violence database with Uniform Crime Reports. Generally, there are more homicides reported under the UCR program because the Family Violence Reporting Program only produces an incident report when an arrest is made. Other edits performed include checking for accuracy when kidnapping or sexual assaults result in dual arrest, and the inclusion of children as victims if risk of injury to a minor is the offense.

Data from the Family Violence Reporting Program are published in special section of the annual UCR Report, *Crime in Connecticut*. The Family Violence Data is also distributed separately as an excerpt of the annual UCR Report. The excerpt is distributed in-house to state police commanding officers, the Commissioner, and all heads of units. It goes to all police chiefs, and to others upon request. Many of the recipients are employed by state agencies such as the Department of Mental Health and Addiction Services, the Department of Children and Families, and the Permanent Commission on the Status of Women.

The Family Violence Reporting Unit receives requests for data primarily from individuals seeking grant funding for various local programs, from the Judicial Branch's Office of Victims Services, from victim advocates, from family violence shelter staff and other service providers, from state police troops and other police departments, and from reporters, students and the general public.

Survey of Law Enforcement Reporting Procedures

After consulting with the Family Violence Reporting Program Staff, a list of survey questions was developed which would help to clarify the reporting process that law enforcement agencies use when submitting forms to the Department of Public Safety, Crimes Analysis Unit. A total of 14 police departments were surveyed, including the seven largest cities in the state, as well as seven smaller departments distributed geographically around the state. The localities represented 29% of the total state population, but accounted for 49% of family violence arrest incidents.

The responsibility for forwarding the SP230-C forms to the Department of Public Safety falls primarily upon the records clerks or records department staff. The two largest departments however, used crime analysis staff or had each individual officer submit the forms. In two of the

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departments, the submission responsibility fell upon specialty divisions such as the Domestic Violence Officer in the Youth Division or Victims Services Office.

One of the concerns of the crimes analysis staff was that not all forms would be submitted if a significant period of time elapsed between receipt of an arrest warrant and the actual arrest of the offender. Departments were questioned regarding their procedures in such instances. Most of the departments had a tracking method in place for arrests made by warrant. The methods varied considerably, the most common being that a form is filled out and held with the police report until the warrant is served. One of the largest departments had no formal method for tracking whether or not the forms were being filled out after arrest by warrant. No department reported a time limit for submitting older reports if an outstanding warrant was executed, as long as the warrant was still active. However, one large department indicated that the warrants were not identified as family violence cases and could not guarantee that a family violence reporting form would be submitted upon arrest of the offender.

Departments were asked to describe their internal review process for the reporting forms. All departments indicated that forms are routinely checked by the shift supervisor or shift commanders before being reviewed by the Records Supervisor prior to submission to the Department of Public Safety. They felt that their review processes were adequate to determine the validity of a form resulting in a "no arrest" response. The officers who complete the forms are generally responsible for making their own corrections. In some departments, however, the records staff made minor corrections.

Departments were asked about the length of time they kept reports for which no arrest was made. Responses to this question varied, with departments keeping reports which do not result in an arrest for 5 years, 7 to 10 years, 10 years, or indefinitely. One department microfilmed all reports older than 2 years, but kept the microfilmed reports indefinitely.

Training of Police Officers with Regard to Reporting Issues

The Police Officer Standards and Training Council (POST) is responsible for all aspects of the training of police officers in Connecticut, including basic and in-service training, certification and recertification. POST sets entry-level educational requirements, develops training curricula, and accredits training programs run by the larger police departments. By statute, police officers at all levels from patrol through chief are mandated to receive two hours of training on family violence every three years as part of their recertification process.

The family violence curriculum, *Police Response to Crimes of Violence-A Training Manual for Connecticut Law Enforcement*, was updated in 1997 by POST and the Connecticut Coalition Against Domestic Violence (CCADV). CCADV employed outside contractors to develop the curriculum manual, a training video to accompany it, and a set of updated model policies for police response to domestic violence. There have been no changes to the police reporting requirements since the first curriculum was developed in 1991. Therefore, there is no specific section devoted to reporting to the Family Violence Reporting Program. Instead, the actual

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reporting guidelines, along with a copy of a completed sample form, are included in the Appendix to the curriculum guide. The guidelines include definitions of family violence, and instructions for each block on the reporting form.

According to a POST staff member, accurate reporting depends upon each individual officer making a correct determination of who is subject to the law, what constitutes a family violence crime and probable cause for an arrest, and how to handle dual complaints. Therefore, the training focuses on issues such as these, rather than the technicalities of filling out the forms.

Uses of the Data

The information obtained through the Family Violence Reporting Program has become a valuable asset to all three branches of government in assessing and analyzing the problem of family violence in Connecticut. The data have been used for preparing training materials for training prosecutors, judicial personnel, probation officers, police officers, victim advocates, and other service providers. Data from the program have also been used to support statutory and regulatory changes and to support budget options by various criminal justice agencies. In addition, the data have been used to support research, evaluation, and policy decisions. Some of the specific data uses are discussed below.

Research and Evaluation

The Family Violence Reporting Program has supplied the necessary data for various research and evaluation projects:

Family Violence Cases in Connecticut - The Decision to Nol-Pros

This was a research project undertaken by the Research and Evaluation Subcommittee of the Inter-agency Family Violence Response Coordinating Committee, established to oversee the implementation of the new family violence legislation. A sample of 2,000 persons arrested from August through October 1987 was selected from the family violence arrest database. Some of the recommendations made by the study which were adopted include developing a wider array of alternative sanctions for family violence offenders, and developing a separate computer code for family violence cases in judicial disposition records to make data available for administrative and research purposes.

An Evaluation of Connecticut's Family Violence Education Program

Arrest data from the Family Violence Reporting Program were one of four sources of data used in the evaluation of Connecticut's Family Violence Education conducted by the University of Massachusetts in 1990. The study found that the rearrest rate for those who successfully completed the program was significantly lower than the rate for those who did not complete the program. The recommendations made by the study to develop gender-specific, bilingual, bicultural classes in locations where the need exits and to develop uniform program goals and

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completion criteria were adopted by the Judicial Branch and funded by the Connecticut General Assembly.

Study of Family Violence Incidents Which Result in the Arrest of Both Parties

This research was done by the Connecticut Department of Public Safety, Research and Planning Section, in response to unacceptable dual arrest rates of 18-20 percent recorded for 1987-1989. The study provides general information on dual arrests in family violence incidents in Connecticut from 1987-1989. Data were used from the Family Violence Reporting Program, police incident reports, and a survey of police attitudes toward dual arrest. As a result of this study, the dual arrest problem in Connecticut was handled through additional police training rather than through statutory changes attempting to establish primary or secondary aggressors.

Evaluation of the Court's Screening Tool for Family Violence Cases, the K-SID

The Kingston Screening Instrument for Domestic Violence Offenders (K-SID) is a screening instrument for probation officers, judges, family relations counselors, family violence victim advocates, and other trained court personnel to use with alleged or convicted domestic violence offenders for planning services and case disposition. It is designed to help the court determine the dangerousness level and risk of recidivism of the offender. The data from the Family Violence Reporting Program has been used to evaluate the effectiveness of the K-SID instrument for predicting future family violence offenses.

Judicial Branch, Family Division

Family Division Managers have relied upon the data provided by the Family Violence Reporting Program to assist them in designing and modifying programs which address victim or offender needs as they are processed through the court. The Family Division has used the data to identify special needs populations for the Family Violence Education Program, a diversionary program for domestic violence offenders. Spanish-speaking programs, evening programs, and programs for female offenders have been added in locations where they were needed. Information on dual arrests has helped the Family Division to develop education programs for female offenders. Finally, the Division used the Family Violence Reporting Program data in designing and locating its Children Impacted by Family Violence Programs throughout the state.

SAC Use of the Data

The Statistical Analysis Center (SAC) has been an important user of the Family Violence Reporting Program's data. While the Department of Public Safety publishes and distributes the numbers and basic analysis for each year, the SAC takes the analysis further and looks at trends over time in as much detail as the published data will permit. The SAC has prepared and published *Connecticut's Family Violence Reporting Program - Summary of Incidents Involving Arrest 1987-1994, 1987-1995, 1987-1996, 1987-1997*. This report is distributed to those known within the state to be involved with family violence issues and upon request.

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Based within the state planning and budget agency, the SAC is constantly called upon to provide data to support the Governor's budget process and to supply any data necessary for supporting and managing all of Connecticut's federal and state criminal and juvenile justice grant programs. The SAC has also responded to requests for family violence data, including the Family Violence Reporting Program data, from a broad group of other state agencies, victim advocacy groups, the bar association, the media, the Governor's office and legislature, and local officials.

The Violence Against Women Grant Activities

During the first year of funding for the Violence Against Women Grant Program (1995), the SAC Director was the grant coordinator, coordinating the planning committee, preparing the state plan and managing the grants for that year. The data was used extensively to prepare the plan and make funding decisions by the Violence Against Women Act (VAWA) Committee.

Discussion and Conclusions

One of the main advantages of Connecticut's Family Reporting Program is its ability to provide consistent data on family violence over a long period of time. Since the program began 12 years ago, and since the reporting procedures have not substantially changed during that period, researchers and policymakers have access to information on long-term trends in domestic violence in their state.

One of the advantages of specialized data collection systems is their ability to collect more detailed information on domestic violence than can be collected under more general crime reporting systems. Connecticut's reporting system might be considered a "first generation" system, given when it was initiated. As a result, the reporting form used provides less detailed information than some that have developed in other states more recently. Potentially useful information, such as more detailed relationship and offense codes, are not available with this system.

One of the drawbacks of the Connecticut program is the unavailability at the state level of information on family violence cases which did not result in an arrest. Since the decision was made for police departments to retain the data forms for incidents in which no arrest was made, there is no central data collection point for this information. Thus, incidence data are not available for reported cases of domestic violence, but only for family violence arrests.

The many examples of research and analysis projects which have utilized the Connecticut Family Reporting Program data attest to the value of the program and the usefulness of the data for state policymaking. The fact that the state is moving to incorporate its family violence data into the NIBRS system being developed illustrates an important caveat regarding the future of specialized systems for collecting domestic violence and sexual assault data. As more and more states adopt NIBRS for general crime reporting, they may find that they have little reason to maintain a separate incident-based reporting program just for domestic violence or sexual assault offenses.

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More likely, states will follow the example of Connecticut (and Iowa, when they implemented NIBRS) and incorporate their domestic violence data collection into their NIBRS systems.

ILLINOIS' SERVICE PROVIDER DATA COLLECTION SYSTEM

History of Domestic Violence and Sexual Assault Data Collection in Illinois

There are three primary sources for domestic violence and sexual assault information in Illinois: the Illinois State Police, the Illinois Coalition Against Domestic Violence (ICADV) and the Illinois Coalition Against Sexual Assault (ICASA). The Illinois State Police maintains four datasets that archive information on the offenders, victims and incidents of domestic violence and sexual assault: the Orders of Protection data and the Criminal History Records contain offender data, and the Uniform Crime Reporting (UCR) and the Domestic Violence datasets keep information primarily on incidents of domestic violence and sexual assault.

In addition to these sources, several agencies that provide funding for services to victims also collect summary information on the services to victims of domestic violence and sexual assault. The largest of these funding agencies are the Illinois Department of Human Services, the Illinois Attorney General's Office, and the Illinois Criminal Justice Information Authority.

The Illinois Coalition Against Sexual Assault and the Illinois Coalition Against Domestic Violence have developed their data collection efforts under similar circumstances. Both coalitions have established funding relationships with the state to support their services to victims in Illinois. Each coalition has recognized from inception the importance of data collection in relation to both funding and legislation.

Sources of Data

Illinois Coalition Against Sexual Assault

In 1982, ICASA began reporting summary information to its funding agency, the Illinois Department of Public Health (IDPH). In order to submit these reports, ICASA had to collect information from each of its member service programs and calculate the total number of clients served as well as the hours and type of services provided. In 1987, the Victims of Crime Act (VOCA) provided ICASA with additional funding to collect information on the arrests and prosecution of sexual assault offenders. The collection of this data began in 1988. With additional legislation and funding available for victim services, ICASA began to receive increased funding from a variety of sources. Each funding agency requested a different combination of information to describe both the program services and the victims served. As a result, ICASA's data collection efforts rapidly expanded to gather the assorted pieces of information and monitor the increased spending of each service program. The Coalition's

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programs were now submitting several forms to the ICASA office quarterly and annually. ICASA, in turn, struggled to respond to the changing and time-consuming demands for data in order to guarantee funding from a growing number of sources.

Illinois Coalition Against Domestic Violence

In 1978, ICADV was formed with the understanding that both funding and legislation for domestic violence cases depended heavily upon the evidence provided from data. The Coalition began its data collection efforts by designing a six-page intake form to gather information on the abuse, the abuser, the history of abuse, and the history of the abuser. For several years ICADV published an annual brochure with the analysis of this information. In addition to the adult intake form, data were also collected on an intake form for the victim's children, an evaluation of services form, and a departure form. All of these paper forms were submitted monthly to the Coalition's office and entered into a database.

In 1989, the Coalition used funds from the marriage license and divorce fees to build a computer network and a uniform data collection system. Each ICADV program received a computer and began entering data at the program site. During this development process, ICADV dropped much of the information collected on the six-page intake form, leaving only two pages of descriptive information to be collected on each client. Through the new system, ICADV downloaded all the data once a month through a network. A few years after this system was in place, the state reported that financial support was no longer available for the network. Fortunately, ICADV was able to keep most of the computers and the uniquely developed program and not return to paper reporting.

Illinois Criminal Justice Information Authority

In 1985, the Victims of Crime Act (VOCA) made federal funds available for victim service programs. From that time to the present, the Illinois Criminal Justice Information Authority (ICJIA) has been monitoring the distribution and spending of these funds. As a funder of victim services, ICJIA accepted the responsibility of both collecting and using victim data to improve the services to victims. To do so effectively, ICJIA needed reliable sources for information on the victims of crime in Illinois. ICJIA was able to access the UCR, the National Crime Victimization Survey, and the Department of Children and Family Services as sources of victim information, but each of these sources suffered from various limitations.

ICJIA funds several service providers who have recently grown into agencies with a variety of funding sources. As a result, the service providers must be accountable for increasing budgets which provide services to a growing number of clients. In an effort to support and effectively coordinate data collection by domestic violence and sexual assault service provider agencies, ICJIA has worked closely with them to develop one automated information collection tool - the InfoNet - that can meet all of the agencies' needs for accurate and timely data.

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The InfoNet System

Overview of the System

In 1996, the Illinois Criminal Justice Information Authority wrote a proposal for the InfoNet, a new system to collect victim data statewide. The InfoNet is a tool to automate the required victim and service information that is reported by ICJIA-funded service agencies. This tool also allows each service provider to easily collect a variety of case level information, including the victim's circumstances, the court proceedings, and the services provided to the victim, and to create reports for other funding agencies. All of the information recorded by the service providers is kept confidential using a unique identifier for each client.

The InfoNet was designed to work as a network system with all of the information linked and stored in a central location. In early 1997, ICJIA staff met with ICADV and ICASA to present a prototype of the new system. After this initial meeting, ICJIA recognized and responded to the different needs of the two coalitions. This meant working individually with each coalition to create data entry screens which were customized to the differences in victims and services. Pilot testing continued throughout 1997. Data entry using the InfoNet software began at ICADV's local service agencies in October 1997 and ICASA's agencies in July 1998. Currently the local service providers submit all of their funding reports via e-mail to coalition offices. In the year 2000, the InfoNet should be running as a network system. Once linked by an intranet system, both coalitions' total service calculations can be managed entirely within the InfoNet.

Both ICADV and ICASA are interested and excited about the capabilities of InfoNet data. The InfoNet will allow the coalitions to answer questions about the amount and nature of victim services provided by their member agencies. Additionally, the coalitions will be capable of investigating the effects that legislation has on the services desired by victims and how programs can most efficiently recognize and respond to these needs.

The victim data collected throughout the state will eventually be stored on the InfoNet network system and only used with the expressed consent of the reporting agencies. The development of the InfoNet has become a significant investment for ICJIA, ICADV, ICASA, the Illinois Department of Human Services, the Illinois Attorney General's Office, and the individual service providers throughout Illinois. These principal players are combining their efforts and philosophies to provide improved services to victims of crime by increasing the quality of available data. As the funding dollars continue to grow, the funders and legislators have asked difficult questions regarding the impact of money spent on victim services. The future collection of domestic violence and sexual assault data in Illinois will utilize tools such as the InfoNet to answer these questions while providing improved service to victims.

Description of the System

The InfoNet database was designed to link a program's entire structure in order to both record and calculate a variety of administrative and service information. The database is made up of relational tables that are linked by primary keys that run throughout the database. The tables

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include information on victims who are currently receiving services and those who have been previously receiving services, staff, volunteers, and financial information. The primary keys that link the information contained in the tables consist of separate identification numbers for the program, the staff member or volunteer, and the client.

Throughout the InfoNet software, one record is defined as all of the information relating to one client. The descriptive information for each client is contained in fields or columns of the table and varies with each record. In the client-level table, fields contain that client's: status (new or returning), demographics, significant others, alleged offender (relationship to the victim and offender demographics), medical advocacy (treatment, serious injury, hours of advocacy), police involvement (advocacy hours, arrests, charges, order of protection), prosecution involvement (advocacy hours, charges, trial, verdict), counseling by reporting agency (in person, telephone, group, family) and other advocacy or support services provided. Client data can be stored in an active or archived table depending on the client's status.

The tables with program-level data include staff, financial and service information. The program service data includes: institutional advocacy (contacts and number of hours), professional training (number of participants, hours of preparation, and hours of training), public education (number of participants and hours of preparation, training, and travel), information and referral (number of contacts and hours), media contacts, and a variety of administrative information, including lists of staff, volunteers, and board members.

The financial table includes data on each program activity's and staff member's source of funding. For example, one employee may be funded 60 percent by VOCA funds and 40 percent by private donations. The agency activities are recorded in the same way; for example, a staff training may be documented and paid for using VAWA funds and IDHS funds. Again, this table contains key identifiers that link the services with an employee and a funding source.

While both ICADV and ICASA have all of the above-listed InfoNet components, the actual data screens and fields of information vary to most appropriately fit the needs of these separate service agencies.

Data Entry

Data entry for the InfoNet system is completed at the reporting agency's site. Staff from ICJIA created the manual to guide the agencies as they set up the software and security systems of the InfoNet. ICJIA staff also held user group meetings to train and pilot the InfoNet system. Several training sessions were held about one month before ICJIA's release of the InfoNet software to ICADV and ICASA. This allowed time for the administrative arm of each agency to set up the staff and financial information as well as install the password-protected security system before beginning to enter client data. ICJIA was available for technical support by telephone and, in some cases, in person. ICJIA supported the setup and will continue to support the utilization of the InfoNet software.

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Throughout the pilot and training process ICJIA compiled the opinions and reactions of users. The results from individual agencies have been overwhelmingly positive despite the difficulties of learning this new and complex automated system of data collection. Both ICADV and ICASA have reported hearing of the local agencies' frustrations as users struggle with the new system and their reporting needs, but these difficulties were expected and seem reasonable in light of the complexity of the system.

Data Submission and Analysis

The data collected using the InfoNet system is currently being submitted to both ICADV and ICASA from their member agencies. The InfoNet is not yet on a network or intranet system and, as a result, routine reports must be sent from local agencies via e-mail to the coalitions. The coalitions are continuing to perform calculations for various quarterly and annual reports. This data has continued to be submitted by the coalitions to their respective funding agencies with relatively few delays.

To date, none of the data collected using the InfoNet software have been released to ICJIA for analysis. The primary reason for this is that both the users and ICJIA are working without a network system and continuing to adapt the InfoNet software to the needs of the coalitions. In the meantime, the process of data collection and report calculations is still relatively time-consuming. ICJIA has been working primarily to relieve the coalitions of these complications.

For all involved, the focus has been on the need for InfoNet users to be able to provide information for funding sources.

Advantages of the InfoNet System

Several complications of current domestic and sexual violence data collection will be resolved through the InfoNet software. Past data collection efforts of victim information were based on the requirements of the funders. As a result, data entry was often redundant, included complex calculations, and caused confusion over definitions of terms. A new client, for example, could be a client with no previous services or a returning client who appears for the first time in a particular reporting period. These problems have led to poor data quality and ultimately resulted in very limited information describing victims of domestic violence and sexual assault.

The InfoNet system eliminates redundant data entry in a number of ways. The system compiles all of the information on one client under a unique identifier, continuing to add to that information over time and essentially creating a history of service. In the past, the service agencies reentered intake information on clients who reappeared in each new reporting period. In addition, the InfoNet automates calculations required for reports. Once users enter the dates for a reporting period, the system will calculate the specified information on the types of services provided, the number of clients served (distinguishing new from ongoing), the employees who provided the service and the funding source for the service.

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An additional benefit of the InfoNet reporting system is the ability the agencies have to archive data beyond the short reporting periods defined by funders. These client histories will be a tool for service providers to investigate how additional funding has allowed them to service victims most effectively.

One of the key elements of the InfoNet software is its emphasis on ease of data entry. Pop-up and drop-down lists were created for any questions with a specified list of responses. When feasible, these lists were linked to specific administrative information for the agency. For example, when responding to the question, "Which staff member provided this service?" the data entry person sees a list of all the staff members for that particular agency. This list is automatically created by linking to the administrative information that has been previously entered into another section of the database. These database links make recording client or service information easy and fast. The InfoNet also automatically assigns date variables wherever possible, thereby helping to reduce errors in the calculations of client services over particular reporting periods. Automatic calculations were included whenever possible to assist local agencies in tracking their active clients and remaining budgets. The InfoNet software also distinguishes between fields that are stable, such as intake information, and fields that will be updated, such as service and court proceedings information. Screens for these latter fields are enabled immediately when client identifiers are entered, to remind the data entry person to update the appropriate information.

All of the required reporting by local agencies has been organized into InfoNet report files that will automatically calculate the specified information from a local database. The InfoNet report files were created with input from both the funders and the service providers. Thus the InfoNet system is a practical tool for service providers, helping them to collect and report necessary information quickly and more accurately. In addition, the agency will also have the ability to query their data using variables that they specify; in this way they can use all of the information collected for internal purposes.

As the InfoNet develops the ICJIA hopes to work closely with the individual agencies in order to create simple and useful reports that are unique to each service program's goals. The programs can then use this information to support or restructure particular projects, which may be entirely separate from the statewide data initiatives or funding requirements.

The InfoNet continues to be developed under the guidance of an advisory committee. The committee members include representatives of both the service providers and the funding agencies. Members of the advisory board, in particular representatives from the Department on Human Services and the Illinois Attorney General's office, have played a valuable role recently by providing extensions for quarterly data reports as the local users adjust to the latest revisions of the InfoNet system.

Development Issues

A number of issues were raised in the development of the InfoNet that needed to be addressed in order for it to be successfully implemented. Several of these issues are discussed below.

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Confidentiality

Confidentiality was a serious concern of both the participating coalitions and ICJIA when considering a system to collect and store information that describes victims. A victim's safety can depend upon the confidentiality of support services. The InfoNet data collection system has been designed with four distinct layers of security. First, the intranet design links only specified users to the data system using technology similar to that of the internet. The second level of security uses encryption software and a password to secure each user's link to the intranet. Each agency will also have internet access to obtain or publicize general information regarding services to victims. The third and fourth layers of security are at the local agency level. Each local agency will use encryption software and a password to protect the agency's local database. Passwords will be used to separate data entry and administrative information for each agency. The result is that only designated local staff can access and change data entry and /or administrative information. The agency will also use unique identifiers in place of the names of clients whose information is entered into the system. Within the local agency these final two layers of security will protect both the administrative information and victim data contained in the database.

Identifying Individual Clients

Service provider agencies require a way to track services to clients, and to distinguish between services provided to the same client over time, as opposed to those provided to new clients. A unique case identifier code serves to protect the victim while allowing individual case information to be accurately documented for agency reporting. In addition, with the increase in funding sources, it is now important to know how much staff time was spent providing various services. An individualized client identifier limits the complications of matching services provided to a particular client by a particular staff member.

ICJIA has offered recommendations on creating and storing unique identifiers but ultimately each reporting agency is responsible for this information. Unique identifiers will not be designed by or known to staff at ICJIA; instead, each local agency will develop a method for creating a unique identifier for every victim served. The records containing a name and matching identifier will only be stored at local agencies and will be kept separate from the InfoNet system.

Hardware and Software

ICJIA's original proposal for the InfoNet included the financing and distribution of both the equipment and software to users. ICJIA staff contributed technical expertise in selecting the appropriate equipment, developing the system, and eventually training the new users on the InfoNet. The hardware, which has been provided to each reporting agency, includes capabilities for word processing, database applications, automated presentations, and electronic mail.

The InfoNet was designed and equipment was purchased using the most recent technological information available. Unfortunately, there have been unscheduled delays in the acquisition of

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equipment necessary for the network system. ICJIA has provided the InfoNet software to both the domestic violence and sexual assault coalitions, so that they could begin using the data entry system. Until the network becomes operational, the data reports are being run by the reporting agencies and submitted via e-mail to coalition offices.

Ongoing Issues

Several issues continue to be the subject of discussions among those involved in the development and use of the InfoNet. One such issue is how to define new, returning, ongoing and archived clients. This will continue to be an issue for training as local agencies translate those definitions into their data entry routines. A related topic for discussion is the question of how long to keep a client in the database and ultimately the network system. In the past, the coalitions used fiscal years to measure client histories. The InfoNet offers the potential to expand outcome measures over multiple years. This issue will become more relevant once the InfoNet is a network system, housed and supported by ICJIA.

The timing of data entry and reporting will be topics for discussion as users become more comfortable with the InfoNet system and more interested in data quality issues. The data entry by local agencies should be either continuous or at regular intervals, such as weekly. Similarly, reports should be run routinely to familiarize both the reporting agencies and the coalitions with trends in the available information.

Future of the InfoNet

The increase in VOCA and VAWA funding over the last few years has made the InfoNet project possible through the Illinois Criminal Justice Information Authority. ICJIA plans to continue providing the technical support and collaborative efforts that are necessary to sustain this statewide collection of victim information. ICJIA recognizes that the InfoNet program will need constant updates to assure that it is useful to the local service providers. As funding sources and requirements change, the local agencies will rely on the InfoNet to meet their needs for information. The technical equipment for both the network and the users will also need continual support and regular updates. The advisory board and ICJIA are planning to expand this network system to include information collected by the victim-witness programs as well as providers of services to child victims. The funding for this work will be continually reevaluated so that ICJIA can continue to provide the necessary support to this resource for information on victims.

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SECTION III. RECOMMENDATIONS

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RECOMMENDATIONS

Based on the assessment of current state efforts and the case studies of three different state systems, the following are recommendations for the states with regard to domestic violence and sexual assault data collections systems:

1. States should implement incident-based reporting systems which use offense and relationship codes that are compatible with the National Incident-Based Crime Reporting System (NIBRS).

Most states are in the process of planning or implementing NIBRS or NIBRS-compatible incident-based crime reporting systems. NIBRS provides enough information about offenses, relationships, victims, and offenders to allow states to conduct detailed analyses of domestic violence and sexual assault issues. NIBRS also represents the best opportunity for the development of national estimates of the incidence of domestic violence and sexual assault, to the extent that these offenses are reported to the police.

Connecticut's plans to develop a NIBRS-compatible system and then eliminate its long-standing specialized domestic violence reporting system may be indicative of future developments in the states. Given the movement toward NIBRS and its ability to provide domestic violence and sexual assault information, it seems unwise for states to expend the resources to implement or maintain specialized domestic or sexual violence incident-based systems.

NIBRS implementation in the states has been problematic for a number of reasons, some of which were documented in Iowa's study of its NIBRS implementation. Local law enforcement agencies, especially large ones, have maintained that they do not have the personnel and other resources to implement the system. As a result, few states have comprehensive reporting, and currently only one large police department is represented in the national data. States need to take heed of Iowa's experience in converting to a statewide incident-based system when all local departments are not ready to report. This results in the state losing valuable information about the number of domestic violence and sexual assault incidents. States which already collect domestic violence data through another method should consider continuing to collect this data from agencies not yet ready to report incident-based data, so they can continue to accurately track the total number of incidents.

States should also consider adding fields to their incident-based reporting forms which would allow them to identify domestic violence cases as defined by their state statutes. This is important for several reasons. First, NIBRS relationship codes do not include all of the possible relationships relevant to domestic violence situations, so that if cases are identified based on relationship codes, some will be missed. In addition, requiring each case to be identified as domestic violence by the police officer who responded to the call may result in more accurate classification of cases.

2. States should move toward implementing incident-based service provider domestic violence and sexual assault data collection systems.

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There are several good reasons for states to implement service provider reporting systems. Such systems will provide useful information for the programs, advocacy groups, state decisionmakers, and funding agencies regarding the types of services being provided. In terms of incidence data, service provider systems can complement the data collected by crime reporting systems. While the latter provide information on incidents reported to the police, the former capture information on incidents for which victims seek assistance. States which have both systems in place should be able to develop more accurate assessments of the incidence and nature of domestic violence and sexual assault.

Incident-based reporting is recommended here because it produces much richer data for analytical purposes. Summary-based systems are of little analytical use, and are even of limited use in providing incidence data. Service provider data collection systems must have methods built in for distinguishing between new and returning clients, primary and secondary victims, and the nature of the services received. Not only is this information essential for program planning, it is also necessary to maintain accurate data on the extent and nature of the victimization.

Illinois' InfoNet is an excellent example of the type of incident-based service provider system being recommended. By working closely with the programs and advocacy agencies, the Illinois Criminal Justice Information Authority has developed an automated system that will meet the needs of the programs, the funding agencies, and researchers and analysts. As shown in Table 1, several other states have developed, or are in the process of developing, similar systems. The federal government is playing an important role in the development of these systems by providing funding and technical assistance through programs such as the Violence Against Women Act, the STOP grant program, and the Grants to Encourage Arrest Policies initiative.

3. States should develop guidance and implement training on how to identify and report cases of domestic violence and sexual assault.

One of the issues which became apparent in the Iowa study of its NIBRS system is the degree to which local law enforcement agencies vary in the criteria they use to report domestic violence cases to the database. States should develop and disseminate clear policies regarding how incidents are to be classified, and should regularly provide training to law enforcement officers on how to identify and report such cases to the data system. Legislation which clarifies the definition of domestic violence may also be helpful in some cases.

4. States, with assistance from the federal government, should develop initiatives to analyze and validate domestic violence and sexual assault data being collected by statewide incident-based systems.

Many states are now in a position to begin to analyze and validate the domestic violence and sexual assault data being collected through incident-based reporting systems. These data collection systems could provide the basis for some interesting analyses. For example, several states which report domestic violence and sexual assault data using NIBRS offense codes also use a flag to identify domestic violence cases. It would be interesting to describe the

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characteristics of those cases which are flagged as domestic violence in terms of the actual offense and relationship codes involved. Similarly, several states have domestic violence and sexual assault data from multiple reporting systems available for analysis. It would be interesting to compare the incidence of these offenses as reported by the various data systems. The results of these analyses would not only be of importance to the individual states themselves, but would allow other states to gauge the validity and usefulness of these data collection systems.

5. States, with assistance from the federal government, should begin developing linkages among the various state data systems that collect information relevant to domestic violence and sexual assault incidents.

While this report has focused on law enforcement and service provider systems, there is information regarding domestic violence and sexual assault incidents available from other sources in the states. Once domestic violence and sexual assault law enforcement databases are firmly established, states should consider integrating law enforcement and service provider databases with other data collection systems, including courts, corrections, health, mental health and social services systems. Information on case dispositions and services provided in non-criminal justice settings would considerably enhance states' ability to conduct meaningful analyses of domestic violence and sexual assault incidents, and would improve the coordination of service delivery to victims of domestic and sexual violence.

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APPENDIX A. CRITERIA FOR DOMESTIC VIOLENCE FLAGS AND CASE SELECTION

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Table A. Offense Criteria for Domestic Violence Flags and Case Selection

	NIBRS				OTHER IBR			SPECIALIZED INCIDENT-BASED													SPECIALIZED SUMMARY								
STATE	Delaware	Iowa	Kansas	Vermont	DC	Montana	Nebraska	Connecticut	Georgia	Illinois	Maryland	Nevada	New Jersey	New York	Oklahoma	Rhode Island	Texas	West Virginia	Wisconsin	Wyoming	California	Florida	Maine	Missouri	Ohio	Oregon	Puerto Rico	Tennessee	Washington
GENERAL HARM:																													
offense upon a person					X									X															
result in physical harm	X							X							X		X	X							X				
result in bodily injury	X			X		X	X	X			X						X				X	X	X						
negligently causes bodily injury with a weapon						X																							
infliction of physical pain, injury, or illness																			X										
recklessly cause serious physical harm																									X				
physical abuse										X										X									
harmful physical contact (to coerce/control/etc)			X																										
violence														X														X	
ATTEMPTS TO HARM:																													
attempt to cause bodily injury				X			X										X				X		X						
attempt to cause physical harm																		X											
THREATS TO HARM																													
threatened violence/fear of harm	X							X							X		X	X											
causes to fear serious bodily injury				X		X	X				X								X		X		X		X	X			
terroristic threats													X																
threats of physical abuse																				X									
harassment										X		X	X	X															
intimidation of a dependent	X									X																			
threat of harmful physical contact (to coerce/control/etc)			X																										
ASSAULTS:																													
assault		X						X	X			X	X	X								X				X			X
homicide	X												X			X													
battery									X			X										X							
simple battery									X																				
simple assault									X							X													
felony assault																X													
attempted assault														X															
PROPERTY:																													
criminal damage to property	X								X																				
destruction of property (to coerce/control/etc)			X																										
vandalism																X													
criminal trespass									X				X			X													X
unlawful entry w/risk of harm												X																	
burglary													X																X
SEXUAL OFFENSES:																													
sexual assault	X											X	X			X		X	X			X	X						
sexual abuse																		X											
sexual battery																						X							
criminal sexual contact	X												X																
forced to engage in sexual relations																X													
rape																													X
RESTRAINT:																													
unlawful restraint	X								X				X					X											
false imprisonment												X	X																X
childsnatching																X													
kidnapping													X			X		X											X
OTHER:																													
interference with personal liberty										X										X									
willful deprivation										X																			
compel by force to perform act or to not perform												X											X						
lewdness													X																
criminal mischief													X																
stalking													X																
intentential impairment of a physical condition																			X										
pattern of conduct, etc.																											X		
violation - restraining/protective order																X													X
any felony									X																				
disturbance														X															
dispute														X										X					
disorderly conduct														X		X													
menacing														X															
reckless endangerment	X													X															X
coercion																													X
malicious mischief																													X

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Table B. Relationship Criteria for Domestic Violence Flags and Case Selection

	NIBRS				OTHER IBR			SPECIALIZED INCIDENT-BASED													SPECIALIZED SUMMARY								
STATE	Delaware	Iowa	Kansas	Vermont	DC	Montana	Nebraska	Connecticut	Georgia	Illinois	Maryland	Nevada	New Jersey	New York	Oklahoma	Rhode Island	Texas	West Virginia	Wisconsin	Wyoming	California	Florida	Maine	Missouri	Ohio	Oregon	Puerto Rico	Tennessee	Washington
ALL RELATIVES/FAMILY:																													
any relative				X			X			X						X													
family member	X					X								X			X												
former family members																													
relative, blood or marriage		X	X		X			X		X		X			X	X	X	X				X		X		X			X
SPECIFIC FAMILY MEMBERS:																													
spouses		X	X			X		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X
ex-spouses	X	X	X			X	X	X	X	X	X	X	X		X	X	X	X	X	X	X	X	X	X	X	X	X		X
separated spouses		X																											
parent		X				X		X	X	X				X	X			X		X									
son/daughter						X		X	X	X				X	X			X		X									
siblings						X																							
stepparents						X			X																				
stepchildren						X			X	X								X											
in-laws						X																							
related by legal custody					X																								
foster parents/children									X								X												
RESIDING:																													
residing family member		X																											
relative, blood or marriage, that resides																							X						
residing together/household member		X		X			X	X	X	X		X	X	X	X	X	X	X	X	X				X		X		X	X
residing together as if a family																						X							
residing as if married																				X									
residing as if a spouse																		X					X		X				
cohabits											X							X			X						X		
intimate cohabitants	X																												
residing as sexual partners																							X						
residing w/ intimate relationship		X			X																								
RESIDED:																													
resided in past							X	X	X	X		X	X		X		X	X	X					X		X		X	X
resided within 1 year		X														X													
family member that resided within the last year																													
resided together as if a family																						X							
resided as if married																				X									
resided as if a spouse																		X						X					
resided as if a spouse within 1 year																									X				
cohabitted																		X			X						X		
former intimate cohabitants	X																												
resided w/ intimate relationship					X																								
resided and sexual relationship				X																									
resided as sexual partners																							X						
RELATED THROUGH CHILDREN:																													
child in common		X			X	X	X	X	X	X		X	X		X	X	X	X	X	X	X		X	X	X		X		X
alleged child in common										X																			
pregnant w/ child in common													X																
parent or child of person living as a spouse																									X				
share/allegedly share blood relation through a child										X																			
HAS OTHER RELATIONSHIP:																													
boyfriend/girlfriend	X																												
has intimate relationship			X		X																								
sexual or intimate partner																		X											
has dating or engage relat						X				X		X	X								X								
has consensual relationship																											X		
HAD OTHER RELATIONSHIP:																													
ex-boyfriend/girlfriend	X																												
had intimate relationship			X		X																								
former sexual or intimate partner																		X											
had dating or engage relat						X				X		X	X								X								
had consensual relationship																											X		
OTHER:																													
disabled/assistants										X																			
minor child of various relationships												X																	
specifies adult-only relationships		X	X					X					X		X	X			X	X	X					X	X		X
specifies opposite sex relationships						X																				X			
other	X					X																				X			

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APPENDIX B. STATE DATA COLLECTION SYSTEM CONTACTS

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ALABAMA

Therese Ford
SAC Director
Alabama Criminal Justice Information Center
770 Washington Avenue
Montgomery, AL 36130-0660
334-242-4937/fax-334-242-0577

Alabama Coalition Against Domestic Violence
PO Box 4762
Montgomery, AL 36101
334-832-4842/fax-334-832-4803

Julie Lindsey
Alabama Coalition Against Rape
PO Box 4091
Montgomery, AL 36102-4091
334-286-5980

ALASKA

Allen Barnes
Director, Statistical Analysis Center
Justice Center
University of Alaska Anchorage
3211 Providence Drive
Anchorage, AK 99508
907-786-1819/fax-907-786-7777

Carol Spromberg
Statistical Technician
Council on Domestic Violence & Sexual Assault
PO Box 111200
Juneau, AK 99811-1200
907-465-4356/fax-907-465-3627

ARIZONA

Roy Holt
Director, Statistical Analysis Center
Arizona Criminal Justice Commission
1501 West Washington Street
Suite 207
Phoenix, AZ 85007
602-542-1928/fax-602-542-4852

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Arizona Coalition Against Domestic Violence
100 W. Camelback, #109
Phoenix, AZ 85013
602-279-2900/fax-602-279-2980

ARKANSAS

Janet Simmons
Arkansas Crime Information Center
One Capitol Mall
Little Rock, AR 72201
501-682-2222/fax-501-682-7444

Arkansas Coalition Against Violence to
Women and Children
#1 Sheriff's Lane, Suite C
North Little Rock, AR 72114
501-399-9486/fax-501-371-0450

CALIFORNIA

Mahnaz Dashti
Bureau of Criminal Information and Analysis
Criminal Justice Statistics Center
PO Box 903427
Sacramento CA 94203-4270
916-227-3515/fax-916-227-3561

California Alliance Against Domestic Violence
926 J Street, Suite 1000
Sacramento, CA 95814
916-444-7163

COLORADO

Kim English
Director of Research
Colorado Division of Criminal Justice
700 Kipling Street
Suite 3000
Denver, CO 80215
303-239-4442/fax-303-239-4491

Colorado Bureau of Investigation
690 Kipling Suite 3000
Denver, Colorado 80215
303-239-4224

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Colorado Coalition Against Domestic Violence
PO Box 18902
Denver, CO 80218
303-831-9632/fax-303-832-7067

Colorado Coalition Against Sexual Assault
PO Box 18663
Denver, CO 80218
303-832-3050

CONNECTICUT

Dolly Reed
SAC Director
Office of Policy and Management
450 Capitol Ave.
Hartford, CT 06106
860-418-6376/fax-860-418-6496

Gary Lopez
UCR Program Manager
State Police, Department of Public Safety
1111Country Club Rd.
PO Box 2794
Middletown, CT 06457-9294
860-685-8072/fax-860-685-8352

Maureen Whelan
Training Coordinator
Connecticut Coalition Against Domestic Violence
100 Pitkin Street
East Hartford, CT 06108
860-282-7899

Carol Walsh
Connecticut Sexual Assault Crisis Services, Inc.
110 Connecticut Blvd.
East Hartford, CT 06108
860-282-9881

Tim Salius
Family Relations Court/
Judicial Information Systems
860-529-9655

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DELAWARE

John O'Connell
Director
Delaware Statistical Analysis Center
60 The Plaza
Dover, DE 19901
302-739-4626/fax-302-739-4630

Evelyn Scocas and Chuck Huenke
Delaware Statistical Analysis Center
60 The Plaza
Dover, DE 19901
302-739-4626/fax-302-739-4630

Delaware Coalition Against Domestic Violence
PO Box 847
Wilmington, DE 19899
302-658-2958

DISTRICT OF COLUMBIA

Catherine Hargrove or Tanya Hatten
SAC
Office of Grant Programs
Office of Grants Management and Development
717- 14th Street, NW
Suite 1200
Washington, DC 20005
202-727-6537/fax-202-727-1617

Emmanuel U. Ross
Operations Research Analyst
Metropolitan Police Department
300 Indiana Ave., NW
Room 3142
Washington, D.C. 20001
202-727-4174/fax-202-727-0826

Caroline Jones
UCR
202-727-4345

Sandra Majors
DC Coalition Against Domestic Violence
202-783-5332

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Stephanie Atwater/Tara Dirks
DC Rape Crisis Center
PO Box 34125
Washington, DC 20043
202-232-0789

FLORIDA

Susan Burton
Statistical Analysis Center
Florida Department of Law Enforcement
2331 Phillips Road
Post Office Box 1489
850-487-4808/fax-904-487-4812

Bonnie Flynn
Woman in Distress of Broward County, Inc.
PO Box 676
Ft. Lauderdale, FL 33302
954-760-9800

Florida Council of Sexual Abuse Services, Inc.
850 6th Avenue North
Naples, FL 33940
941-649-1404

GEORGIA

Willene White-Smith
Supervisor, Uniform Crime Reporting Unit
Georgia Bureau of Investigation
Georgia Crime Information Center
PO Box 370748
Decatur, Georgia 30037-0748
404-244-2840/fax-404-244-2743

Mozel Harrison
Georgia Coalition on Family Violence
1827 Powers Ferry Road, Bldg 3, Suite 325
Atlanta, Georgia 30339
770-984-0085

HODAC's Rape Crisis Program (GA Coalition)
2762 Watson Blvd.
Warner Robins, GA 31093
912-953-5675

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HAWAII

Paul Perrone
Chief of Research and Statistics
Crime Prevention and Justice Assistance Division
Dept. of the Attorney General
425 Queen Street
Honolulu, HI 96813
808-586-1420/fax-808-586-1373

IDAHO

Robert C. Uhlenkott
Idaho Statistical Analysis Center
Department of Law Enforcement
PO Box 700
Meridian, ID 83680
208-884-7044/fax-208-884-7094

Robin Elson
Bureau of Criminal Identification
884-7155

Idaho Coalition Against Sexual and
Domestic Violence
815 Park Blvd., #140
Boise, ID 83712
208-384-0419/fax-208-331-0687

(Secretary of John Pay)
Courts
208-334-3867

ILLINOIS

Teresa Hirsch
Illinois Criminal Justice Information Authority
120 South Riverside Plaza
Chicago, Illinois 60606-3997
312-793-8550/fax-312-793-8422

Sarah Conlon
Asst. Contracts Manager
Illinois Coalition Against Domestic Violence
730 East Vine, Suite 109
Springfield, Illinois 62703
217-789-2830

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Illinois Coalition Against Sexual Assault
123 South Seventh Street, Suite 500
Springfield, Illinois 62701-1302
217-753-4117/fax-217-753-8229

INDIANA

Steve Meagher
Director of Research
Statistical Analysis Center
Indiana Criminal Justice Institute
302 West Washington Street
Room E-209
Indianapolis, IN 46204
317-232-7611/fax-317-232-4979

Kim Howell
STOP Program Director
317-233-3341

Beth Bourdeau
CARE: Communities Against Rape Initiative
Center for Families
1269 Fowler House
West Lafayette, IN 47907-1269
765-494-0545/fax-765-494-0503

Laura Barry
Indiana Coalition Against Domestic Violence
2511 E. 46th St., Suite N-3
Indianapolis, IN 46205
317-543-3908

Kathy O'Brien
Indiana Coalition Against Sexual Assault
2511 E. 46th St, Suite N-3
Indianapolis, IN 46205
317-568-4001

IOWA

Laura Roeder
Statistical Analysis Center
Criminal & Juvenile Justice Planning
Lucas State Office Building
Des Moines, IA 50319
515-242-5823/fax-515-242-6119

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Jan Rose
Governor's Office on Substance Abuse
Lucas State Office Bldg.
321 E. 12th Street
Des Moines, IA 50319
515-242-6379

Virginia Bean
Attorney General's Office
515-242-6112

Jennifer Juhler
State Court Administrator's Office
515-964-9399

KANSAS

Mary Ann Howerton
Manager, Crime Data Information Center
Kansas Bureau of Investigation
1620 SW Tyler
Topeka, KS 66612-1837
913-296-8277/fax-913-296-6781

Kansas Coalition Against Sexual and Domestic Violence
820 SE Quincy, Suite 416B
Topeka, KS 66612
913-232-9784/fax-913-232-9937

KENTUCKY

Donna Bray
Statistical Program Coordinator
Records Section
Kentucky State Police
1250 Louisville Road
Frankfort, Kentucky 40601
502-227-8700/fax-502-227-8734

Alice Strange, Hansel Heel, and Lt. Mike Smith
Kentucky State Police
1250 Louisville Road
Frankfort, Kentucky 40601
502-227-8700/fax-502-227-8734

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Jean Kendell
Cabinet for Families and Children
Commonwealth of Kentucky
275 East Main Street
Frankfort, Kentucky 40621
502-564-6750

LOUISIANA

Carle Jackson
La. Commission on Law Enforcement
1885 Wooddale Boulevard, 7th Floor
Baton Rouge, LA 70806
504-925-4440/fax-504-925-1998

Paula Joiner
Louisiana Foundation Against Sexual Assault
PO Box 40
Independence, LA 70443
504-747-8815/fax-504-747-8879

LA Governor's Office of Women's Services
504-922-0966

MAINE

Mary Anderson
Department of Public Safety
Records Management Services
Uniform Crime Reporting Program
36 Hospital Street
Augusta, Maine 04333-0042
207-624-7004

Michael Hughes
Director, Statistical Analysis Center
Policy, Legislative and Information Services
Department of Corrections
State House Station #111
Augusta, ME 04330-0111
207-287-4386/fax-207-287-4370

Maine Coalition Against Sexual Assault
PO Box 5326
Augusta, ME 04330
207-626-0034

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Sexual Assault Crisis Center
207-784-5272

Maine Coalition for Family Crisis Services
128 Main St.
Bangor, ME 04401
207-941-1194

MARYLAND

Denise Scherer
Central Record Division
Department of Maryland State Police
1711 Belmont Avenue
Baltimore, MD 21244
410-298-3883

Maryland Network Against Domestic Violence
6911 Laurel Bowie Rd.
Suite 309
Bowie, MD 20715
301-352-4574

Maryland Coalition Against Sexual Assault
7257 Parkway Drive
One Parkway Drive Building, Suite 208
Hanover, MD 21076
410-712-0955

MASSACHUSETTS

Diana Brensilber
Executive Office of Public Safety
Programs Division
100 Cambridge Street, Room 2100
Boston, Massachusetts 02202
617-727-6300/fax-617-727-5356

Daniel Bible
UCR
508-820-2111

Sandy Adams
Administrative Office of Trial Courts
617-727-1923

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Marion Winters
Massachusetts Coalition of Rape Crisis Services
508-721-9711

Julia Heck
Systems and Data Analyst
Sexual Assault Prevention and Survivor
Services Program
250 Washington Street
Fourth Floor
Boston, MA 02108-4619
617-624-5458/fax-617-624-5075

Massachusetts Coalition of Battered Women's
Service Groups
14 Beacon St. #507
Boston, MA 02108
617-248-0922/fax-617-248-0902

MICHIGAN

Karlene Ohler and Julie Allen
Michigan State Police
7150 Harris Drive
Lansing, MI 48913
517-322-1151/fax-517-322-0635

Michigan Coalition Against Domestic and
Sexual Violence
3893 Okemos Rd., Suite B-2
Okemos, MI 48864
517-347-7000

Domestic Violence Prevention and Treatment Board
517-373-8144

MINNESOTA

Susan Roth
Acting SAC Director
Criminal Justice Center
Minnesota Planning
658 Cedar Street
Suite 300
St. Paul, MN 55155
612-297-3279/fax-612-296-3698

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Ray Lewis
Research Analyst
Criminal Justice Center
658 Cedar Street
St. Paul, MN 55155
612-296-4858/fax-612-296-3698

Minnesota Coalition Against Sexual Assault
2344 Nicolett Ave S #170A
Minneapolis, MN 55404
612-872-7734

MISSISSIPPI

Melvin Maxwell
Department of Public Safety
601-933-2600

Mississippi Coalition Against Domestic Violence
PO Box 4703
Jackson, MS 39296
601-981-9196/fax-601-981-2501

MISSOURI

Lt. Robert E. Gartner
Director, Criminal Records Division
Missouri State Highway Patrol
1510 E. Elm
Jefferson City, MO 65102
573-526-6160/fax-573-751-9382

Missouri Coalition Against Domestic Violence
415 E. McCarty
Jefferson City, MO 65101
573-634-4161/fax-573-636-3728

Missouri Coalition Against Sexual Assault
PO Box 16771
St. Louis, MO 63105
816-931-4527

MONTANA

Tom Murphy
Director, Statistical Analysis Center
Montana Board of Crime Control
303 North Roberts Street

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Helena, MT 59620
406-444-4298/fax-406-444-4722

Montana Coalition Against Domestic Violence
PO Box 633
Helena, MT 59624
406-443-7794/fax-406-443-7818

NEBRASKA

Michael Overton
Director, Statistical Analysis Center
Nebraska Commission on Law Enforcement
and Criminal Justice
PO Box 94946
Lincoln, NE 68509
402-471-2194/fax-471-2837

Sarah O'Shea
Nebraska Domestic Violence
Sexual Assault Coalition
315 South 9th Street, #18
Lincoln, NE 68508-2200
402-476-6256/fax-402-476-6806

NEVADA

William R. Souligny and Grace George
Department of Motor Vehicles and Public Safety
Nevada Highway Patrol
Records and Identification
Special Services
55 Wright Way
Carson City, Nevada 89711
702-687-3342

Nevada Network Against Domestic Violence
100 West Grove St., #315
Reno, NV 89509
702-828-1115/fax-702-828-9911

NEW HAMPSHIRE

Roger LaSante
Department of Justice
603-271-3658

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Karen Lamb
UCR Unit
Dept. of Safety
Division of State Police
10 Hazen Drive
Concord, NH 03305
603-271-2509

Grace Matten
Coalition against Domestic and Sexual Violence
PO Box 353
Concord, NH 03302
603-224-8893/fax-603-228-6096

Sandra Matheson
Director of Victim/Witness Advocates
NH Dept. of Justice
33 Capitol Street Concord, NH 03301
603-271-3671/fax-603-271-2110

Gary R. Palmer
Federal Grant Administrator
Office of the Attorney General
33 Capitol Street
Concord, NH 03301-6397
603-271-7820/fax-603-271-2110

NEW JERSEY

Christine Boyle, Chief
Research and Evaluation Section
Division of Criminal Justice
25 Market Street
CN 085
Trenton, NJ 08625
609-984-5693/fax-609-984-4473

New Jersey Coalition for Battered Women
2620 Whitehorse Hamilton Sq. Road
Trenton, NJ 08690-2718
609-584-8107/fax-609-584-9750

NEW MEXICO

Nora Wilson
Program Specialist
Statistical Analysis Center

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Institute for Social Research
2808 Central Avenue SE
Albuquerque, New Mexico 87106
505-277-4257/fax-505-277-4215

New Mexico State Coalition Against Domestic Violence
PO Box 25266
Albuquerque, NM 87125
505-246-9240/fax-505-246-9434

New Mexico Coalition of Sexual Assault Programs, Inc.
4004 Carlisle, NE Suite D
Albuquerque, NM 87107
505-883-8020

NEW YORK

Richard Ely
SAC Director
Bureau of Statistical Services
New York State Division of Criminal Justice Services
Executive Park Tower
Stuyvesant Plaza
Albany, NY 12203-3764
518-457-8381/fax-518-485-8039

New York Coalition Against Domestic Violence
Women's Bldg. , 79 Central Avenue
Albany, NY 12206
518-432-4864/fax-518-463-3155

New York Coalition Against Sexual Assault
The Women's Bldg.
79 Central Avenue
Albany, NY 12206
518-434-1580

NORTH CAROLINA

James Klopovic and Doug Yearwood
NC Governor's Crime Commission
3824 Barrett Drive
Suite 100
Raleigh, NC 27609-4736

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919-571-4736/fax-919-571-4745

North Carolina Coalition Against Domestic Violence
301 West Main St., Suite 350
Durham, NC 27701
919-956-9124/fax-919-682-1449

North Carolina Coalition Against Sexual Assault
174 Mine Lake Court
Suite 1000
Raleigh, NC 27615
919-676-7611

NORTH DAKOTA

Judy Volk
Research Analyst III
North Dakota Office of the Attorney General
Bureau of Criminal Investigation
PO Box 1054
Bismarck, ND 58502-1054
701-328-5500/fax-701-328-5510

North Dakota Council on Abused Women's Services
418 East Rosser Ave., #320
Bismarck, ND 58501
701-255-6240/fax-701-255-1904

NORTHERN MARIANA ISLANDS

Harry Blanco
Executive Director
Criminal Justice Planning Agency
Commonwealth of the Northern Mariana Islands
PO Box 1133 CK
Saipan, MP 96950
670-664-4550/fax-670-664-4560

OHIO

Melissa Winesburg
Office of Criminal Justice Servies
400 East Town Street
Suite 120
Columbus, OH 43215-4242
614-466-7782

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Debbie Ball
Bureau of Criminal Identification and Investigation
Attorney General's Office
1580 SR 56 SW
London, Ohio 43140
614-466-8204/fax-614-852-4453

Action Ohio Coalition for Battered Women
PO Box 15673
Columbus, Ohio 43215
614-221-1255/fax-614-221-6357

Ohio Coalition on Sexual Assault
4041 N. High Street, Suite 408
Columbus, OH 43214
614-268-3322

OKLAHOMA

Freda Atkinson
UCR Unit
Oklahoma State Bureau of Investigation
6600 N. Harvey, Suite 300
Oklahoma City, Oklahoma 73116
405-848-6724

Michael Connelly, Director
Oklahoma Statistical Analysis Center
Criminal Justice Resource Center
5500 North Western, Suite 245
Oklahoma City, OK 73118
405-858-7025

Ann Lowrance or Joanne Campbell-Feif
Department of Mental Health
PO Box 53277
Oklahoma City, Oklahoma 73152
405-522-3908

Marcia Smith
Oklahoma Coalition Against Domestic Violence
and Sexual Assault
2200 Classen Blvd., #610
Oklahoma City, OK 73106
405-557-1210

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OREGON

Jeffrey D. Bock
Oregon Uniform Crime Reporting
Law Enforcement Data System
400 Public Service Bldg.
Salem, OR 97310
503-378-3057/fax-503-363-8249

Oregon Coalition Against Domestic
and Sexual Violence
520 NW Davis, Suite 310
Portland, OR 97209
503-223-7411/fax-503-223-7490

PENNSYLVANIA

Doug Hoffman
Manager, Statistical Analysis Center
PA Commission on Crime and Delinquency
PO Box 1167
Harrisburg, PA 17108-1167
717-787-5152/fax-717-783-7713

Richard Price
Pennsylvania Coalition Against Rape
125 N. Enola Dr.
Enola, PA 17025
717-728-9781/fax-717-728-9781

PUERTO RICO

Mr. Luis G. De Jesus and Mr. Santiago
Puerto Rico Police
P.O. Box 70166
San Juan, PR 00936-8166
787-793-1234, Ext. 3113/fax-787-783-3670

RHODE ISLAND

Norman Dakake, Director
Statistical Analysis Center
Rhode Island Governor's Justice Commission
One Capitol Hill
Fourth Floor
Providence, RI 02908
401-222-4499/fax-401-222-1294

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Janice Dubois
Domestic Violence Unit
Rhode Island Supreme Court
Office of Attorney General
McGrath Judicial Complex
4800 Tower Hill Road
Wakefield, RI 02879
401-782-4154/fax-401-782-4152

Linda Fracola
Uniform Crime Reporting
State Police Headquarters
311 Danielson Pike
North Scituate, RI 02857
401-444-1121

Deb Debare
Rhode Island Coalition Against Domestic Violence
422 Post Road, #104
Warwick, RI 02888
401-467-9940

Corie Maloney
Helpline Coordinator
300 Richmond Street, Suite 205
Providence, RI 02903
401-421-4100

The Rhode Island Rape Crisis Center
300 Richmond St., Suite 205
Providence, RI 02903
401-421-4100

John Clifford
Supreme Court
401-222-3000

SOUTH CAROLINA

Robert McManus
Coordinator of Planning and Research
Department of Public Safety
5400 Broad River Road
Columbia, SC 29210
803-896-8717/fax-803-896-8719

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South Carolina Coalition Against Domestic
Violence and Sexual Assault
PO Box 7776
Columbia, SC 29202-7776
803-750-1222/fax-803-750-1246

SOUTH DAKOTA

Kari Stulken
Statistical Analysis Center
Office of the Attorney General
500 E. Capitol Avenue
Pierre, SD 57501
605-773-6313/fax-605-773-6471

South Dakota Coalition Against Domestic Violence
and Sexual Violence
PO Box 141
Pierre, SD 57501
605-945-0869/fax-605-945-0870

TENNESSEE

Jackie Vandercook
SAC Supervisor
Statistical Analysis Center
Tennessee Bureau of Investigation
1148 Foster Avenue
Nashville, TN 37210
615-726-7970/fax-615-741-4789

Joann Watlington
Administrative Office of the Courts
Nashville City Center, Suite 600
511 Union Street
Nashville, TN 37243-0607
615-741-2687/fax-615-741-6285

Kathy England
Tennessee Task Force on Family Violence
615-386-9406

TEXAS

Pablo Martinez
Director, Special Projects
The Criminal Justice Policy Council
Stephen F. Austin Building

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1700 North Congress, Suite 1029
Austin, TX 78701
512-463-1810/fax-512-475-4843

Nancy Arrigona
Director, Research and Evaluation
The Criminal Justice Policy Council
Stephen F. Austin Building
1700 North Congress, Suite 1029
Austin, TX 78701
512-463-1810/fax-512-475-4843

Pam Nichols
Uniform Crime Reporting
Department of Public Safety
Box 4143
Austin, Texas 78765
512-424-2091

Texas Council on Family Violence
P.O. Box 161810
Austin, Texas 78716
512-794-1133

Toni Guillot
Director of Program System Support
Texas Office of the Attorney General-
Sexual Assault Prevention and Crisis Services
Texas Department of Human Services-
Family Violence Program
John H. Winters Human Services Center
701 West 51st Street
Central Office Mailing Address PO Box 149030
Austin, TX 78714-9030
512-438-3011

UTAH

Rich Oldroyd and Susan Birk
Utah Commission on Criminal and Juvenile Justice
101 State Capitol
Salt Lake City, Utah 84114
801-538-1921

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Jamee Roberts
Rape and Sexual Assault Prevention Coordinator
Utah Department of Health
PO Box 142106
Salt Lake City, Utah 84114-2106
801-538-6864/fax-801-538-6629

Kate Jensen
Department of Children and Family Services
801-538-4526

VERMONT

William Clements
Executive Director
Vermont Center for Justice Research
33 College Street
Montpelier, BT 05602
802-828-8511/fax-802-828-8512

Max Schlueter
Director, Vermont Crime Information Center
Department of Public Safety
103 S. Main Street
Waterbury, VT 05671-2101
802-244-8727

Vermont Network Against Domestic Violence
and Sexual Assault
PO Box 405
Montpelier, VT 05601
802-223-1302/fax-802-223-6943

VIRGIN ISLANDS

R. Maria Brady and Helene Smallett
Law Enforcement Planning Commission
Office of the Governor
Government of the Virgin Islands of the
United States
116 and 164 Sub Base, Estate Nisky No. 6
St. Thomas, Virgin Islands 00802
809-774-6400/fax-809-776-3317

Mary C. Mingus
Women's Coalition of St. Croix
PO Box 2734 Christiansted

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St. Croix, USVI 08822
340-773-9272/fax-340-773-9062

VIRGINIA

Donald Faggiani
Director, Statistical Analysis Center
Department of Criminal Justice Services
805 East Broad Street
Richmond, VA 23219
804-371-2371/fax-804-225-3853

Sandy Edwards
Violence Against Women Program Analyst
Department of Criminal Justice Services
804-786-5367

Sherrie Goggans
Virginians Against Domestic Violence
2850 Sandy Bay Rd., #101
Williamsburg, VA 23185
757-221-0990/fax-757-229-1553

WASHINGTON

Tracy Reynaud
WUCR/WIBR Supervisor
Washington Assn. Of Sheriffs & Police Chiefs
PO Box 826
Olympia, WA 98507-0826
360-586-3221/fax-360-586-7030

Cynthia S. Morrow
Program Manager
Sexual Assault and Domestic Violence Programs
Office of Crime Victims Advocacy
906 Columbia St. SW
PO Box 48300
Olympia WA 98504-8300
360-753-1174/fax-360-586-0873

WEST VIRGINIA

Tammy Collins
Criminal Justice Statistical Analysis Center
1204 Kanawha Boulevard, East
Charleston, WV 25301
304-558-8814/fax-304-558-0391

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Sgt. S. G. Midkiff
Uniform Crime Reporting
West Virginia State Police
725 Jefferson Road
South Charleston, WV 25309
304-746-2159/fax-304-746-2230

Dianne Reese
West Virginia Coalition Against Domestic Violence
4710 Chimney Drive
Charleston, WV 25302
304-965-3552/fax-304-965-3572

Nancy Hoffman
West Virginia Foundation for Rape Information
& Services
112 Braddock Street
Fairmont, WV 26554
304-366-9500/fax-304-366-9501

WISCONSIN

Stephen Grohmann
Office of Justice Assistance
222 State Street, 2nd Floor
Madison, WI 53702
608-266-7185/fax-304-558-0391

Julie Foley
Wisconsin Department of Justice
Office of Crime Victim Services
222 State Street, 3rd Floor
Madison, WI 53702
608-266-1155

Wisconsin Coalition Against Sexual Assault
123 E. Main Street, 2nd Floor
Madison, WI 53703-3315
608-257-1516

Wisconsin Coalition Against Domestic Violence
1400 E. Washington Ave., #232
Madison, WI 53703
608-255-0539/fax-608-255-3560

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WYOMING

Richard Russell
Division of Criminal Investigation
316 W. 22nd St.
Cheyenne, WY 82002
307-777-7625

Wyoming Coalition Against Domestic Violence
and Sexual Assault
P.O. Box 236
Laramie, WY 82070

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APPENDIX C. STATE DATA COLLECTION FORMS

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Table 1. Statewide Domestic and Sexual Violence Data Collection Systems[a]

(X = Statewide system; *x* = System being developed or planned)

State	NIBRS			Domestic Violence					Sexual Violence				
	Statewide	Planned or Developing	Partial (Percent Crime Reported)	State Crime IBR	Specialized Incident-Based	Specialized Summary	Serivice Provider - Client	Service Provider - Summary	State Crime IBR	Specialized Incident-Based	Specialized Summary	Serivice Provider - Client	Service Provider - Summary
Alabama		*x*		X			X		X				X
Alaska							X					X	
Arizona													
Arkansas		*x*											
California		*x*				X							
Colorado		*x**	41%				*x*					*x*	
Connecticut		*x**	20%		X			X					X
Delaware	X												
District of Columbia		*x*		X					X			X	
Florida						X	*x*				X	*x*	
Georgia					X		*x*						
Hawaii		*x*					*x*					*x*	
Idaho	X*												
Illinois		*x*			X		X					X	
Indiana		*x*	14%									*x*	
Iowa	X*							X					X
Kansas	X												
Kentucky		*x*											
Louisiana		*x*	***										X
Maine		*x*				X							X
Maryland		*x*			X								
Massachusetts		*x**	17%		*x*							X	
Michigan		*x**	46%		X**								
Minnesota		*x*											
Mississippi								X					
Missouri						X		X					
Montana		*x*	80%	X					X				

State	NIBRS			Domestic Violence					Sexual Violence				
	Statewide	Planned or Developing	Partial (Percent CrimeReported)	State Crime IBR	Specialized Incident-Based	Specialized Summary	Serivice Provider - Client	Service Provider - Summary	State Crime IBR	Specialized Incident-Based	Specialized Summary	Serivice Provider - Client	Service Provider - Summary
Nebraska		*x**		X				X					X
Nevada		*x*			X			X					
New Hampshire		*x*	50%				X					X	
New Jersey		*x*			X			X					
New Mexico		*x*											
New York		*x*	8%		X								
North Carolina		*x*											
North Dakota****	X*							X					X
N. Mariana Islands													
Ohio		*x**	20%			X							
Oklahoma		*x*			X		X					X	
Oregon		*x*	5%			X			X				
Pennsylvania		*x*											X
Puerto Rico		*x*				X							
Rhode Island		*x*	***		X		X			X		X	
South Carolina	X*												
South Dakota		*x*	50%										
Tennessee		*x**	20%			X							
Texas		*x**	4%		X		*x*					*x*	
Utah		*x**	32%					X				*x*	
Vermont	X*						*x*					*x*	
Virgin Islands													
Virginia		*x**	19%				*x*					*x*	
Washington		*x*				X						X	
West Virginia		*x**	35%		X			X					X
Wisconsin		*x**	10%		X					X			
Wyoming		*x*			X								
Total Statewide Systems	7	39		4	14	9	6	10	4	2	1	8	9

[a] The information in this table is accurate as of August 1998 with the exception of the states' status with regard to NIBRS certification, which is accurate as of August 1999.

* = NIBRS certified; ** = System is no longer statewide - data from a developing NIBRS system is combined to allow for statewide reporting on domestic or sexual violence;

*** Estimate is not available; **** NIBRS system is not statewide, but NIBRS coding of violent crimes in non-participating agencies allows for statewide domestic and sexual violence reporting.

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Table 3. Statewide Incident-Based Crime Reporting Systems

State	NIBRS Systems							Other IBR Systems				
	Delaware	Idaho	Iowa	Kansas	North Dakota	South Carolina	Vermont	Alabama	DC	Montana	Nebraska*	Oregon**
NIBRS Status	testing	certified	certified	testing	certified	certified	certified	n/a	n/a	****	n/a	n/a
Percent of Crime Covered	100	100	90	100	100	100	85	99	100	>80	100	100
Domestic Violence Indicator												
offense by relationship	X	X	X	X	X	X	X	X	X			**
special box or flag	X		X	X			X		X		X	**
offense code										X		**
crime statute							X		X			**
Offense Codes												
state/city statutes	X			X			X		X			
NIBRS codes	X	X	X	X	X+	X	X					
UCR codes									X	X***	X	X
NCIC								X				
Information Available												
Victim:												
age/dob	X	X	X	X	X	X	X	X	X	X		
race	X	X	X	X	X	X	X	X	X	X		
ethnicity	X	X	X	X	X	X	X		X	X		
gender	X	X	X	X	X	X	X	X	X	X		X
relationship	X	X	X	X	X	X	X	X+	X-			
Offender:												
age/dob	X	X	X	X	X	X	X	X	X	X		
race	X	X	X	X	X	X	X	X	X	X		
ethnicity	X	X	X	X	X	X	X		X	X		
gender	X	X	X	X	X	X	X	X	X	X		
Other:												
offense type	X	X	X	X	X	X	X	X	X	X-	X-	X-
weapon	X	X	X	X	X	X	X	X-	X		X-	
injury	X	X	X	X	X	X	X	X-	X			
DV additions:												
child present			X	X								
referrals	X		X									
existing protection order	X								X			
System Start Year	1997	1993	1991	1993	1995	1992	1998	1980		1988	1997	
Documents Produced												
Annual Crime Report	X	X	X	X		X		X		X	X	X
Special DV Report	X				X			X				
Special SV Report					X							

* No enhanced sexual violence data available **No domestic violence data available ***Modified UCR code

****Montana is converting its existing IBR system to one that is NIBRS-compatable. The current IBR system covers almost the entire state, and about 80% of the data are NIBRS-compatible.

X- = fewer codes available than NIBRS X+ = more extensive codes than NIBRS

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Table 4. Specialized Incident-Based Reporting Systems

State	Domestic Violence														Sexual Violence	
	Connecticut*	Georgia*	Illinois	Maryland	Michigan**	Nevada*	New Jersey*	New York*	Oklahoma	Rhode Island*	Texas*	West Virginia	Wisconsin*	Wyoming	Rhode Island*	Wisconsin
Case Selection Criteria																
statutory definition	X	X	X			X	X		X	X	X	X	X	X	X	X
other				X	X			X								
Information Available																
Victim:																
age/dob	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
race		X	X	X	X	X	X	X		X	X		X		X	X
ethnicity			X				X	X		X	X		X		X	X
gender	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
relationship	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
Offender:																
age/dob	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
race		X	X	X	X	X	X	X		X	X				X	X
ethnicity			X				X	X		X			X		X	X
gender	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
Other:																
offense type	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
weapon	X	X	X	X	X	X	X	X		X	X	X	X	X	X	X
injury	X	X	X	X	X	X	X	X		X	X		X	X	X	X
alcohol/drugs	X	X		X		X	X			X			X		X	
circumstances				X				X								
child present	X	X				X	X	X		X			X			
arrest	X	X	X		X	X	X	X		X		X	X	X	X	
priors/protection order	X	X				X	X	X		X		X	X			
System Start Year	86	93	96	96	83	97	83	94	88	88	91	82	89	88	97	84
Documents Produced																
Annual Crime Report		X	X	X	X	X	X		X	X	X	X		X	X	
Special DV / SV Report	X						X						X			X

* These systems provide separate reporting forms for each individual incident.

** Michigan's form is only used by jurisdictions not collecting NIBRS information.

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Table 5. Specialized Summary-Based Reporting Systems

State	Domestic Violence									Sexual Violence
	California	*Florida*	*Maine*	*Missouri*	*Ohio*	*Oregon*	*Puerto Rico*	*Tennessee*	*Washington*	*Florida*
Defining Domestic Violence										
statutory definition	X	X	X		X	X	X		X	X
other				X				X		
Information Available										
Victim:										
age/dob			X*		X		X	X*		
race					X					
ethnicity					X					
gender			X*				X	X*		
relationship		X	X*		X			X*		
Offender:										
age/dob			X*		X		X	X*		
race					X					
ethnicity					X					
gender			X*				X	X*		
Other:										
offense type		X			X	X	X	X	X	X
weapon	X		X				X			X
injury					X					
arrest		X	X		X			X		X
System Start Year	86	96	80	80**	96	96	***	94	95	96
Documents Produced										
Annual Crime Report	X	X	X	X				X	X	X
Special DV / SV Report		X					X			

* Combination age/gender/relationship used, all factors incomplete.

** Estimate only.

*** Information not available.

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Table 6. Service Provider Client-Based Systems

State	Domestic Violence	Both Domestic Violence and Sexual Assault					Sexual Assault		
	Alabama	Alaska	Illinois	New Hampshire	Oklahoma	Rhode Island	D.C.	Massachusetts**	Washington
Reporting Sources									
Hotline calls	X			X	X	X	X	X	X
Non-residential programs	X	X	X	X	X		X	X	X
DV shelters	X	X	X	X	X				
Rape crisis centers		X	X	X	X		X	X	X
Capacity to Identify:									
New clients/First reports	X	X	X	X	X	X	X	X	
Client type (victim)	X	X	X	X		X	X	X	X
Type of abuse	X	X	X	X		X	X		
When incident occurred		X		XO		X	X	X	X
Information Available									
Victim:									
age/dob	X	X	X	X		X	X	X	X
race	X	X	X	X	X	X	X	X	X
ethnicity	X	X	X	X	X	X	X	X	X
gender	X	X	X	X		X	X	X	X
relationship	X*	X	X	X		X	X	X	X
Offender:									
age/dob	X*	X	X			X	X	X	X
race	X*	X	X			X	X	X	
ethnicity	X*	X	X			X	X	X	
gender	X*	X	X			X	X	X	X
Other:									
offense/abuse type	X*	X	X	X	X*	X	X	X	
weapon	X*	X	X			X	X	X	
police called	X*	X	X				X	X	
contact/report/adm. date	X*	X	X	X				X	
incident date/year/time	X*	X				X	X	X	X
injury		X	X					X	
alcohol/drugs	X*	X							
abuse history	X*	X			X	X		X	
child present	X	X		XO					
arrest	X*	X	X						
services/referrals	X	X	X	X	X	X			
System Start Year	1997	1985	1998	1998	1990	1997	***	1997	1996
Agency Administering System	DV Coalition	Council on Dom. Violence and Sex. Assault	DV/SA Coalitions	Dept. of Justice	Dept. of Mental Health	Network-Shelters and Coalitions	Rape Crisis Center	Dept. of Public Health	Office of Crime Victim Advocacy
Documents Produced	Monthly reports Reports to grantors	Domestic Violence and Sexual Assault: Status Report	Internal and summary reports	To be developed	Summary reports only	Internal reports only	***	Periodic reports	Summary reports only

* Information only available for cases admitted.

** This system records incident-based, not client-based, information

*** Information is currently not available.

XO = This data element is an optional field.

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APPENDIX B. STATE DATA COLLECTION FORMS

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Incident-Based Crime Reporting Systems

Alabama
Delaware
Iowa
Kansas
Oregon

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DOMESTIC INCIDENT REPORT

DELAWARE

1 ☐V ☐D ☐S ☐RP	2 NO. VICT'S	3 REPORT DATE	4 DEPARTMENT	5 PAGE OF	6 COMPLAINT NO.

7 NAME (LAST, FIRST, MIDDLE)	8 RACE, SEX, E.O., AGE	9 D.O.B.	10 RESID PHONE	11 BUS PHONE

12 ADDRESS	13 RESIDENT ☐FUL ☐NON ☐UNK	14 EMPLOYER/SCHOOL

15 LOCATION OF INCIDENT	16 GRID	17 SECT	18 CTY	19 NO PREMISE	20 TYPE PREMISE	21 LOC CODE

22 REPORTED DAY DATE TIME	23 OCCURRED DAY DATE TIME TO DAY DATE TIME	24 INVOLVEMENT ☐ALCOHOL ☐DRUGS ☐COMPUTER

25 CRIME OR INCIDENT TITLE SECTION SUBSECTION TYPE CLASS	26 UCR CLASS	27 SUP CODE	28 CRIM ACTIVITY

135 WAS DFS NOTIFIED? ☐YES ☐NO	136 DFS PERSON CONTACTED	31 POINT OF ENTRY	32 NATURE OF INJURIES	33 WEAPONS MEANS/ATTACK

CODE	34 NAME (L, F, M)	RACE	SEX	D.O.B.	ADDRESS	PHONE

36 EVID ☐YES ☐NO	PERFORMED BY	PHOTOS TAKEN OF INJURY	OTHER EVIDENCE WORK DONE - TYPE

36 METHOD OF OPERATION

MO. CLASS

138 DUAL ARREST MADE? ☐YES ☐NO IF YES JUSTIFY	139 ☐ARREST MADE ☐NO ARREST MADE ☐NO CRIME ☐SUSPECT GOA ☐WARRANT PENDING ☐OTHER	140 RISK ASSESSMENT DONE? ☐YES ☐NO ☐N/A

37-1 ☐SUSPECT ☐DEFENDANT (L, F, M)	37-2 TYPE OF ARREST ☐ON VIEW ☐SUMMON'D ☐WARRANT	37-3 V.O.	37-4 RACE, SEX, E.O., AGE	37-5 D.O.B.	37-6 RESIDENT ☐FUL ☐NON ☐UNK

37-7 ADDRESS	37-8 DESCRIPTION	37-10 PHONE	37-9 ARMED WITH

39 SUSP VEH REG # STATE	YEAR	MAKE	MODEL	BODY	COLOR(S)	IDENTIFYING CHARACTERISTICS

☐PROPERTY DISPUTE ☐CUSTODY DISPUTE ☐SERVE PFA ORDER | 147 WAS A VIOLENT ACT THREATENED OR COMMITTED? ☐YES ☐NO

142 ARE THERE ANY ACTIVE COURT ORDERS? ☐CUSTODY ☐PFA ☐NO CONTACT ☐PROBATION ☐OTHER

143 IS THIS FAMILY ACTIVE WITH THE DIVISION OF FAMILY SERVICES? ☐YES ☐NO CASE WORKER

144 HAS THE VICTIM REPORTED AN INCIDENT WITH THIS SUBJECT BEFORE? ☐YES ☐NO LAST CONTACT

146 IS THE VICTIM ALSO A VICTIM/COMPLAINANT IN ANY OTHER RECENT/RELEVANT POLICE INVESTIGATION? ☐YES ☐NO AGENCY

CODE	PROPERTY TYPE STOLEN-S DAMAGED-D RECOVERED-R SEIZED-T	TYPE	ID NUMBER	VALUE
	40-1			
	40-2			
	40-3			

41 DRUG TYPE	42 DRUG QUANTITY	43 DRUG MEASURE	44 DATE RECOVERD	45 VALUE DAMG	46 VALUE REC	47 VALUE STOLEN

146 ON SCENE COMMENTS: (11 DEL. SEC 3507) VICTIM (V) SUSPECT (S) WITNESS (W) CHILD (C)

CODE	48 CONTINUATION OF ABOVE ITEMS

134 DOES VICT REQUEST NOTICE OF FUTURE PROCEEDINGS UPON ARREST? ☐YES ☐NO	133 SUSPECTED BIAS/HATE INCIDENT? ☐YES ☐NO	49 DET NOTIFIED	50 REFERRED TO	51 SUPERVISOR APPROVAL

52 REPORTING OFFICER	NO. DIV.	53 STATUS		54 EXCEPTIONAL CLEAR	
		☐UNFOUNDED	☐ARREST - JUV	☐DEATH SUSPECT	☐NO V COOPERATION
		☐PENDING - ACTIVE	☐PEND - INACTIVE	☐PROSECUTION DECLINED	☐JUV NO CUSTODY
		☐ARREST - ADULT	☐SERVICE CLEAR	☐EXTRADITION DECLINED	☐ADMIN SANCTION

55 REPORTING PERSON'S SIGNATURE

X

[illegible] ☐SUSP NAMED ☐SUSP LOCATED ☐SUSP DESCRIBED ☐SUSP IDED ☐OFFICE ☐FOLLOW-UP ☐CLOSE

FORM [illegible]

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CONTINUATION: **DOMESTIC VIOLENCE / RISK ASSESSMENT**

7 VICTIM'S NAME	4 DEPARTMENT	5 PAGE OF	6 COMPLAINT NO.

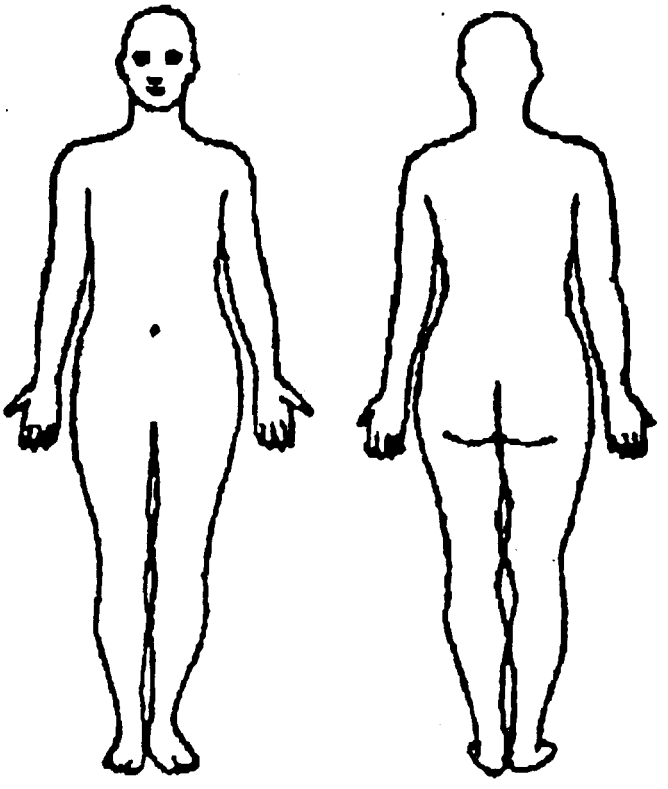
RISK FACTORS

In the course of the investigation, attempt to identify any of the following risk factors. Check the corresponding block(s), and give a detailed explanation in the narrative.

- ☐ 1. GUN PRESENT IN THE HOME OR ACCESSIBLE TO SUSPECT.
- ☐ 2. SUSPECT HAS USED OR THREATENED TO USE WEAPON.
- ☐ 3. PARTIES HAD A RECENT SEPARATION OR THREATENED SEPARATION.
- ☐ 4. SUSPECT ABUSES ALCOHOL.
- ☐ 5. SUSPECT USES ILLEGAL DRUGS OR ABUSES LEGAL DRUGS.
- ☐ 6. INCREASE IN FREQUENCY OR SEVERITY OF VIOLENCE.
- ☐ 7. SUSPECT IS VIOLENT OUTSIDE THE RELATIONSHIP.
- ☐ 8. SUSPECT HAS DESTROYED CHERISHED PERSONAL ITEMS.
- ☐ 9. SUSPECT IS JEALOUS OR ATTEMPTS TO CONTROL PARTNER'S DAILY ACTIVITIES.
- ☐ 10. SUSPECT HAS ACCUSED THE VICTIM OF CHEATING.
- ☐ 11. SUSPECT HAS SAID, "IF I CAN'T HAVE YOU, NO ONE CAN."
- ☐ 12. SUSPECT THREATENS TO KILL.
- ☐ 13. SUSPECT CONTEMPLATED, THREATENED, OR ATTEMPTED SUICIDE.
- ☐ 14. SUSPECT VIOLENT TOWARD CHILDREN.
- ☐ 15. SUSPECT HAS INJURED OR KILLED PETS.
- ☐ 16. SUSPECT HAS FORCED VICTIM TO HAVE SEX WHEN VICTIM DID NOT AGREE.
- ☐ 17. SUSPECT HAS DIRECTED VIOLENCE TOWARD PREGNANT PARTNER.
- ☐ 18. VICTIM IS CURRENTLY PREGNANT.
- ☐ 19. VICTIM CONTEMPLATED, THREATENED, OR ATTEMPTED SUICIDE.

CODE	48 CONTINUED ITEMS:

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



HT. _____ WT. _____

52 REPORTING OFFICER

DATE:

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Supplemental

IOWA INCIDENT REPORT

ORI:

Reported By [ ] VICTIM	Address (Street, City, State, Zip)	Phone	Reported (day, date, time)

Victim Sequence #	Name (Last, First, Middle)	Address (Street, City, State, Zip)	Phone

Type of Victim (check only one):
[ ] I - individual [ ] F - financial [ ] B - business [ ] G - government [ ] R - religious [ ] S - society-public [ ] O - other [ ] U - unknown

[ ] R - resident [ ] N - non resident [ ] U - unknown	[ ] W - white [ ] I - Indian [ ] B - black [ ] U - unknown [ ] A - Asian	[ ] F - female [ ] M - male [ ] U - unknown	DOB or Age	[ ] H - Hispanic [ ] N - non-Hispanic [ ] U - unknown	SOC/OLN/OLS

Type of Injury (check up to five): [ ] M - minor injury (bruises, abrasions, minor lacerations, sprains)
[ ] L - severe lacerations [ ] S - scalds/burns [ ] I - possible internal injuries [ ] B - broken bones/skull fracture
[ ] T - loss of teeth [ ] O - other major injury [ ] U - unconsiousness [ ] N - none

Date Occurred	Time Occurred	Day of the Week	Special Reports:
From: To:	From: To:	S M T W Th F Sa	[ ] Domestic Abuse [ ] Bias Crime [ ] LEOKA

Offense #	Offense	State/City Statute	UCR Offense Code	Activity	Status	Location *	Weapon type(s)
					[ ] A - attempted [ ] C - completed		
					[ ] A - attempted [ ] C - completed		
					[ ] A - attempted [ ] C - completed		

Location(s) of Offense(s):

01 Air/Bus/Train Terminal	08 Department/Discount Store	15 Jail/Prison	22 School/College	27 Farm Residence
02 Bank/Savings & Loan	09 Drug Store/Dr. `s Office/Hospital	16 Lake/Waterway	23 Service/Gas Station	28 Farm Buildings
03 Bar/Night Club	10 Field/Woods	17 Liquor Store	24 Specialty Store (TV, Fur, etc.)	29 Other Farm
04 Church/Synagogue/Temple	11 Government/Public Building	18 Parking Lot/Garage	25 Other Unknown	
05 Commercial/Office Building	12 Grocery/Supermarket	19 Rental/Storage Facility*	26 Park	
06 Construction Site	13 Highway/Road/Alley	20 Residence/Home	*If #14 or #19 are indicated,	
07 Convenience Store	14 Hotel/Motel/etc.*	21 Restaurant	specify number of units entered:	

Type of Weapon/Force Involved Codes: 11 - firearm (type not stated) 12 - handgun 13 - rifle 14 - shotgun 15 - other firearm
2[illegible] knife/cutting instrument 30 - blunt object 11A - automatic firearm 12A - automatic handgun 13A - automatic rifle 14A - automatic shotgun
1[illegible] other auto firearm 35 - motor vehicle 40 - hands, fists, feet, etc. 50 - poison 60 - explosives 65 - fire 70 - narcotics/drugs
90 - other 95 - unknown 99 - none

Method of Entry: [ ] F - forcible [ ] N - no force Point of Entry: [ ] door [ ] window [ ] roof [ ] other

Loss Code	Property Code	LIC	LIS	LIY	LIT	VIN	# Stolen	# Recovered

Color	Year	Make	Model	Style	Date of Recovery	Estimated Value

Loss Code	Property Code	Estimated Quantity	Item stolen, seized, burned, lost, found, or destroyed Include Make, Model, Size, Type, Serial #, Color, etc.	Estimated Value	Date of Recovery

Loss Codes: 1 - none 2 - burned 3 - counterfeited 4 - damaged/destroyed 5 - recovered 6- seized 7 - stolen 8 - unknown

TOTAL VALUE

Narrative:

Property Codes:
01 aircraft
02 alcohol
03 automobiles
04 bicycles
05 buses
06 clothes/furs
07 [illegible]puter software/[illegible]ware
08 [illegible]umable goods
09 credit/debit cards
10 drugs/narcotics
11 drug/narcotic equipment
13 firearms
14 gambling equipment
15 heavy construction/ industrial equipment
16 household goods
17 jewelry
19 merchandise
20 money
21 negotiable instruments
22 non-negotiable instruments
23 office-type instruments
24 other motor vehicles
25 purses/handbags/wallets
26 radios/TVs/VCRs
27 recordings/audio/visual
28 recreational vehicles
29 strutures - single occupancy dwelling
30 structures - other dwelling
31 structures - other commercial/business
32 structures - industrial/ manufacturing
33 structures - public/ community
35 structures - other
36 tools
37 trucks
38 vehicle parts/ accessories
39 watercraft
50 tractors
51 combines
52 other farm machinery
53 farm chemicals
54 other farm supplies
55 grain
56 cattle
57 hogs
58 all other livestock
97 special category
98 pending inventory
99 other

Complainant/Reporting Party (signature)

595-1425

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[ ] Suspect

[ ] W - white [ ] I - Indian [ ] B - black [ ] U - unknown [ ] A - Asian	[ ] F - female [ ] M - male [ ] U - unknown	DOB or Age	[ ] H - Hispanic [ ] N - non-Hispanic [ ] U - unknown	Height	Weight	Eyes	Hair

SOC/OLN/OLS	Relationship of victim #_____ to offender:	Relationship of victim #_____ to offender:	Arrest: [ ] Y - yes [ ] N - no	Offender suspected of using (check as many as apply): [ ] A - alcohol [ ] C - computer equipment [ ] D - drugs [ ] N - not applicable	Offender Present: [ ] Y - yes [ ] N - no

LIC	LIS	LIY	LIT	VIN

Color	Year	Make	Model	Style	Additional Descriptors

Check One: [ ] Offender [ ] Suspect	Offender Sequence #	Name (Last, First Middle)	Nickname/Alias	Address (Street, City, State, Zip)

[ ] W - white [ ] I - Indian [ ] B - black [ ] U - unknown [ ] A - Asian	[ ] F - female [ ] M - Male [ ] U - unknown	DOB or Age	[ ] H - Hispanic [ ] N - non - Hispanic [ ] U - unknown	Height	Weight	Eyes	Hair

SOC/OLN/OLS	Relationship of victim #_____ to offender:	Relationship of victim #_____ to offender:	Arrest: [ ] Y - yes [ ] N - no	Offender suspected of using (check as many as apply): [ ] A - alcohol [ ] C - computer equipment [ ] D - drugs [ ] N - not applicable	Offender Present: [ ] Y - yes [ ] N - no

Relationship Codes:					
SE - spouse	CH - child	SC - stepchild	NE - neighbor	HR - homosexual relationship	OK - otherwise known
CS - common-law spouse	GP - grandparent	SS - stepsibling	BE - babysittee	XS - ex-spouse	RU - relationship unknown
PA - parent	GC - grandchild	OF - other family member	BG - boyfriend/girlfriend	EE - employee	ST - stranger
SB - sibling	IL - in-law	AQ - acquaintance	CF - child of boyfriend/ girlfriend	ER - employer	
	SP - stepparent	FR - friend			

Referrals: [ ] N - none [ ] L - legal [ ] S - shelter [ ] M - medical [ ] C - counseling [ ] F - financial assistance [ ] O - other	Children: [ ] U - present/unharmed [ ] H - present/harmed [ ] N - none present	Evidence Collected: [ ] photos [ ] fingerprints [ ] other evidence

Witness(s) Name (Last, First, Middle)	Address (Street, City, State, Zip)	Home Phone	Business Phone
#1			
#2			

continued on supplement

active inactive cleared by arrest unfounded	Exceptional Clearance: [ ] A - suspect/offender dead [ ] B - prosecution declined [ ] C - extradition denied [ ] W - warrant issued [ ] D - victim refused to cooperate [ ] E - juvenile - no custody [ ] N - not applicable	Reporting Officer: I.D.#
		Supervisor: I.D.#
	Exceptional Clearance Date:	Entered By: I.D.#

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ARREST REPORT

est
nsaction/Booking
mber:

Case #

Agency
ORI

Arrestee Sequence #	Name (Last, First, Middle)	Alias AKA	SOC/OLN/OLS

[ ] W - white [ ] I - Indian [ ] B - black [ ] U - unknown [ ] A - Asian	[ ] F - female [ ] M - male	Date of Birth	Age	[ ] H - Hispanic [ ] N - non-Hispanic [ ] U - unknown	Place of Birth (City, County, State, Zip)

Height	Weight	Eye	Hair	Skin	Scars, Marks, Tattoos, Amputations

SID #	Miscellaneous ID#	FBI #	[ ] R - resident [ ] N - non-resident [ ] U - unknown

Home Address (Street, City, State, Zip)	Residence Phone	Occupation

Employer (Name of Company/School)	Business Address (Street, City, State, Zip)	Business Phone

Location of Arrest (Street, City, State, Zip)

Condition of Arrestee: [ ] drunk [ ] sober [ ] drinking [ ] narcotic	Resist Arrest? [ ] Yes [ ] No	Injuries? [ ] Officer [ ] Arrestee	Armed [ ] Yes [ ] No	Description of Weapon

Arrestee Armed With:
[ ] D1 - unarmed [ ] 11 - firearm [ ] 12 - handgun [ ] 13 - rifle [ ] 14 - shotgun [ ] 15 - other firearm [ ] 16 - lethal cutting instrument [ ] 17 - blunt object [ ] 11A - automatic firearm [ ] 12A - automatic handgun [ ] 13A - automatic rifle [ ] 14A - automatic shotgun [ ] 15A - other automatic firearm

Date of Offense	Arrested (Day, Date, Time)	Type of Arrest: [ ] S - summoned/cited [ ] O - on-view arrest [ ] T - taken into custody	Arrested Before? [ ] Yes [ ] No

Charge or Offense	State/City Statute	UCR Offense Code	Warrant # SIN/NIC	ORI/Case
#1				
#2				
#3				
#4				

Arrest Disposition: [ ] Held [ ] Bail [ ] Tot - Le [ ] Released [ ] Other	If out on release, what type?	Arrested with accomplice(s) - Name & DOB

Juvenile Disposition: [ ] H - handled and released [ ] R - referred to other police agency [ ] R - referred to adult court [ ] R - referred to juvenile court [ ] R - referred to welfare agency

Released to:

Parrent or Guardian (Last, First, Middle Name)	Address (Street, City, State, Zip)	Phone

Parent's Employer	Occupation	Address (Street, City, State, Zip)	Phone

Year	Make	Model	Style	Color	License Plate #	License State	License Year

VIN	Impounded: [ ] Yes [ ] No	Location

Miranda
By: Date: Time:

Additional Incidents cleared in this jurisdiction:	Case #	Case #	Case #
	Case #	Case #	Case #

Arresting Officer	I.D. #	Supervisor	I.D.#

5-1424

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☐ ADULT ☐ JUVENILE ☐ CHILD IN NEED OF CARE ☐ DOMESTIC VIOLENCE

ARREST

REPORT DATE	NAME OF AGENCY	KS AGENCY ORI NUMBER	CASE NUMBER	INCIDENT DATE

ARREST / CINC TRANSACTION NUMBER	STATE STATUTE VIOLATION	ALERT - KBI - FBI NUMBER - NCIC NUMBER	ARREST / CONTACT DATE - TIME	CAMPUS CODE

TYPE OF ARREST / CONTACT: ☐ ON - VIEW ☐ SUMMONED ☐ OTHER / CINC ☐ WARRANT

WARRANT # DATE

DISPOSITION OF ARREST / CONTACT: ☐ HANDLED IN DEPT. ☐ REF. TO PROS. / COURT
TRANS TO: ☐ SRS ☐ NON - SRS ☐ OTHER LEA ☐ OTHER

ARREST / CONTACT LOCATION:

DRUG ACTIVITY INDICATORS (MAX 3) ☐ BUYING / RECEIVING ☐ CULTIVATING / MANUFACTURE ☐ DIST / SELLING ☐ EXPLOITING CHILDREN ☐ OPER / PROMOTE / ASSIST ☐ POSSESS / CONCEALING ☐ TRANS / TRANSMIT / IMPORT ☐ USING / CONSUMING

ARRESTEE # ___ OF ___

ARRESTEE'S / CINC NAME LAST FIRST MIDDLE

ALIASES - MONIKERS

ADDRESS STREET CITY STATE ZIP TELEPHONE NUMBER (HOME)

HEIGHT	WEIGHT	HAIR	EYES	RACE	SEX	ETHNICITY	RES. / N- RES.	AGE	DATE OF BIRTH (MMDDCCYY)	PLACE OF BIRTH: CITY	STATE / COUNTRY

HAIR LENGTH	HAIR STYLE	FACIAL HAIR	GLASSES	TEETH	EYE APPEARANCE	COMPLEXION	BUILD	R - L HANDED	SPEECH

SCARS - MARKS	TATTOOS	ARRESTEE WORE	APPEARANCE	VICTIM TO ARRESTEE RELATIONSHIP

DRIVERS LICENSE NUMBER	D L STATE	SOCIAL SECURITY NUMBER	EMPLOYER / SCHOOL

TELEPHONE NUMBER (WORK / SCHOOL) ADDRESS STREET CITY STATE ZIP

ARRESTEE INJURIES MIRANDA: DATE - TIME BY ARREST APPROVED BY:

ARRESTEE ARMED WITH (MAX 2):
☐ UNARMED ☐ SHOTGUN ☐ AUTO
☐ HANDGUN ☐ AUTO ☐ LETHAL CUTTING INST.
☐ RIFLE ☐ AUTO ☐ CLUB-BLACKJACK-KNUCKS
☐ OTHER ☐ AUTO

ARRESTEE BEHAVIOR (ALL APPLICABLE):
☐ DRUNK ☐ PROFANE ☐ SUICIDAL REMARKS
☐ DRINKING ☐ LOUD ☐ COOPERATIVE
☐ INJURED ☐ RUDE - COMBATIVE - BELLIGERENT ☐ OTHER
☐ RESISTED ☐ BIZARRE BEHAVIOR

CLEARANCE INDICATOR:
☐ MULTIPLE INCIDENT
☐ SINGLE INCIDENT

ADD. INCIDENTS / CHARGES

CASE NUMBER	DATE OF INCIDENT	STATE STATUTE	DESCRIPTION	WARRANT NUMBER	LOCAL CODE	COURT DATE	BOND

ARRESTEE'S STATUS: ☐ PAROLE ☐ PROBATION ☐ ON BOND ☐ OWN RECOGNIZANCE ☐ NOT APPLICABLE

VEHICLE

VEHICLE YEAR	MAKE	MODEL	STYLE	COLOR	VIN NUMBER	LICENSE #	STATE	YEAR

TOWED BY	DRIVER	LOCATION OF KEYS	LOCATION OF VEHICLE	CONDITION

OWNER ADDRESS

RELEASED TO ADDRESS DATE TIME

ADMINISTRATION

EVIDENCE:
☐ LATENT PRINTS ☐ STAINS ☐ WEAPONS - TOOLS ☐ DRUGS ☐ SEXUAL ASSAULT KIT ☐ NONE
☐ OTHER PRINTS ☐ BLOOD ☐ DOCUMENTS ☐ ALCOHOL ☐ OTHER (LIST)
☐ HAIR ☐ SEMEN ☐ PHOTOS ☐ DNA

ARRESTING OFFICER ID #

ARRESTING OFFICER ID #

SUPPORTING DOCUMENTS:
☐ COMMITMENT ORDER ☐ MEDICAL RELEASE ☐ CUSTODY SLIP ☐ INCIDENT REPORT
☐ COPY OF BOND ☐ JUDGE'S NOTES ☐ SIX-HOUR HOLD ☐ EVIDENCE STORED
☐ BODY RECEIPT ☐ NTAS ☐ PRINTS-PHOTO TAKEN

SUPERVISOR / APPROVING OFFICER ID # DATE MOTIVATED BY HATE - BIAS ☐ YES ☐ NO COPIES TO: DICTATED ☐ YES ☐ NO

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KANSAS STANDARD ARREST / JUVENILE REPORT

PAGE ____ OF ____

COMPLETE FOR JUVENILE CONTACT

REASON FOR REPORT (Check One):

OFFENDER (38-1602 (b))

1 ☐ FELONY (FP Required)
2 ☐ MISDEMEANOR
3 ☐ LIQUOR / CMB VIOLATION (Chapter 41)

CINC (38 - 1502 (a))

5 ☐ RUNAWAY
6 ☐ TRUANT
7 ☐ ABUSE / NEGLECT
8 ☐ STATUS
9 ☐ FELONY / MISDEMEANOR < 10 YEARS

OTHER

10 ☐ FISH AND GAME (Chapter 32)
11 ☐ TRAFFIC (8-1567, 8-1568)
12 ☐ OTHER PICKUP ORDER / WARRANT (Felony-Misdemeanor Statute Violation Only)
18 ☐ OUT- OF- STATE JURISDICTION
19 ☐ RUNAWAY - COURT PLACEMENT

88 ☐ CITY / COUNTY ORDINANCE
99 ☐ OTHER (Specify) _____

TAKEN: ☐ FINGERPRINTS ☐ PALMPRINTS ☐ PHOTOGRAPH (S)

OFFENSE BY STATUTE NUMBER	DESCRIPTION	OFFENSE BY STATUTE NUMBER	DESCRIPTION
(1)		(4)	
(2)		(5)	
(3)		(6)	

CONTACT DISPOSITION:

N ☐ NO FURTHER ACTION
S ☐ SELF/PARENT/GUARDIAN
F ☐ FOSTER CARE
A ☐ ATTENDANT CARE
E ☐ EMERGENCY SHELTER
J ☐ JUVENILE DETENTION
X ☐ ANOTHER JURISDICTION
O ☐ OTHER

TYPE RESTRAINT WITHIN FACILITY:

N ☐ NONE
S ☐ NON-SECURE CUSTODY
H ☐ HANDCUFFED AND SUPERVISED
B ☐ HANDCUFFED TO OBJECT
L ☐ LOCKED IN ROOM
C ☐ LOCKED IN CELL
O ☐ OTHER _____

REFERRED TO PROSECUTION:

☐ YES ☐ NO

DURATION OF JUVENILE RESTRAINT:

	TIME	DATE
BEGIN:		
END:		

PARENT / GUARDIAN NAME	ADDRESS (HOME)	CITY STATE ZIP	TELEPHONE NUMBER (HOME)
PARENT / GUARDIAN / EMPLOYER NAME	ADDRESS (WORK)	CITY STATE ZIP	TELEPHONE NUMBER (WORK)
PARENT / GUARDIAN NAME	ADDRESS (HOME)	CITY STATE ZIP	TELEPHONE NUMBER (HOME)
PARENT / GUARDIAN / EMPLOYER NAME	ADDRESS (WORK)	CITY STATE ZIP	TELEPHONE NUMBER (WORK)

NARRATIVE / AFFIDAVIT

State of Kansas: _____ County, ss:

I, _____ of lawful age, after first being duly sworn on oath, on information and belief states:

All of the events described herein occurred within _____ County, Kansas.

FURTHER AFFIANT SAYETH NAUGHT.

X _____

SUBSCRIBED AND SWORN to before me this _____ day of _____, 19_____

(seal)

_____

RELEASE

DATE - TIME

☐ PAROLE ☐ BOND ☐ COURT ORDER ☐ NOTICE TO APPEAR ☐ NO CHARGE FILED ☐ OTHER _____

RELEASING OFFICIAL / AUTHORITY

BAIL BOND AGENT

BOND AMOUNT POSTED

DATE - TIME OF FUTURE RELEASE

AUTHORITY

COMMENTS:

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METHOD OF OPERATION

INSTRUMENT USED FOR ENTRY
1. ☐ KEY
2. ☐ PRY TOOL
3. ☐ SAW / DRILL
4. ☐ HAMMER
5. ☐ BOLT CUTTER
6. ☐ CHOPPING TOOL
7. ☐ VISE GRIPS
8. ☐ PHYSICAL FORCE
9. ☐ THROWN OBJECT
10. ☐ OTHER
11. ☐ NOT APPLICABLE

POINT OF ENTRY
9. ☐ NOT APPLICABLE
1. ☐ FRONT 2. ☐ REAR
3. ☐ SIDE 4. ☐ ROOF

POINT OF EXIT
9. ☐ NOT APPLICABLE
1. ☐ FRONT 2. ☐ REAR
3. ☐ SIDE 4. ☐ ROOF

PREMISE NEIGHBORHOOD
R. ☐ RURAL / FARM / AGRICULTURE
S. ☐ SUBURBAN / RESIDENCE
B. ☐ URBAN / BUSINESS / COMMERCIAL
U. ☐ UNINHABITED
N. ☐ NOT APPLICABLE

SAFE ENTERED
1. ☐ YES
2. ☐ NO
3. ☐ ATTEMPTED
4. ☐ REMOVED
5. ☐ PEELED
6. ☐ EXPLODED
7. ☐ COMBINATION KNOWN
9. ☐ NOT APPLICABLE

INCIDENT ACTIVITY
~~C. ☐ DOMESTIC VIOLENCE CHILDREN PRESENT~~
~~D. ☐ DOMESTIC VIOLENCE~~
G. ☐ GANG ACTIVITY
S. ☐ DRIVE BY SHOOTING
J. ☐ CAR JACKING
N. ☐ NOT APPLICABLE

SUSPECT # ___

NAME: LAST FIRST MIDDLE

ADDRESS: STREET CITY STATE ZIP

TELEPHONE NUMBER (HOME)	RACE	SEX	ETHNICITY	RES. / N-RES.	AGE	DATE OF BIRTH (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES

EMPLOYER / SCHOOL	ADDRESS	TELEPHONE NUMBER (WORK/SCHOOL)

MONIKERS / ALIAS

ADDITIONAL SUSPECT DESCRIPTORS

SUSPECT VEHICLE: MAKE	YEAR	MODEL	COLOR	VEHICLE STYLE

LICENSE NUMBER	YEAR	STATE	VEHICLE IDENTIFICATION NUMBER	OTHER

SUSPECT # ___

NAME: LAST FIRST MIDDLE

ADDRESS: STREET CITY STATE ZIP

TELEPHONE NUMBER (HOME)	RACE	SEX	ETHNICITY	RES. / N-RES.	AGE	DATE OF BIRTH (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES

EMPLOYER / SCHOOL	ADDRESS	TELEPHONE NUMBER (WORK/SCHOOL)

MONIKERS / ALIAS

ADDITIONAL SUSPECT DESCRIPTORS

SUSPECT VEHICLE: MAKE	YEAR	MODEL	COLOR	VEHICLE STYLE

LICENSE NUMBER	YEAR	STATE	VEHICLE IDENTIFICATION NUMBER	OTHER

EVIDENCE INFORMATION
☐ NONE ☐ SUBMITTED ☐ RETAINED BY VICTIM ☐ RETAINED BY OFFICER ☐ RETAINED BY INVESTIGATIVE AGENCY ☐ TRANSFER TO OTHER AGENCY
☐ OTHER _____

EVIDENCE OBTAINED
☐ LATENT PRINTS ☐ WEAPONS / TOOLS ☐ SEXUAL ASSAULT KIT ☐ STAINS ☐ SEMEN ☐ DRUGS
☐ OTHER PRINTS ☐ PHOTOS ☐ HAIR ☐ BLOOD ☐ DOCUMENTS ☐ ALCOHOL
☐ OTHER _____

EVIDENCE COLLECTOR	LOCATION STORED

DESCRIBE BRIEFLY HOW OFFENSE WAS COMMITTED

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☐ INITIAL ☐ DELETE
☐ MODIFY ☐ ADD

KANSAS STANDARD OFFENSE REPORT

FRONT PAGE OPEN PUBLIC RECORD

PAGE OF

☐ ON VIEW ☐ DISPATCHED
☐ CITIZEN

NAME OF AGENCY	KS AGENCY ORI NUMBER	CASE NUMBER

INCIDENT

DATE OFFENSE STARTED (MMDDCCYY)	TIME (HHMM)	DATE OFFENSE ENDED (MMDDCCYY)	TIME (HHMM)	DATE OF REPORT (MMDDCCYY)

EXCEPTIONAL CLEARANCE DATE (MMDDCCYY)

EXCEPTIONAL CLEARANCE: A. ☐ DEATH OF OFFENDER B. ☐ PROSECUTION DENIED C. ☐ EXTRADITION DENIED D. ☐ VICTIM REFUSES TO TESTIFY E. ☐ JUVENILE - NO CUSTODY N. ☐ NOT APPLICABLE

LOCATION OF OFFENSE	REPORT AREA	TIME REPORTED	TIME ARRIVED	TIME CLEARED

OFFENSE

CHAPTER	SECTION	SUB 1	SUB 2

DESCRIPTION

☐ ATTEMPTED ☐ COMPLETED

☐ AID / ABET ☐ CONSPIRACY ☐ SOLICITATION

PREMISE	# OF PREM.	HATE/BIAS	CAMPUS CODE

METHOD OF ENTRY: F. ☐ FORCE N. ☐ NO FORCE

TYPE OF THEFT
M. ☐ COIN MACHINE
B. ☐ FROM BUILDING
A. ☐ M V PARTS & ACC.
L. ☐ SHOPLIFTING
P. ☐ POCKET-PICKING
S. ☐ PURSE SNATCHING
E. ☐ EMBEZZLEMENT
T. ☐ POSS. STOLEN PROP.
V. ☐ MOTOR VEHICLE
F. ☐ THEFT FROM M V
O. ☐ ALL OTHER
N. ☐ NOT APPLICABLE

TYPE OF FORCE / WEAPON
11. ☐ FIREARM ☐ AUTO
12. ☐ HANDGUN ☐ AUTO
13. ☐ RIFLE ☐ AUTO
14. ☐ SHOTGUN ☐ AUTO
15. ☐ OTHER FIREARM ☐ AUTO
20. ☐ KNIFE / CUT INSTR.
30. ☐ BLUNT OBJECT
35. ☐ MOTOR VEHICLE
40. ☐ PERSONAL WEAPON
50. ☐ POISON
60. ☐ EXPLOSIVE
65. ☐ FIRE / INCID / DEVICE
70. ☐ DRUGS / NARC.
85. ☐ ASPHYXIATION
90. ☐ OTHER
95. ☐ UNKNOWN
99. ☐ NONE

OFFENDER SUSPECTED OF USING (SELECT UP TO 3)
A. ☐ ALCOHOL
C. ☐ COMPUTER EQUIP.
D. ☐ DRUGS / NARCOTICS
N. ☐ NOT APPLICABLE

TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3)
B. ☐ BUYING / RECEIVING
C. ☐ CULT / MANU / PUBL
D. ☐ DIST / SELLING
E. ☐ EXPLOIT. CHILDREN
O. ☐ OPER / PROMOTE / ASSIST
P. ☐ POSSESS/CONCEAL
T. ☐ TRANS / TRANSMIT / IMPORT
U. ☐ USING / CONSUMING

LOCAL CODE

OFFENSE

CHAPTER	SECTION	SUB 1	SUB 2

DESCRIPTION

☐ ATTEMPTED ☐ COMPLETED

☐ AID / ABET ☐ CONSPIRACY ☐ SOLICITATION

PREMISE	# OF PREM.	HATE/BIAS	CAMPUS CODE

METHOD OF ENTRY: F. ☐ FORCE N. ☐ NO FORCE

TYPE OF THEFT
M. ☐ COIN MACHINE
B. ☐ FROM BUILDING
A. ☐ M V PARTS & ACC.
L. ☐ SHOPLIFTING
P. ☐ POCKET-PICKING
S. ☐ PURSE SNATCHING
E. ☐ EMBEZZLEMENT
T. ☐ POSS. STOLEN PROP.
V. ☐ MOTOR VEHICLE
F. ☐ THEFT FROM M V
O. ☐ ALL OTHER
N. ☐ NOT APPLICABLE

TYPE OF FORCE / WEAPON
11. ☐ FIREARM ☐ AUTO
12. ☐ HANDGUN ☐ AUTO
13. ☐ RIFLE ☐ AUTO
14. ☐ SHOTGUN ☐ AUTO
15. ☐ OTHER FIREARM ☐ AUTO
20. ☐ KNIFE / CUT INSTR.
30. ☐ BLUNT OBJECT
35. ☐ MOTOR VEHICLE
40. ☐ PERSONAL WEAPON
50. ☐ POISON
60. ☐ EXPLOSIVE
65. ☐ FIRE / INCID / DEVICE
70. ☐ DRUGS / NARC.
85. ☐ ASPHYXIATION
90. ☐ OTHER
95. ☐ UNKNOWN
99. ☐ NONE

OFFENDER SUSPECTED OF USING (SELECT UP TO 3)
A. ☐ ALCOHOL
C. ☐ COMPUTER EQUIP.
D. ☐ DRUGS / NARCOTICS
N. ☐ NOT APPLICABLE

TYPE OF CRIMINAL ACTIVITY (SELECT UP TO 3)
B. ☐ BUYING / RECEIVING
C. ☐ CULT / MANU / PUBL
D. ☐ DIST / SELLING
E. ☐ EXPLOIT. CHILDREN
O. ☐ OPER / PROMOTE / ASSIST
P. ☐ POSSESS/CONCEAL
T. ☐ TRANS / TRANSMIT / IMPORT
U. ☐ USING / CONSUMING

LOCAL CODE

VICTIM

TYPE OF VICTIM
I. ☐ INDIVIDUAL S. ☐ SOCIETY / PUBLIC R. ☐ RELIGIOUS ORGANIZATION O. ☐ OTHER
B. ☐ BUSINESS F. ☐ FINANCIAL INSTITUTION G. ☐ GOVERNMENT U. ☐ UNKNOWN

VICTIM OF OFFENSE NUMBER (CIRCLE) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

NAME: LAST FIRST MIDDLE

ADDRESS: STREET CITY STATE ZIP

TELEPHONE NUMBER (HOME)	RACE	SEX	ETHNICITY	RES. / N- RES.	AGE	DATE OF BIRTH (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES

DRIVERS LICENSE NUMBER	D L STATE	SOCIAL SECURITY NUMBER	EMPLOYER / SCHOOL

TELEPHONE NUMBER (WORK/SCHOOL)	ADDRESS: STREET CITY STATE ZIP

CIRCUM. AGG ASLT/BATTERY (MAX 2)

VICTIMS RELATIONSHIP TO CORRESPONDING SUSPECT NUMBER (INDICATE ALL SUSPECTS) 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.

TYPE OF INJURY (MAX 5) 1. 2. 3. 4. 5.

RP / DC / W / O

NAME: LAST FIRST MIDDLE

ADDRESS: STREET CITY STATE ZIP

TELEPHONE NUMBER (HOME)	RACE	SEX	ETHNICITY	RES./N- RES.	AGE	DATE OF BIRTH (MMDDCCYY)	HEIGHT	WEIGHT	HAIR	EYES

EMPLOYER / SCHOOL	ADDRESS: STREET CITY STATE ZIP	TELEPHONE NUMBER (WORK/SCHOOL)

PROP. DESCRIPTION

TYPE PROPERTY LOSS 1 = NONE 2 = BURNED 3 = COUNTERFEITED / FORGERY 4 = DESTROYED / DAMAGED / VANDALIZED 5 = RECOVERED 6 = SEIZED 7 = STOLEN 8 = UNKNOWN

TYPE LOSS	PROPERTY / DRUG CODE	DESCRIPTION / SUSPECTED DRUG TYPE	ESTIMATED QUANTITY	FRACTION	TYPE DRUG MEASURE	VALUE	DATE RECOVERED

REPORTING OFFICER	BADGE / ID	DATE	COPIES TO:	PROPERTY TOTAL

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[2] No | [2] No

OFFICER'S WORK PRODUCT MAY NOT BE PUBLIC INFORMATION

IDENTIFICATION

1 ORI # | 2 AGENCY NAME | 3 CASE # | 4 SFX

5 LAST, FIRST, MIDDLE NAME | 6 ALIAS AKA

7 SEX [1] M [2] F | 8 RACE [1] W [3] A [2] B [4] I | 9 HGT. | 10 WGT. | 11 EYE | 12 HAIR | 13 SKIN | 14 [1] SCARS [2] MARKS [3] TATOOS [4] AMPUTATIONS

15 PLACE OF BIRTH (CITY, COUNTY, STATE) | 16 SSN — — | 17 DATE OF BIRTH M D Y | 18 AGE | 19 MISCELLANEOUS ID #

20 SID # | 21 FINGERPRINT CLASS KEY MAJOR PRIMARY SCDV SUB-SECONDARY FINAL | 22 DL # | 23 ST

24 FBI # | HENRY CLASS | NCIC CLASS | 25 IDENTIFICATION COMMENTS

26 [1] RESIDENT [2] NON—RESIDENT | 27 HOME ADDRESS (STREET, CITY, STATE, ZIP) | 28 RESIDENCE PHONE ( ) | 29 OCCUPATION (BE SPECIFIC)

30 EMPLOYER (NAME OF COMPANY/SCHOOL) | 31 BUSINESS ADDRESS (STREET, CITY, STATE, ZIP) | 32 BUSINESS PHONE ( )

ARREST

33 LOCATION OF ARREST (STREET, CITY, STATE, ZIP) | 34 SECTOR # | 35 ARRESTED FOR YOUR JURISDICTION? ☐ YES ☐ NO [1] IN STATE [2] OUT STATE AGENCY

36 CONDITION OF ARRESTEE: [1] DRUNK [3] SOBER [2] DRINKING [4] DRUGS | 37 RESIST ARREST? [1] YES [2] NO | 38 INJURIES? [1] NONE [2] OFFICER [3] ARRESTEE | 39 ARMED? [1] Y [2] N | 40 DESCRIPTION OF WEAPON [1] HANDGUN [2] RIFLE [3] SHOTGUN [4] OTHER FIREARM [5] OTHER WEAPON

41 DATE OF ARREST M D Y | 42 TIME OF ARREST : [1] 1. AM [2] 2. PM [3] MIL. | 43 DAY OF ARREST S1 M2 T3 W4 T5 F6 S7 | 44 TYPE ARREST [1] ON VIEW [2] CALL [3] WARRANT | 45 ARRESTED BEFORE? [1] YES [2] NO [3] UNKNOWN

46 CHARGE—1 [1] FEL [2] MISD | 47 UCR CODE | 48 CHARGE—2 [1] FEL [2] MISD | 49 UCR CODE

50 STATE CODE/LOCAL ORDINANCE | 51 WARRANT # | 52 DATE ISSUED M D Y | 53 STATE CODE/LOCAL ORDINANCE | 54 WARRANT # | 55 DATE ISSUED M D Y

56 CHARGE—3 [1] FEL [2] MISD | 57 UCR CODE | 58 CHARGE—4 [1] FEL [2] MISD | 59 UCR CODE

60 STATE CODE/LOCAL ORDINANCE | 61 WARRANT # | 62 DATE ISSUED M D Y | 63 STATE CODE/LOCAL ORDINANCE | 64 WARRANT # | 65 DATE ISSUED M D Y

66 ARREST DISPOSITION [1] HELD [2] BAIL [3] RELEASED [4] TOT—LE [5] OTHER | 67 IF OUT ON RELEASE WHAT TYPE? | 68 ARRESTED WITH (1) ACCOMPLICE (FULL NAME) | 69 ARRESTED WITH (2) ACCOMPLICE (FULL NAME)

VEHICLE

70 VYR | 71 VMA | 72 VMO | 73 VST | 74 VCO TOP BOTTOM | 75 TAG # | 76 LIS | 77 LIY

78 VIN | 79 IMPOUNDED? [1] YES [2] NO | 80 STORAGE LOCATION/IMPOUND #

81 OTHER EVIDENCE SEIZED/PROPERTY SEIZED

☐ CONTINUED IN NARRATIVE

JUVENILE

82 JUVENILE DISPOSITION: [1] HANDLED AND RELEASED [2] REF. TO JUVENILE COURT [3] REF. TO WELFARE AGENCY [4] REF. TO OTHER POLICE AGENCY [5] REF. TO ADULT COURT | 83 RELEASED TO

84 PARENT OR GUARDIAN (LAST, FIRST, MIDDLE NAME) | 85 ADDRESS (STREET, CITY, STATE, ZIP) | 86 PHONE ( )

87 PARENTS EMPLOYER | 88 OCCUPATION | 89 ADDRESS (STREET, CITY, STATE, ZIP) | 90 PHONE ( )

RELEASE

91 DATE AND TIME OF RELEASE M D Y : [1] AM [2] PM [3] MIL. | 92 RELEASING OFFICER NAME | 93 AGENCY/DIVISION | 94 ID #

95 RELEASED TO: | 96 AGENCY/DIVISION | 97 AGENCY ADDRESS

98 PERSONAL PROPERTY RELEASED TO ARRESTEE [1] YES [2] NO [3] PARTIAL | 99 PROPERTY NOT RELEASED/HELD AT: | 100 PROPERTY #

101 REMARKS (NOTE ANY INJURIES AT TIME OF RELEASE)

LOCAL USE

102 SIGNATURE OF RECEIVING OFFICER | 103 SIGNATURE OF RELEASING OFFICER | STATE USE

MULTIPLE CASES CLOSED | 104 CASE # | 105 SFX | 106 CASE # | 107 SFX | 108 CASE # | 109 SFX | 110 ADDITIONAL CASES CLOSED NARRATIVE ☐ Y ☐ N

111 RECEIVING OFFICER (LAST, FIRST, M.) | 112 ID # | 113 ARRESTING OFFICER (LAST, FIRST, M.) | 114 ID # | 115 SUPERVISOR ID # | 116 WATCH CMDR. ID #

TYPE OR PRINT IN BLACK INK ONLY

ACJIC—34 REV. 10-90

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ADDITIONAL ARREST NARRATIVE CONTINUED

117 DATE AND TIME OF ARREST				118 CASE #	119 SFX
M	D	Y	: ☐ AM ☐ PM ☐ MIL		

NARRATIVE

NARRATIVE

NARRATIVE

120 ADDITIONAL ARREST INFORMATION

☐ CONTINUE ON ADDITIONAL SUPPLEMENT

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1 ORI # | 2 AGENCY NAME | 3 DATE AND TIME OF REPORT M D Y : [1] AM [2] PM [3] MIL | 4 CASE # | 5 SFX

EVE

6 VICTIM'S NAME (ORIGINAL REPORT) | 7 ORIGINAL OFFENSE DATE M D Y | 8 TYPE REPORT ☐ CONTINUATION ☐ FOLLOW—UP

9 ORIGINAL INCIDENT/OFFENSE | 10 UCR CODE | 11 STATE CODE/LOCAL ORDINANCE

12 NEW INCIDENT/OFFENSE | 13 UCR CODE | 14 STATE CODE/LOCAL ORDINANCE

15 HAS AN ARREST BEEN MADE? [1] YES [2] NO | 16 DATE OF ARREST M D Y | 17 HAS WARRANT BEEN OBTAINED? [1] YES [2] NO WARRANT # | 18 DATE OF WARRANT M D Y | 19 PRIOR YEAR PREMISE ___ WEAPON ___

20 ☐ DEFENDANT ☐ SUSPECT NAME: | 21 ☐ DEFENDANT ☐ SUSPECT NAME:

RACE	SEX	DOB	AGE	RACE	SEX	DOB	AGE
[1] W [3] A [2] B [4] I	[1] M [2] F	M D Y		[1] W [3] A [2] B [4] I	[1] M [2] F	M D Y	

NARRATIVE

22 LOCAL USE

23 STATE USE

DOLLAR VALUE (S C R D)

24 MOTOR VEHICLE	25 CURRENCY, NOTES	26 JEWELRY	27 CLOTHING/FURS	28 FIREARMS	29 OFFICE EQUIPMENT
S	S	S	S	S	S
R	R	R	R	R	R
D	D	D	D	D	D
C	C	C	C	C	C

30 ELECTRONICS	31 HOUSEHOLD	32 CONSUMABLE GOODS	33 LIVESTOCK	34 MISCELLANEOUS
S	S	S	S	S
R	R	R	R	R
D	D	D	D	D
C	C	C	C	C

MOTOR VEHICLE RECOVERY ONLY REQUIRED FOR 34xx UCR CODE | 35 MOTOR VEH. STOLEN IN YOUR JURISDICTION? [Y] [N] WHERE? | 36 RECOVERED IN YOUR JURISDICTION? [Y] [N] WHERE?

MULTIPLE CASES CLOSED | 37 CASE # | 38 SFX | 39 CASE # | 40 SFX | 41 CASE # | 42 SFX | 43 ADDITIONAL CASES CLOSED NARRATIVE ☐ Y ☐ N

ADMINISTRATIVE

44 CASE STATUS [1] PENDING [2] INACTIVE [3] CLOSED

ENTERED ACIC/NCIC [Y] [N] DATE

45 CASE DISPOSITION: [1] CLEARED BY ARREST (JUV.) [2] CLEARED BY ARREST (ADULT) [3] UNFOUNDED

[4] EXCEPTIONAL CLEARANCE: [A] SUSPECT/OFFENDER DEAD [B] OTHER PROSECUTION [C] EXTRADITION DENIED [D] LACK OF PROSECUTION [E] JUVENILE, NO REFERRAL [F] DEATH OF VICTIM

46 REPORTING OFFICER ID #

47 ASSISTING OFFICER ID #

48 SUPERVISOR APPROVAL ID # | 49 WATCH CMDR. ID #

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ACJIC—33 REV. 5-92

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ADDITIONAL INCIDENT/OFFENSE NARRATIVE CONTINUED

50 DATE AND TIME OF REPORT					51 CASE #	52 SFX
M	D	Y	:	1 AM 2 PM 3 MIL.		

53 TYPE REPORT: ☐ 1. CONTINUATION ☐ 2. FOLLOW-UP

NARRATIVE

NARRATIVE

NARRATIVE

☐ CONTINUE ON ADDITIONAL SUPPLEMENT

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VICTIM SSN — — | COMPLAINANT SSN — — | 1 [1] INCIDENT [2] OFFENSE [3] SUPPLEMENT | 2 CASE # | 3 SFX

4 ORI # | 5 DATE AND TIME OF THIS REPORT M D Y : [1] AM [2] PM [3] MIL. | 6 AGENCY NAME | 7 IF SUPPLEMENT ORIGINAL OFFENSE DATE M D Y

8 REPORTED BY ☐ VICTIM OR | 9 ADDRESS (STREET, CITY, STATE, ZIP) | 10 PHONE ( )

11 ☐ VICTIMS MULT. ☐ LE. OFFICER

12 VICTIM (LAST, FIRST, MIDDLE NAME) 1 P 2 B 3 S | 13 ADDRESS (STREET, CITY, STATE, ZIP) | 14 PHONE ( )

15 EMPLOYER/SCHOOL | 16 OCCUPATION | 17 ADDRESS (STREET, CITY, STATE, ZIP) | 18 PHONE ( )

19 [1] RESIDENT [2] NON-RESIDENT | 20 INJURY [1] Y [2] N | 21 RACE [1] W [3] A [2] B [4] I | 22 SEX [1] MALE [2] FEMALE | 23 HGT ' " | 24 WGT | 25 DOB M D Y | 26 AGE | 27 WAS OFFENDER KNOWN TO VICTIM? [1] Y [2] N | 28 VICTIM WAS (EXPLAIN RELATIONSHIP) | 29 CODE

EVENT

30 TYPE INCIDENT OR OFFENSE [1] FEL. [2] MISD. | 31 DEGREE (CIRCLE) 1 2 3 | 32 UCR CODE | 33 STATE CODE/LOCAL ORDINANCE

34 TYPE INCIDENT OR OFFENSE [1] FEL. [2] MISD. | 35 DEGREE (CIRCLE) 1 2 3 | 36 UCR CODE | 37 STATE CODE/LOCAL ORDINANCE

38 PLACE OF OCCURRENCE | 39 SECTOR

40 POINT OF ENTRY [1] DOOR [2] WINDOW [3] ROOF [4] OTHER | 41 METHOD OF ENTRY [1] FORCIBLE [2] NO FORCE [3] ATT. FORCIBLE | 42 ASSAULT [1] SIMPLE [2] AGGR. | 43 TREATMENT FOR ASSAULT INJURY [1] Y [2] N

OCCURRED ON OR BETWEEN M D Y — M D Y | 45 TIME : [1] AM [2] PM [3] MIL. | 52 TIME : [1] AM [2] PM [3] MIL. | 46 [S1] [M2] [T3] [W4] [T5] [F6] [S7] | 53 [S1] [M2] [T3] [W4] [T5] [F6] [S7] | 47 LIGHTING [1] NATURAL [2] MOON [3] ART. EXT. [4] ART. INT. [5] UNK. | 48 WEATHER [1] CLEAR [2] CLOUDY [3] RAIN [4] FOG [5] SNOW [6] HAIL [7] UNK. | 49 PREMISE [A] HWY.—ST.—ALLEY [B] RAILROAD [C] RESIDENCE [D] CHURCH [E] SCHOOL [F] CONVENIENCE [G] INDUSTRIAL [H] SERVICE STA. [I] BANK [J] DRUG STORE [K] APT./TWN. HSE. [L] SHOPPING CENTER [M] PARKING LOT [N] OTHER COMMER. [O] OTHER | 50 CODE

54 VERIFY FOR RAPE EXAM [1] Y [2] N | 55 TREAT. FOR RAPE INJURY [1] Y [2] N | 56 CIRCUMSTANCES HOMICIDE & ASSAULT LOCATION: RAPE | 57 CODE

58 WEAPON USED [1] FIREARM [2] KNIFE [3] HANDS, FISTS, VOICE, ETC. [4] OTHER DANGEROUS | 59 DESCRIPTION OF WEAPONS/FIREARMS/TOOLS USED IN OFFENSE [1] HANDGUN [2] RIFLE [3] SHOTGUN [4] UNKNOWN DESCRIBE:

PROPERTY DESCRIPTION

60 QUANTITY	61 STOLEN, RECOVERED, LOST, FOUND OR DESTROYED (INCLUDE MAKE, MODEL, SIZE, TYPE, SERIAL NUMBER, COLOR, ETC.)	62 DOLLAR VALUE STOLEN	DAMAGED	63 RECOVERED DATE	VALUE
	☐ CONTINUED IN NARRATIVE				

DOLLAR VALUE

64 MOTOR VEHICLE	65 CURRENCY, NOTES	66 JEWELRY	67 CLOTHING/FURS	68 FIREARMS	69 OFFICE EQUIPMENT
S	S	S	S	S	S
R	R	R	R	R	R
D	D	D	D	D	D
C	C	C	C	C	C

70 ELECTRONICS	71 HOUSEHOLD	72 CONSUMABLE GOODS	73 LIVESTOCK	74 MISCELLANEOUS
S	S	S	S	S
R	R	R	R	R
D	D	D	D	D
C	C	C	C	C

VEHICLES

75 CHECK CATEGORIES [1] STOLEN [2] RECOVERED [3] SUSPECTS VEH. [4] VICTIMS VEH. [5] UNAUTH. USE [6] ABANDONED

76 # STOLEN | 77 LIC. | 78 LIS. | 79 LIY. | 80 TAG COLOR | 81 VIN

82 VYR | 83 VMA | 84 VMO | 85 VST | 86 VCO: TOP: BOTTOM: | 87 ADDITIONAL DESCRIPTION

STOLEN MTR. VEH ONLY | 88 AREA STOLEN [1] BUS. [2] RES. [3] RUR. | 89 OWNERSHIP VERIFIED BY: [1] TAG RECEIPT [2] BILL OF SALE [3] TITLE [4] OTHER | 90 WARRANT SIGNED [N] [Y] #

91 AUTO INSURER NAME (COMPANY) ADDRESS (STREET, CITY, STATE, ZIP) | 92 PHONE ( )

MOTOR VEH. RECOVERY ONLY REQUIRED FOR UCR CODE | 93 STOLEN IN YOUR JURISDICTION? [Y] [N] WHERE? | 94 RECOVERED IN YOUR JURISDICTION? [Y] [N] WHERE?

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ACJIC—32 REV. 6-94

INCHES 1 2 3 4 5 6

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INCIDENT/OFFENSE REPORT CONTINUED

95 DATE AND TIME OF REPORT M D Y : [1] AM [2] PM [3] MIL.
96 CASE #
97 SFX
98 [1] OFFENDER [2] SUSPECT [3] MISSING PERSON [4] CHECK IF MULTIPLE

99 NAME (LAST, FIRST, MIDDLE)
100 NICKNAME/ALIAS
101 RACE [1] W [3] A [2] B [4] I
102 SEX [1] M [2] F
103 DOB M D Y
104 AGE
105 ADDRESS (STREET, CITY, STATE, ZIP)
106 HGT ' "
107 WGT
108 EYE
109 HAIR
110 COMPLEXION
111 PROBABLE DESTINATION
112 ARMED? [1] Y [2] N [3] UNK.
113 WEAPON
114 CLOTHING [1] SCARS [1] MARKS [1] TATOOS
115 [1] ARRESTED [2] WANTED

116 NAME (LAST, FIRST, MIDDLE)
117 NICKNAME/ALIAS
118 RACE [1] W [3] A [2] B [4] I
119 SEX [1] M [2] F
120 DOB M D Y
121 AGE
122 ADDRESS (STREET, CITY, STATE, ZIP)
123 HGT ' "
124 WGT
125 EYE
126 HAIR
127 COMPLEXION
128 PROBABLE DESTINATION
129 ARMED? [1] Y [2] N [3] UNK.
130 WEAPON
131 CLOTHING [1] SCARS [1] MARKS [1] TATOOS
132 [1] ARRESTED [2] WANTED

WITNESSES

	133 NAME (LAST, FIRST, MIDDLE) SEX, RACE, DOB	134 ADDRESS (STREET, CITY, STATE, ZIP)	135 RES. PHONE	136 BUS. PHONE
# 1	SEX [1] M [2] F RACE [1] W [3] A [2] B [4] I M D Y		( )	( )
# 2	SEX [1] M [2] F RACE [1] W [3] A [2] B [4] I M D Y		( )	( )
# 3	SEX [1] M [2] F RACE [1] W [3] A [2] B [4] I M D Y		( )	( )
# 4	SEX [1] M [2] F RACE [1] W [3] A [2] B [4] I M D Y		( )	( )

WITNESS #1 SSN — —
WITNESS #2 SSN — —
WITNESS #3 SSN — —
WITNESS #4 SSN — —

NARRATIVE

137

CONTINUED ON SUPPLEMENT [Y] [N]

ASSISTING AGENCY ORI
ASSISTING AGENCY CASE #
SFX

I hereby affirm that I have read this report and that all information given by me is correct to the best of my knowledge. I will assume full responsibility for notifying this agency if any stolen property or missing person hereby reported is returned.

SIGNATURE _____

138 LOCAL USE
139 STATE USE

MULTIPLE CASES CLOSED
140 CASE #
141 SFX
142 CASE #
143 SFX
144 CASE #
145 SFX
146 ADDITIONAL CASES CLOSED NARRATIVE [Y] [N]

ADMINISTRATION

147 CASE STATUS [1] PENDING [2] INACTIVE [3] CLOSED
ENTERED ACIC/NCIC [Y] [N]
DATE

148 CASE DISPOSITION:
[1] CLEARED BY ARREST (JUV.)
[2] CLEARED BY ARREST (ADULT)
[3] UNFOUNDED
[5] ADM. CLEARED
[4] EXCEPTIONAL CLEARANCE:
[A] SUSPECT/OFFENDER DEAD
[B] OTHER PROSECUTION
[C] EXTRADITION DENIED
[D] LACK OF PROSECUTION
[E] JUVENILE, NO REFERRAL
[F] DEATH OF VICTIM

149 REPORTING OFFICER ID #
150 ASSISTING OFFICER ID #
151 SUPERVISOR APPROVAL ID #
152 WATCH CMDR. ID #

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RELATIONSHIP OF VICTIM TO OFFENDER

FOR HOMICIDE, RAPE AND ASSAULT, ROBBERY (If victim is person)

Husband	HU	01
Wife	WI	02
Common-law Husband	CH	03
Common-law Wife	CW	04
Father	FA	05
Mother	MO	06
Son	SO	07
Daughter	DA	08
Brother	BR	09
Sister	SI	10
In-Law	IL	11
Step-Father	SF	12
Step-Mother	SM	13
Step-Son	SS	14
Step-Daughter	SD	15
Other Family	OF	16
Neighbor	NE	17
Acquaintance	AC	18
Boyfriend	BF	19
Girlfriend	GF	20
Ex-Boyfriend	XB	21
Ex-Girlfriend	XG	22
Ex-Husband	XH	23
Ex-Wife	XW	24
Employee	EE	25
Employer	ER	26
Friend	FR	27
Homosexual Relationship	HO	28
Stranger	ST	29
Unknown	UN	30
Customer	CU	31
Clerk/Cashier	CL	32
Co-worker	CO	33
Worker Delivery/Service	WR	34
Teacher/Student	TS	35
Child in Common	CC	36

THESE CODES REFER TO THE RELATIONSHIP OF THE VICTIM TO THE OFFENDER.
THESE CODES ARE PUT IN BLOCK 29 ON THE INCIDENT/OFFENSE REPORT

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ITEM 3

IDENT.	MO.	YR.	
180000	03	98	0

OFFENSE

AGENCY Klamath Co

Prepared by/ Terri

CASE NUMBER	3. OFFENSE CODE / OFFENSE NAME	4. OCCURRED DATE	5. TIME	6. CNTY CODE	7. LOCATION CODE	8. OFFICER IDENTIFICATION	9. PREMISE TYPE	10. ARTICLE TYPE CODE	11. LOSS VALUE	12. RECOVERED VALUE	13. PROPERTY STATUS CODE	14. CASE STATUS CODE	15. JUVENILE
180589	071 UUMV	0223	09	18	4502	4312	60	321	5000	2000	I		
↓	↓							155	499				
180590	069 Larc	0213	10		3109	4131	49	17	316				
180591	064 Larc	0223	10		3102	4197	64	75	12				
↓	↓ PHYSICAL MOLEST ADULT FEMALE			VICTIM				04	25				
180592	173[illegible] SX Ab	0223	10		3122	4310	10					A	
180593	49 Vandal	0223	12		3107	4236	49	75	400				
180594	24 VRO	0223	13		2260	4162	10						
180595	08 ASH	0223	17		3133	4162	64						
180597	063 LARC	0224	02		3114	4133	38	362	1	0	I	A	
180600	063 LARC	0224	10	↓	3121	4312	49	17	8	8	I	A	

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CY	IDENT.	MO.	YR.	
	180000	03	98	C
1		7	9	11

ARREST

THIS PAGE ALWAYS YELLOW

AGENCY Klamath CO

Prepared by/ Terri

Page 10 of 17 Pages

13 / 2. CASE, ARREST OR CITATION NUMBER	21 / 3. ARREST CODE / ARREST NAME	27 / 4. ARREST DATE	31 / 5. ARREST TIME	33 / 6. CNTY CODE	35 / 7. LOCATION CODE	44 / 8. OFFICER IDENTIFICATION	49 / 9. SEX	50 / 10. RACE	51 / 11. DATE OF BIRTH	57 / 12. ARST TYPE CODE	58 / 13. JUV DISP CODE	59 / 14. COURT CHARGE	65 / 15. COURT DISP CODE
980557	18396 Drug	0217	21	18	3108	4307	F	W	111974	M			
↓	18399 Drug	↓	↓		↓	↓	↓	↓	↓	M			
980571	29 Rnwy	0220	09		3401	4198	F	W	012584	A	J		
980579	29 Rnwy	0221	14		3104	4198	F	W	101783	A	J		
980580	55 WRnt	0221	15		1101	4242	M	W	071757	F			
980582	55 WRnt	0222	08		3124	4543	M	W	073179	F			
980588	52 WRnt	0223	09		3109	4236	F	I	091066	A			
↓	55 WRnt	↓	↓		↓	↓	F	W	011059	F			
↓	52 WRnt	↓	↓		↓	↓	↓	↓	↓	M			
980592	173 SX AO	0223	10		3122	4310	M	W	011759	A		38 YEAR OLD OFFENDER ARRESTED FOR PHYSICAL MOLEST.	
↓	24 DISCON	↓	↓		↓	↓	↓	↓	↓	M			
980594	512 Detox	0224	01	↓	3108	4136	M	W	072971	A			

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Specialized Incident-Based Systems

Connecticut
Georgia
Illinois
Maryland
Michigan
Nevada
New Jersey
New York
Oklahoma
Rhode Island
Texas
West Virginia
Wisconsin
Wyoming

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CONNECTICUT DEPARTMENT OF PUBLIC SAFETY
DIVISION OF STATE POLICE
CRIMES ANALYSIS UNIT
SP-230-C (Rev. 7/86)

FAMILY VIOLENCE OFFENSE REPORT

CTL. NUMBER - OFFICE USE C

1. arrest y or n	2. if zero reporting enter time covered	3. dept. case #	4. police dept. (local pd's only)	5. town code (of offense)	6. date (of offense)	7. time - military (of offense)

OFFENSE CODES
A. homicide
B. assault
C. kidnapping
D. sexual assault
E. criminal mischief
F. risk of injury to minor
G. breach of peace
H. disorderly conduct
I. other

8. enter appropriate letter for type of offense ____

WEAPON CODES
A. gun
B. knife
C. other dangerous
D. hands, fists, etc.

9. enter number of weapon(s) used by type A. ____ B. ____ C. ____ D. ____

INJURY CODES
A. physical injury SERIOUS
B. physical injury MINOR
C. non-physical

10. enter appropriate letter for type of injury ____

STATUS CODES
V. = victim(s)
O. = offender(s)
B. = both (when both parties are arrested)

RELATIONSHIP CODES
A. spouse
B. former spouse
C. other family member (relative residing in home)
D. other relative (relative not residing in home)
E. live-in or companion (living together, having lived together, never lived together, but had a child)

11. status	12. last name	13. first name	14. mi	15. sex m-f	16. dob	17. relationship of **VICTIM** to offender
						if victim, enter appropriate letter ____
						if victim, enter appropriate letter ____
						if victim, enter appropriate letter ____
						if victim, enter appropriate letter ____
						if victim, enter appropriate letter ____

18. liquor/drugs involved y or n ____	19. prior court orders y or n ____	20. children were: A. involved B. present C. n/a ____	21. blank

22. blank	23. blank

24. remarks (optional)

25. officer's name/rank	26. badge number	27. date of report	28. supervisor's signature/rank

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EVENT

COUNTS | INCIDENT CODE

PREMISE TYPE			
1	HIGHWAY	2	SVC STATION
3	CONVENIENCE STORE	4	BANK
5	COMMERCIAL	6	RESIDENCE
7	SCHOOL / CAMPUS	8	ALL OTHER

INCIDENT LOCATION | LOC CODE

INCIDENT DATE | TIME | TO | DATE | TIME

WEAPON TYPE			
1	GUN	2	KNIFE CUTTING TOOL
3	HANDS/FIST, ETC.	4	OTHER

COMPLAINANT | ADDRESS | PHONE NUMBER

VICTIM

VICTIMS NAME | RACE | SEX | DATE OF BIRTH

ADDRESS | RESIDENCE PHONE | BUSINESS PHONE

STUDENT ☐ YES ☐ NO | IF YES, NAME VICTIM'S SCHOOL

PRIMARY AGRESSOR

NAME | RACE | SEX | DATE OF BIRTH | AGE

WANTED | ADDRESS | HEIGHT | WEIGHT | HAIR | EYES

WARRANT | CHARGES | COUNTS | OFFENSE CODE | OFFENSE / ARREST | JURIS

ARREST

1. CITY
2. COUNTY
3. STATE
4. OUT OF STATE
5. UNKNOWN

TOTAL NUMBER ARRESTED | GCIC ENTRY YES ☐ NO ☐ | ARREST AT OR NEAR OFFENSE SCENE YES ☐ NO ☐ | DATE OF OFFENSE

1. WERE CHILDREN INVOLVED? ☐ YES ☐ NO
2. WAS ACT COMMITTED WITH CHILDREN PRESENT? ☐ YES ☐ NO

3. NUMBER OF PREVIOUS COMPLAINTS AS ADVISED BY VICTIM: ☐ 0 ☐ 1-5 ☐ 6-10 ☐ MORE THAN 10 ☐ UNKNOWN
4. EXISTENCE OF PRIOR COURT ORDERS: ☐ YES ☐ NO ☐ UNKNOWN
5. WAS VICTIM ADVISED OF AVAILABLE REMEDIES AND SERVICES? ☐ YES ☐ NO

FOR THE FOLLOWING ITEMS CHECK ALL THAT APPLY

6. TYPE AND EXTENT OF ALLEGED ABUSE BY THE PRIMARY AGGRESSOR: ☐ 1 - FATAL INJURY ☐ 2 - PERMANENT PHYSICAL DISABILITY ☐ 3 - TEMPORARY DISABILITY ☐ 4 - BROKEN BONES ☐ 5 - GUN / KNIFE WOUNDS ☐ 6 - SUPERFICIAL INJURIES ☐ 7 - PROPERTY DAMAGE / THEFT ☐ 8 - THREATS ☐ 9 - ABUSIVE LANGUAGE ☐ 10 - SEXUAL ABUSE ☐ 11 - OTHER

7. POLICE ACTION TAKEN: ☐ 1 - ARREST ☐ 2 - CITATION ☐ 3 - SEPARATION ☐ 4 - MEDIATION ☐ 5 - OTHER ☐ 6 - NONE
IF NO ARREST MADE. WHY NOT? ☐ 1 - JUVENILE ☐ 2 - PRIMARY AGGRESSOR WAS NOT AT THE SCENE
☐ 3 - INSUFFICIENT PROBABLE CAUSE ☐ 4 - OTHER REASON(S)

8. HOW WAS PRIMARY AGGRESSOR IDENTIFIED? ☐ 1 - PHYSICAL EVIDENCE ☐ 2 - TESTIMONIAL EVIDENCE ☐ 3 - OTHER

9. DID INVESTIGATION INDICATE THAT SUBSTANCE ABUSE WAS INVOLVED? ☐ YES ☐ NO
IF YES, INDICATE SUBSTANCE(S) USED BY PRIMARY AGGRESSOR(A) AND/OR VICTIM(V):
A: ☐ 1 - DRUGS ☐ 2 - ALCOHOL V: ☐ 3 - DRUGS ☐ 4 - ALCOHOL

10. RELATIONSHIP OF PRIMARY AGGRESSOR TO VICTIM(S): ☐ 1 - PRESENT SPOUSE ☐ 2 - FORMER SPOUSE ☐ 3 - PARENT
☐ 4 - CHILD ☐ 5 - STEPPARENT ☐ 6 - STEPCHILD ☐ 7 - FOSTER PARENT ☐ 8 - FOSTER CHILD
☐ 9 - NONE OF THE AVOVE, BUT LIVES IN SAME HOUSEHOLD OR FORMERLY LIVED IN HOUSEHOLD.

NAMES | ADDRESS | PHONE NUMBER

REQUIRED DATA FIELDS FOR CLEARANCE REPORT ☐ CLEARED BY ARREST ☐ EXCEPTIONALLY CLEARED ☐ UNFOUNDED | REPORT DATE

DATE OF CLEARANCE ☐ ADULT ☐ JUVENILE

CHECK HERE ☐ IF THIS IS A NEGATIVE REPORT FOR THE MONTH OF _____ 19 ____

REPORTING OFFICER | NUMBER | APPROVING OFFICER | NUMBER

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Agency Name _____ ORI _____

Reporting Month/Year _____ / _____ CASE # _____ ☐ INITIAL ☐ ADJUSTMENT

OFFENSE CODE*	IF ATTEMPTED "X"	DAY OF MONTH	TIME OF OCCUR-RENCE (MILITARY)	VICTIM			OFFENDER			INJURY CODE	WEAPON CODE	DISPOSITION CODE	VICTIM/ OFFENDER RELATIONSHIP CODE
				AGE	SEX	RACE	AGE	SEX	RACE				

Age Codes

NN	Under 24 hours old
NB	1 to 6 days old
BB	7 to 364 days old
01 - 98	Years in Age
99	Over 98 Years of Age
00	Unknown

Sex Codes

M	Male
F	Female
U	Unknown

Race Codes

A	Asian/Pacific Islander
B	Black
H	Hispanic
I	American Indian/Alaskan Native
W	White
U	Unknown

Injury Codes

B	Apparent Broken Bones
T	Loss of Teeth
O	Other Major Injury
M	Apparent Minor Injury
N	None
I	Possible Internal Injuries
L	Severe Laceration
U	Unconsciousness
K	Killed
S	Shot

Weapon Codes

11	Firearm
12	Handgun
13	Rifle
14	Shotgun
15	Other Firearm
16	Knife/Lethal Cutting Instrument
17	Club/Blackjack/Brass Knuckles
18	Hand Tool
25	Ligature
30	Blunt Object
35	Motor Vehicle
40	Personal Weapons (hands, fist, feet)
50	Poison
60	Explosives
65	Fire/Incendiary Device
70	Drugs
82	Sharp Object
85	Asphyxiation
90	Other
91	Pretend
95	Unknown
99	None

Victim/Offender Relationship Codes

SE	Victim was Spouse
CS	Victim was Common-Law Spouse
PA	Victim was Parent
SB	Victim was Sibling (Brother or Sister)
CH	Victim was Child
GP	Victim was Grandparent
GC	Victim was Grandchild
IL	Victim was In-Law
SP	Victim was Step-Parent
SC	Victim was Step-Child
SS	Victim was Step-Sibling (Step-Brother or Step-Sister)
OF	Victim was Other Family Member
FR	Victim was Friend
AQ	Victim was Acquaintance
NE	Victim was Neighbor
BG	Victim was Boyfriend/Girlfriend
CF	Victim was Child of Boyfriend/Girlfriend
HR	Same Sex Relationship
XS	Victim was Ex-Spouse
OK	Victim was Otherwise Known
CC	Victim has Child in Common with Offender/Arrestee
BE	Victim was Babysittee (child)
BS	Victim was Babysitter
EE	Victim was Employee
ER	Victim was Employer
VO	Victim was Offender
ST	Victim was Stranger to Offender
RU	Relationship Unknown
TS	Victim was Teacher
AS	Victim was School Administrator
OS	Victim was Other School Personnel

Disposition Codes

Adults (Age 17 and Greater)

86	Warrant Arrest for Other Jurisdiction
87	Arrested-Held for Prosecution (Including Released on Bond)
88	Summoned-Cited-Notified
89	Released Without Charge
90	Referred to Other Agency
91	Arrested by Other Agency

Juveniles (Age 16 and Under)

92	Handled Within the Department and Released
93	Summoned-Cited-Notified
94	Referred to Welfare Agency
95	Referred to Juvenile Court
96	Referred to Criminal or Adult Court
97	Referred to Other Agency
98	Arrested by Other Jurisdiction

* Utilize I-UCR Offense Code Sheet ISP 6-260 (1/96)

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To Be Implemented January 1, 1996

MARYLAND DOMESTIC VIOLENCE REPORT

⑨

AGENCY IDENTIFIER

FORWARD BY THE 7TH DAY AFTER THE END OF EACH MONTH TO:
CENTRAL RECORDS DIVISION -UCR SECTION
DEPARTMENT OF MARYLAND STATE POLICE

Page_____ of ____

CRIME CLASSIFICATION e.g. 04EB	DATE e.g. MMDD	DAY OF WEEK	TIME HOUR ONLY	VICTIM AGE	VICTIM SEX	VICTIM RACE	OFFENDER AGE	OFFENDER SEX	OFFENDER RACE	RELATIONSHIP OF VICTIM TO OFFENDER CODE	RELATIONSHIP OF VICTIM TO OFFENDER	INJURIES CODE	INJURIES	HOUSEHOLD STATUS CODE	HOUSEHOLD STATUS	DISPOSITION CODE	DISPOSITION	ALCOHOL/DRUG INVOLVEMENT CODE	ALCOHOL/DRUG INVOLVEMENT	CIRCUMSTANCE CODE	CIRCUMSTANCE	INCIDENT NUMBER

SEE REVERSE FOR CODES

partment Reporting

port for Month of 19

P 30-33(1-96)

Date of Report

Prepared By Telephone Number

Head of Department

DO NOT USE THIS SPACE
INITIALS
RECORDED
EDITED
PUNCHED
VERIFIED
ADJUSTED

MARYLAND UCR COPY

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R-124 (Rev. 12-83)

SUPPLEMENTARY DOMESTIC ASSAULT REPORT

Return to: MICHIGAN DEPARTMENT OF STATE POLICE
UNIFORM CRIME REPORT SECTION

Agency Name	Prepared By	LEIN ORI No.	Month	Page
		M I		

Form	Venue Co	Venue City/Twp.	Primary File Class	LEIN Juris. Number	Complaint Number	Year (Original)	Date of Occurrence Mo.	Date of Occurrence Day	Date of Occurrence Year	Victim Number	Victim Race	Victim Sex	Victim Date of Birth Mo.	Victim Date of Birth Day	Victim Date of Birth Year	Victim Inj.	Relationship	Weapon Code	Subject Number	Subj. Status	Subj. Race	Subj. Sex	Subject Date of Birth Mo.	Subject Date of Birth Day	Subject Date of Birth Year	Count	Arrest Charge

See Reverse Side for Codes

AUTHORITY: Act 319, P.A. of 1968
COMPLETION: Required
PENALTY: None

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SDAR CODES

FORM: 1 = Original information
3 = Corrective or Supplemental information

PRIMARY FILE CLASS:
0900-1 = Murder
1300-1 = Non-aggravated Assault
1300-2 = Aggravated Assault
3800-1 = Family Offenses — Abuse or Neglect

SCENE: 6 = Residence 8 = Other

RACE: 1 = White 5 = Chinese
2 = Latin American 6 = Japanese
3 = Black 8 = All Other
4 = Indian 9 = Unknown

SEX: 1 = Male 9 = Unknown
2 = Female

SEVERITY OF INJURY OF VICTIM:
1 = Fatal
2 = Incapacitating injury
3 = Non-incapacitating injury
4 = Possible injury
5 = No injury

VICTIM/OFFENDER RELATIONSHIP (VOR):
1 = Family 6 = Spouse
2 = Friend

WEAPON: 11 = Handgun
12 = Long gun (rifle, shotgun)
13 = Cutting instrument (knife, razor)
14 = Blunt object (club, hammer, rock)
15 = Personal (hands, fist, feet)
16 = Chemical substance (poison)
17 = Explosives
18 = Other
19 = Unknown

SUBJECT STATUS:
1 = Arrested 3 = Not arrested

ARREST CHARGE:
0900 - 1 Murder:
0901 = Willful killing — family — gun
0902 = Willful killing — family — other weapon
0903 = Willful killing — nonfamily — gun
0904 = Willful killing — nonfamily — other weapon

1300-1 Non-aggravated Assault:
1313 = Assault and Battery/Simple assault
1316 = Intimidation
1373 = Pointing a gun in jest
1374 = Discharging a firearm at another, without malice
1375 = Firearm, injury by pointing, without malice

1300-2 Aggravated Assault:
1301 = Family — gun
1302 = Family — other weapon
1303 = Family strong arm
1304 = Nonfamily — gun
1305 = Nonfamily — other weapon
1306 = Nonfamily — strong arm

3800-1 Family Offenses — Abuse or Neglect:
3802 = Cruelty toward child
3803 = Cruelty toward wife
3806 = Neglect — child
3899 = Family offense — other

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STATE OF NEVADA
DOMESTIC VIOLENCE STATISTICAL FORM

Reporting Agency	Incident/Case #	Date of Incident	Time of Incident	Total Victims	Total Offenders

Sex, Age and Race

	Victim #1	Victim #2
Male		
Female		
Age		
White		
Black		
Am. Indian		
Asian		
Unknown		

	Offender #1	Offender #2
Male		
Female		
Age		
White		
Black		
Am. Indian		
Asian		
Unknown		

Suspicion of Alcohol or Drug Use

	Victim #1	Victim #2
Yes		
No		

	Offender #1	Offender #2
Yes		
No		

Injuries

	Victim #1	Victim #2
Severe		
Moderate		
Minor		
No Visible		

	Offender #1	Offender #2
Severe		
Moderate		
Minor		
No Visible		

Medical Attention

	Victim #1	Victim #2
Hospital		
First Aid		
Refused Aid		

	Offender #1	Offender #2
Hospital		
First Aid		
Refused Aid		

Instructions

Sex and Age

Place a check mark next to the appropriate gender for each victim and offender. Write in the age of each victim and offender. If age is unknown, write in "unk."

Race

Place a check mark next to the appropriate race for each victim and offender, or next to unknown.

Alcohol or Drug Use

Place a check mark according to information gathered and observations made. This is merely the subjective opinion of the officer. If there is doubt or uncertainty, the check mark should be placed next to "No".

Injuries

Place a check mark next to the most appropriate category for each victim and offender. "Severe"—broken bones, loss of teeth, severe lacerations, unconsciousness. "Moderate"—injuries such as cuts and bruises which are readily apparent. "Minor"—injuries such as scratches and bruises which are not so readily apparent.

Medical Attention

Place a check mark next to the most appropriate category.

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Victim Relationship to Offender

Victim	# 1	# 2
Spouse		
Former Spouse		
Parent		
Child		
Blood Relative		
Related by Marriage		
Cohabitant		
Former Cohabitant		
Child in Common		
Dating Relationship		

Determination of Primary Aggressor

Offender	#1	#2
Prior History		
Injury Severity		
Defense Wounds		
Potential Future Injury		
Corrob. Statements		

Restraining Order in Effect

Offender	#1	#2
Yes		
No		

Type of Weapon(s) Used

Handgun	
Other Firearm	
Knife	
Blunt Object	
Hands, Fists, Feet	
Other Weapon	

Crime Associated With Incident

Offender	# 1	# 2
Domestic Battery		
Arson		
Child Abuse		
Concealed Weapon		
False Imprisonment		
Harassment		
Larceny		
Murder		
Property Destruction		
Sexual Assault		
Stalking		
Trespassing		

Arrest

Offender	#1	#2
Yes		
No		

No Arrest--Mitigating Circumstances

Offender	# 1	# 2
No Evidence of Injury		
Aggress. Undetermined		
Gone Upon Arrival		
Not Reported in 24 hrs.		
Other (describe)		

Children Present

Yes	
No	

Additional Report Pages for This Incident? Yes _____ No _____

Instructions

Victim Relationship to Offender

Place a check mark next to the appropriate relationship(s) for each victim. More than one relationship type may be marked for each victim if more than one offender is involved.

Crime Associated With Incident

Domestic battery is always checked on this form. Additional crime(s) committed during the incident should be checked.

Determination of Primary Aggressor

Place a check mark next to the most appropriate factor(s) for each offender where an arrest was made.

Arrest

Indicate whether or not an arrest was made for this incident for each offender.

Restraining Order in Effect

Indicate if a restraining order is in effect for each offender involved.

No Arrest–Mitigating Circumstances

Place a check mark next to the most appropriate category for each offender. If no category fits, briefly describe next to "Other".

Type of Weapon(s) Used

Place a check mark next to each type of weapon used in the incident.

Children Present

Indicate whether or not children were present during the incident.

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STATE OF NEW JERSEY, DEPARTMENT OF LAW AND PUBLIC SAFETY

SUPPLEMENTARY DOMESTIC VIOLENCE OFFENSE REPORT

(2) MUNICIPALITY	(3) MUN. CODE NO.	(4) SP STATION	(5) CODE	(6) DEPARTMENT PHONE NUMBER
				( ) _____ EXT. _____

(7) OFFENSE DATE	(8) CIRCLE DAY CODE	(9) MILITARY TIME	(10) TOTAL TIME SPENT: (Enter Approx. Time If Unknown)	(11) ALCOHOL INVOLVED	(12) OTHER DRUGS INVOLVED
__/__/__	S M T W TH F S 1 2 3 4 5 6 7	__ __ __ __ HRS.	_____ HR. _____ MIN.	YES ☐	YES ☐

(13) VICTIM'S NAME	(14) VICTIM AGE	SEX	RACE CODE	ETHNICITY
	Enter Approx. Age if Unknown	MALE ☐ FEMALE ☐	1 2 3 4	☐ A - HISPANIC ☐ B - NON-HISPANIC

(15) OFFENDER *(Must be 18 yrs old or emancipated)* AGE	SEX	RACE CODE	ETHNICITY	(16) IS VICTIM PREGNANT?	(17) IS VICTIM DISABLED?
Enter Approx. Age if Unknown	MALE ☐ FEMALE ☐	1 2 3 4	☐ A - HISPANIC ☐ B - NON-HISPANIC	YES ☐	YES ☐ PSYCHOLOGICAL ☐ IF YES, CHECK ONE: PHYSICAL ☐

(18) DOMESTIC VIOLENCE OFFENSES	CURRENT OFFENSE/ COMPLAINT (✓) ONE
1. HOMICIDE	
2. ASSAULT	
3. TERRORISTIC THREATS	
4. KIDNAPPING	
5. CRIMINAL RESTRAINT	
6. FALSE IMPRISONMENT	
7. SEXUAL ASSAULT	
8. CRIMINAL SEXUAL CONTACT	
9. LEWDNESS	
10. CRIMINAL MISCHIEF	
11. BURGLARY	
12. CRIMINAL TRESPASS	
13. HARASSMENT	
14. STALKING	

(19) RELATIONSHIP VICTIM TO OFFENDER	(✓) ONE
1. VICTIM IS THE SPOUSE	
2. VICTIM IS THE EX-SPOUSE	
3. VICTIM IS A CO-PARENT	
4. VICTIM IS A RELATIVE (Mother, Father, etc.)	
5. VICTIM IS A FRIEND	
6. VICTIM IS AN EX-FRIEND	

(25) OFFENDER	(✓) ONE
1. IS A PRESENT HOUSEHOLD MEMBER	
2. IS A FORMER HOUSEHOLD MEMBER	
3. NEVER RESIDED WITH VICTIM	

DEGREE OF INJURY FROM WEAPON USED (CHECK ONLY ONE)

WEAPON	(20) AGGRAVATED SERIOUS	(21) NON AGGRAVATED MINOR	(22) NONE	WEAPONS SEIZED? (Check Yes for each weapon.) (23) (✓) YES
1. GUN				
2. KNIFE or cutting instrument				
3. OTHER DANGEROUS				
4. HANDS, FISTS, ETC.				
5. NONE				

(26) CHILDREN WERE: (✓) (1) INVOLVED ☐ (2) PRESENT ☐

(27) ACTION TAKEN - ARRESTED (✓) YES ☐

(28) PRIOR COURT ORDERS (✓) YES ☐

(29) IF VICTIM IS DISABLED OR 60 YEARS OF AGE OR OLDER, WAS CRIMINAL NEGLECT ALSO INVOLVED (2C:24-8)? (✓) YES ☐

(30) ENTER NUMBER OF DEATHS OTHER THAN A HOMICIDE VICTIM. IF NONE, ENTER 0

COMPLETE ONLY IF BLOCK 30 IS OTHER THAN ZERO

(31) ENTER NUMBER OF ASSOCIATED ADULT DEATHS — MALE ____ FEMALE ____

(32) ENTER NUMBER OF ASSOCIATED JUVENILE DEATHS — MALE ____ FEMALE ____

(33) DID OFFENDER COMMIT SUICIDE? (✓) YES ☐

(34) HAVE VICTIM AND OFFENDER EVER BEEN INVOLVED IN A DATING RELATIONSHIP? (Applies only to relationships after August 11, 1994) (✓) YES ☐

(35)

(36) REMARKS:

(37) RANK/NAME	(38) BADGE NO.	(39) DATE COMPLETED:	(40) REVIEWED BY:

(41)	(42)	(43)

UCR-DV1 (Rev. 10/96)

N.J.S.P. UCR UNIT COPY

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A. PURPOSE OF THE REPORT:

The Supplementary Domestic Violence Offense Report shall be used to report any of the fourteen listed acts of domestic violence inflicted upon a person who is 18 years of age or older or who is an emancipated minor and who has been subjected to domestic violence by a spouse, former spouse, or any other person (at least 18 years old or emancipated) who is a present or former household member, or any person regardless of age with whom the victim has a child or pregnancy in common. Victim of domestic violence also includes any person with whom the victim has had a dating relationship, when the offender is at least 18 years old or emancipated. Child abuse complaints are not to be reported on this form. The acts of domestic violence are:

1. Homicide
2. Assault
3. Terroristic Threats
4. Kidnapping
5. Criminal Restraint
6. False Imprisonment
7. Sexual Assault
8. Criminal Sexual Contact
9. Lewdness
10. Criminal Mischief
11. Burglary
12. Criminal Trespass
13. Harassment
14. Stalking

It shall be the responsibility of a law enforcement officer who responds to a domestic violence call to complete this report.

B. MECHANICS:

1. This report may be ball pointed (block printed) or typed.
2. Routing:
   a. Original-First Copy:
      New Jersey State Police, UCR Unit, Box 7068, River Road, West Trenton, NJ 08628-0068, (609) 882-2000, Ext. 2870.
   b. Second Copy: County Bureau of Identification (Forward directly to the County Bureau of Identification).
   c. Third Copy: Municipal/Superior Court (Forward directly to the Municipal or Superior Court).
   d. Fourth Copy: Contributor's Copy
3. Reports will be submitted immediately upon completion. **DO NOT** wait for the end of the month to forward the forms. **DO NOT** forward copies of court orders or other documents to the New Jersey State Police, UCR Unit, with the Supplementary Domestic Violence Offense Report.

C. INSTRUCTIONS FOR PREPARATION OF THE SUPPLEMENTARY DOMESTIC VIOLENCE OFFENSE REPORT:

1. CASE NO. - enter investigation report number; if none, enter operations report number or other available identifying number.
2. MUNICIPALITY - enter name of municipality where offense occurred.
3. MUNICIPALITY CODE - enter four digit municipality identifier code.
4. SP STATION - enter State Police station reporting offense (for State Police use only).
5. SP STATION CODE - enter State Police station code number (for State Police use only).
6. PHONE NUMBER - enter reporting agency's complete phone number and extension.
7. OFFENSE DATE - enter date of offense. Example: 0 1 / 0 1 / 9 7.
8. DAY CODE - circle appropriate numerical code.
   1. Sunday 2. Monday 3. Tuesday 4. Wednesday 5. Thursday 6. Friday 7. Saturday
9. MILITARY TIME - enter time of offense - e.g. 0 0 0 1 HRS.
10. TOTAL TIME SPENT - enter the total time spent on this investigation. IF UNKNOWN, ENTER APPROXIMATE TIME.
11. ALCOHOL INVOLVED - check yes to indicate if the victim or the offender had been drinking.
12. OTHER DRUGS INVOLVED - check yes to indicate if the victim or offender used drugs other than alcohol.
13. VICTIM'S NAME - enter full name of victim (first, middle, and last name). **ONE REPORT WILL BE COMPLETED FOR EACH VICTIM.**
14. VICTIM'S AGE, SEX, RACE CODE AND ETHNICITY - enter the Victim's:
    AGE - if unknown, enter approximate age SEX - check male or female
    RACE CODE - circle numerical code for victim's race (using numbers 1 through 4).
    1 --- White 2 --- Black 3 --- Asian or Pacific Islander 4 --- American Indian or Alaskan Native
    ETHNICITY - check appropriate box.
15. OFFENDER'S AGE, SEX, RACE CODE AND ETHNICITY - enter offender's age, sex, race code, and ethnic origin using the instructions listed in block 14. **NOTE:** To be an emancipated minor one must be either: married, served in the military, pregnant or have a child, or declared emancipated by a legal authority.
16. IS VICTIM PREGNANT? - check yes to indicate if victim is pregnant at the time of the incident.
17. IS VICTIM DISABLED? - check yes if victim is disabled, then check appropriate box.
18. CURRENT OFFENSE/COMPLAINT - check appropriate block with regard to current offense. If more than one offense occurred (multiple offenses), count only one. Check the first offense only, by going down the list from 1 to 14.
19. RELATIONSHIP OF VICTIM TO OFFENDER - check to indicate relationship at time of incident (Only check one block).
20., 21., 22. DEGREE OF INJURY FROM WEAPON USED - locate weapon used, then check appropriate block on horizontal line indicating degree of injury.
    EXAMPLE: Aggravated/serious - is when injury is sufficient to cause broken bones, internal injuries, or when stitches are required. Non-Aggravated/minor - includes any lesser injury. Check only one weapon, by going down the list from 1 to 5.
23. WEAPONS SEIZED - **NOTE:** Include weapons seized even if not used to commit the domestic violence offense. Check yes for each weapon category (gun, knife, and other dangerous) to indicate if weapon(s) were seized. If no weapon(s) seized, leave blank.
24. NOT USED.
25. OFFENDER - check appropriate block.
26. CHILDREN WERE INVOLVED, PRESENT - check appropriate box.
27. ACTION TAKEN - ARRESTED - check yes if an offender was arrested.
28. PRIOR COURT ORDERS - check yes if a Domestic Violence court order has ever been issued between the parties involved.
29. IF VICTIM IS DISABLED OR 60 YEARS OF AGE OR OLDER, WAS CRIMINAL NEGLECT ALSO INVOLVED (2C:24-8)? - check yes, if applicable.
30. ENTER NUMBER OF DEATHS OTHER THAN A HOMICIDE VICTIM - enter total number of associated deaths, e.g., accidental, suicide, etc. **NOTE:** If victim's cause of death was suicide, accidental, etc., include in this box.
31. ENTER NUMBER OF ASSOCIATED ADULT DEATHS - enter appropriate number of adult male/female deceased.
32. ENTER NUMBER OF ASSOCIATED JUVENILE DEATHS - enter appropriate number of juvenile male/female deceased.
33. DID OFFENDER COMMIT SUICIDE? - If applicable, check yes. **NOTE:** If yes, then offender should be counted in block 30 as an associated death.
34. WERE VICTIM AND OFFENDER INVOLVED IN A DATING RELATIONSHIP? - check yes, if applicable. Otherwise, leave blank.
35. BLANK BLOCK.
36. REMARKS - enter additional information as needed.
37. RANK/NAME - enter rank and name of investigating officer with signature.
38. BADGE NUMBER - enter badge number of officer preparing report.
39. DATE COMPLETED - enter date report is prepared.
40. REVIEWED BY - enter initials and badge number of immediate supervisor who reviewed and approved the report.
41. BLANK BLOCK. 42. BLANK BLOCK. 43. BLANK BLOCK.

NOTE: Logical edits have been written for the state's data entry programs. Illogical responses will be corrected by the programers, no notice will be provided to the reporting agency (eg, criminal trespass, offense with injury.)

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MONTHLY REPORT OF

DOMESTIC VIOLENCE-RELATED CALLS FOR ASSISTANCE

California Penal Code (PC) Section 13730(a)

Type of data		Number
Total domestic violence calls received and verified		
Total cases in which weapons were involved		
SUBTOTAL	Firearm	
	Knife or cutting instrument	
	Other dangerous weapon	
	Personal weapon (hands, fists, feet, etc.).	

NAME OF AGENCY _____ AGENCY NCIC NUMBER _____

REPORT PERIOD (MONTH AND YEAR) _____ PREPARED BY _____

INSTRUCTIONS FOR COMPLETION:

REPORT ONLY THOSE DOMESTIC VIOLENCE-RELATED CALLS FOR ASSISTANCE WHICH HAVE BEEN VERIFIED. SEE REVERSE SIDE OF THIS FORM FOR PENAL CODE STATUTES TO BE USED WHEN COMPLETING THIS FORM.

1. Enter the total number of domestic violence-related calls that are received and verified by your agency in the "Total domestic violence calls received and verified" column. Of the "Total domestic violence calls received and verified," enter the number of cases involving weapons in the "Total cases in which weapons were involved" column. Of the "Total cases in which weapons were involved," enter the subtotal for each weapon category.

2. Complete one form for each month and submit the form with your "Return A - Monthly Return of Offenses Known to the Police."

3. If there are no calls received during the report period, write the word "NONE" across the face of this form and submit it with your "Return A."

RETURN TO:

CRIMINAL JUSTICE STATISTICS CENTER
P. O. BOX 903427
SACRAMENTO, CA 94203-4270

CJSC 715 (Rev. 9/97)

BCS FORMS DISK

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UNIFORM CRIME REPORTING FORM

FLORIDA

GENCY NAME _____ AGENCY ORI _____ REPORTING PERIOD _____

SSIFICATION OF ENSES	TOTAL NUMBER OF OFFENSES	TOTAL CLEARANCES				TOTAL VALUE PROPERTY STOLEN	WEAPON			
		Arrests	Exception	Adult	Juvenile		Firearm	Knife/ Cutting Inst.	Other Dangerous	Hands, Fists, Feet
riminal Homicide										
lanslaughter										
orcible Rape ommitted										
orcible Rape ttempted										
orcible Sodomy										
orcible Fondling										
ighway										
ommercial Other										
as/Service Station										
onvenience										
esidence										
ank										
iscellaneous										
ggravated										
ggravated Stalking										
TAL VIOLENT *ding Manslaughter)*										
mple										
reat/Intimidation										
mple Stalking										
						TOTAL DOMESTIC VIOLENCE				

DOMESTIC VIOLENCE

Offenses	RELATIONSHIP VICTIM TO OFFENDER							Arrests
	Spouse	Parent	Child	Sibling	Other Family	Cohabit.	Other	

ared By _____

hone _____

_____

FOR FDLE USE ONLY

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ENCY IDENTIFIER

MAINE DEPARTMENT OF PUBLIC SAFETY

Forward by the 7th Day After the End of Each Month To:
UNIFORM CRIME REPORTING
36 HOSPITAL STREET
AUGUSTA, MAINE 04333-0042

DO NOT USE THIS SPACE	
	INITIALS
RECORDED	
REVIEWED	
PUNCHED	
VERIFIED	
ADJUSTED	

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MONTHLY LAW ENFORCEMENT OFFICERS ASSAULTED SUPPLEMENTARY REPORT

e Assaulted (Do not include officers killed) TYPE OF ACTIVITY		TOTAL ASSAULTS (A)	TYPE OF WEAPON: FIREARM (B)	KNIFE OR OTHER CUTTING INSTRUMENT (C)	OTHER DANGEROUS WEAPON (D)	HANDS, FISTS, FEET, ETC. (E)	TYPE OF ASSIGNMENT: TWO-MAN VEHICLE (F)	ONE-MAN VEHICLE: ALONE (G)	ONE-MAN VEHICLE: ASSISTED (H)	DETECTIVE OR SPECIAL ASSIGN.: ALONE (I)	DETECTIVE OR SPECIAL ASSIGN.: ASSISTED (J)	OTHER: ALONE (K)	OTHER: ASSISTED (L)	POLICE ASSAULT CLEARED (M)
	a. Domestic Calls													
PONDING TO DIS-BANCE CALLS	b. All others													
RGLARIES IN PROGRESS OR RSUING BURGLARY SUSPECTS														
BBERIES IN PROGRESS OR RSUING ROBBERY SUSPECTS														
TEMPTING OTHER ARRESTS														
IL DISORDER OT, MASS DISOBEDIENCE)														
NDLING, TRANSPORTING, STODY OF PRISONERS														
ESTIGATING SUSPICIOUS PERSONS CIRCUMSTANCES														
BUSH - NO WARNING														
NTALLY DERANGED														
FFIC PURSUITS AND STOPS														
. OTHERS														
TAL (1-11) (Include with ASSAULTS, Form 1)														
MBER WITH PERSONAL INJURY														
MBER WITHOUT PERSONAL INJURY														
IE OF ASSAULTS	AM													
	PM													
		12:01	2:00	4:00	6:00	8:00	10:00	12:00						

DEPARTMENT REPORTING

REPORT FOR MONTH OF _____, 19 ____

DATE OF REPORT

PREPARED BY TITLE

HEAD OF DEPARTMENT (SIGNATURE)

OFFICERS KILLED

Number of your law enforcement officers killed in the line of duty this month:

By felonious act _____

By accident or negligence _____

This form should be used to report the number of your officers who were assaulted or killed in the line of duty during the month. Additional information on officers killed will be requested by a separate questionnaire.

SUPPLEMENTAL DOMESTIC ASSAULT REPORTING FORM

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DOMESTIC ASSAULT SITUATION	Firearm	Knife or Other Cutting Instrument	Other Dangerous Weapon	Hands, Fists, Feet Aggravated Injury	Hands, Fists, Feet Not Aggravated	Number of Actual Offenses	Total Offenses Cleared by Arrest or Exceptional Means
MALE ASSAULT ON FEMALE							
FEMALE ASSAULT ON MALE							
PARENT ASSAULT ON CHILD							
CHILD ASSAULT ON PARENT							
ALL OTHER							
TOTAL							

NOTE: Identify those situations of assault that occur between family or household members as required by MRSA Title 19, sec. 770(1). Use the # of victims in each category. Count only actual offenses from Column 4, Form 1.

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MONTHLY COUNT OF ARSON OFFENSES KNOWN TO POLICE

	1 PROPERTY CLASSIFICATION	DATA ENTRY	2 OFFENSES REPORTED OR KNOWN TO POLICE (INCLUDE "UNFOUNDED" AND ATTEMPTS)	3 UNFOUNDED, I.E., FALSE OR BASELESS COMPLAINTS	4 NUMBER OF ACTUAL OFFENSES (COLUMN 2 MINUS COLUMN 3) (INCLUDE ATTEMPTS)	5 TOTAL OFFENSES CLEARED BY ARREST OR EXCEPTIONAL MEANS (INCLUDES COLUMN 6)	6 NUMBER OF CLEARANCES INVOLVING ONLY PERSONS UNDER 18 YEARS OF AGE	7 NUMBER OF OFFENSES, UNINHABITED STRUCTURES	8 ESTIMATED VALU OF PROPERTY DAMAGE
STRUCTURAL	A. Single Occupancy Residential: Houses, Townhouses, Duplexes, etc.	20							$
	B. Other Residential: Apartments, Flats, Hotels, Motels, Inns Dormitories, Boarding Houses, etc.	21							$
	C. Storage: Barns, Garages, Warehouses, etc.	22							$
	D. Industrial/Manufacturing	23							$
	E. Other Commercial: Stores, Restaurants, Offices, etc.	25							$
	F. Community/Public: Churches, Jails, Schools, Colleges Hospitals, etc.	27							$
	G. All Other Structures: Out Buildings, Monuments, Buildings Under Construction, etc.	28							$
	TOTAL STRUCTURE	29							$
MOBILE	H. Motor Vehicles: Automobiles, Trucks, Buses, Motorcycles, Boats, etc.: UCR Definition	30							$
	I. Other Mobile Property: Trailers, Recreational Vehicles, Airplanes, Boats, etc.	32							$
	TOTAL MOBILE	39							$
	J. TOTAL OTHER: Crops, Timber, Fences, Signs, etc.	49							$
	GRAND TOTAL	99							$

ME UCR Form Rev. 8/90 MAINE UCR COPY – White CONTRIBUTOR COPY – YELLOW

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PUERTO RICO

INCIDENTES DE VIOLENCIA DOMESTICA POR DELITO
COMETIDO Y ARMA UTILIZADA

DEL _____ AL _____ DE 199

DELITO / ARMA	TOTAL	MALTRATO	MALTRATO AGRAVADO	MALTRATO MEDIANTE AMENAZA	MALTRATO MED. REST. LIBERTAD	AGRESION SEXUAL CONYUGAL	OTROS
TOTAL							
ARMA DE FUEGO							
ARMA CORTANTE							
ARMA PELIGROSA							
FUERZA FISICA							
NINGUNA							
OTRAS							

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Incidentes de Violencia Domestica por Lugar y Zona de Ocurrencia

De_____al_____de_____de 19_____.

LUGAR / ZONA	TOTAL	URBANA	RURAL	NO DICE
TOTAL				
Residencia de la Victima				
Patio de la Residencia				
Residencia de un Particular				
Residencia de un Familiar				
Area de Trabajo				
Vias Publicas				
Areas Recreativas				
Centro de Estudio				
Otros				
No Dice				

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Policia de Puerto Rico
Negociado Servicios Tecnicos
DIVISION DE ESTADISTICAS

VICTIMAS DE VIOLENCIA DOMESTICA POR EDADES AGRUPADAS Y SEXO

DEL_____ _____ _____ _____

AREA DE _____

EDADES	TOTAL	sexo de victimas	
		Masculino	Femenino
T O T A L			
MENOS DE 10 ANOS			
10 – 11			
12 – 13			
14 – 15			
16 – 17			
18 – 19			
20 – 24			
25 – 29			
30 – 34			
35 – 39			
40 – 44			
45 – 49			
50 – 54			
55 – 59			
60 – 64			
65 o mas			
Se Desconoce			

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Policia de Puerto Rico
Negociado Servicios Tecnicos
DIVISION DE ESTADISTICAS
EDADES AGRUPADAS Y SEXO DEL OFENSOR

DEL_____AL_____DE_____DE_____

AREA DE _____

EDADES	TOTAL	sexo de victimas	
		Masculino	Femenino
T O T A L			
MENOS DE 10 ANOS			
10 – 11			
12 – 13			
14 – 15			
16 – 17			
18 – 19			
20 – 24			
25 – 29			
30 – 34			
35 – 39			
40 – 44			
45 – 49			
50 – 54			
55 – 59			
60 – 64			
65 o mas			
Se Desconoce			

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VIOLENCIA DOMESTICA EN _____
POR DIA DE LA SEMANA Y HORA DE OCURRENCIA

MES _____ AÑO _____

HORAS	TOTAL	LUN.	MAR.	MIER.	JUE.	VIER.	SAB.	DOM.
TOTAL								
12:00–12:59 A.M.								
1:00–1:59								
2:00–2:59								
3:00–3:59								
4:00–4:59								
5:00–5:59								
6:00–6:59								
7:00–7:59								
8:00–8:59								
9:00–9:59								
10:00–10:59								
11:00–11:59								
12:00–12:59 P.M.								
1:00–1:59								
2:00–2:59								
3:00–3:59								
4:00–4:59								
5:00–5:59								
6:00–6:59								
7:00–7:59								
8:00–8:59								
9:00–9:59								
10:00–10:59								
11:00–11:59								
DURANTE EL DIA								
DURANTE LA NOCHE								
SE DESCONOCE								

NOTA:

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MISSOURI STATE HIGHWAY PATROL

MISSOURI CRIME INDEX REPORT

DEPARTMENT IDENTIFICATION (Please complete all blanks)

DEPARTMENT	ORI	DATE	COUNTY

MONTH / YR. COVERED BY REPORT	PHONE NO.

INSTRUCTIONS FOR SECTION 1 THROUGH 4

* Sections 1 & 2: List total number of offenses for each crime under "Reported Offenses." If reported offenses are later determined to be unfounded, record under "Unfounded Offenses." Under "Actual Offenses" record the number of reported offenses minus the unfounded offenses.
* Section 3: Record the number of person arrested for both narcotic violations and driving while intoxicated violations to include, local and state arrests and juvenile taken into custody.
* Section 4: Record the number of officers assaulted fatally and nonfatally.

SECTION 1 - CLASS 1 OFFENSES

TITLE	REPORTED OFFENSES	- UNFOUNDED OFFENSES	= ACTUAL OFFENSES
MURDER, INCLUDING MANSLAUGHTER --Willful killings & manslaughter. Do not include suicides.			
RAPE --Forcible & statutory rape assault to rape & attempt to rape.			
FELONIOUS ASSAULT --Assault with intent to kill or with intent to do great bodily harm, but not common assault.			
ROBBERY --Theft & attempted theft from a person by threat or violence.			
BURGLARY --Burglary & attempted burglary. **IMPORTANT:** If the offense includes both burglary & stealing, count in "Burglary" total only. Do not count it again under "Stealing."			
STEALING --Theft of property not stolen by violence, threat of violence or fraud. Do not include embezzlement, confidence games, forgery, or passing worthless checks.			
MOTOR VEHICLE THEFT --Thefts of cars, trucks, buses, motorcycles, tractor-trailers, etc.; but not farm tractors, self-propelled construction equipment, or other vehicles not designed for highway use.			

SECTION 2 - DOMESTIC VIOLENCE / RELATED DEATHS

"Domestic Violence" shall be defined as any dispute arising between spouses, former spouses, persons related by blood or marriage, individuals who are presently residing together or have resided together in the past, and persons who have a child in common, regardless of whether they have been married or have resided together at any time (Section 479.261, RSMo.). **Report all incidents of domestic violence in Section 2-A. Report domestic related deaths in Section 2-B. (Domestic related deaths should be reported in Section 2-A and 2-B.)**

A. DOMESTIC RELATED VIOLENCE

REPORTED OFFENSES	- UNFOUNDED OFFENSES	= ACTUAL OFFENSES

B. DOMESTIC RELATED DEATHS

REPORTED OFFENSES	- UNFOUNDED OFFENSES	= ACTUAL OFFENSES

VICTIM NAME	GENDER	AGE

SECTION 3 - ARRESTS
(No. of persons arrested, including juveniles)

NARCOTICS	
DWI	

SECTION 4 - ASSAULTS ON OFFICERS

FATAL	
NONFATAL	

Please mail this form to the address below within 10 days following the reporting month. If your agency has any questions on completing this form, please call the Criminal Records and Identification Division of the Missouri State Highway Patrol at 573-526-6153. Our fax number is 573-751-9382.

Missouri State Highway Patrol
Criminal Records & Identification Division
Post Office Box 568
Jefferson City, MO 65102

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OHIO

Monthly Summary

(Forward to BCI & I/DVP)
Bureau of Criminal Identification & Investigation
Domestic Dispute/Domestic Violence Problems

I. Domestic Dispute/Domestic Violence Calls

A. Number of Dispute Calls (no violence) ☐

B. Number of Violence Calls ☐

II. Complaints

Enter calls in which:

A. Total - Complaints filed under ORC Sec. 2919.25 or equivalent local ordinance ☐

B. Total - Complaints filed under ORC Sec. 2919.27 or equivalent local ordinance ☐

C. Total - Complaints filed under Other ORC Section(s) or equivalent local ordinances ☐

D. Total - No Complaint filed ☐

III. Relationships of Person Involved

	Victim		Offender	Complainant	Participant
	Injury	No Injury			
1. Wife					
2. Husband					
3. Parent					
4. Parent w/child in common					
5. Child(ren)					
6. Other family or household member					
7. Former Spouse					
8. Live-in Partner					
9. Law Officer					
10. Other					
Total					

IV. Race/Ethnicity

	Vic.	Off.
Asian		
African Amer.		
Caucasian		
Native Amer.		
Hispanic		
Other		
Total		

V. Age

	Vic.	Off.
0-17		
18-40		
41-64		
65 - 84		
85 and Older		
Total		

VI. Action Taken by Officers

Enter calls in which:

A. Arrest under O.R.C. Sec. 2919.25 or equivalent local ordinance ☐

B. Arrest under Other O.R.C. Sections or equivalent local ordinances ☐

C. Separate Incident Report Written ☐

D. Referral to Other Agency ☐

E. None ☐

VII. _____ _____ _____
Signed Date Agency

VIII. _____
Month and Year of Report

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MONTHLY SUMMARY

This monthly summary meets reporting requirements of section 3113.32(A) of the Ohio Revised Code ("ORC") for all Ohio law enforcement agencies. All agencies must complete this form each month, even if no incidents are reported, and submit it to: Bureau of Criminal Identification and Investigation, Attention: Technical Services, 1580 State Route 56, London, Ohio 43140.

Definition of Some Terms

Domestic Dispute ("DD") - For reporting purposes only, is defined as any quarrel, altercation, or strife between family or household members that does not include domestic violence.

Domestic Violence ("DV") - Those instances in which a person recklessly causes or attempts to cause physical harm to another family or household member or places another person by the threat of force in fear of imminent serious physical harm.

Parent with Child in Common - A victim who shares biological parenthood of a child with the offender or an offender who shares biological parenthood of a child with the victim.

Other Family or Household Member - Any person not specifically listed in Section III who is related by blood or marriage and is residing or has resided with the offender. Includes relatives, step-parents and step-children.

Complainant - 1) The individual who signs a written complaint at the time of a domestic incident; or 2) the responding law officer who makes a charge at the scene.

Participant - Any person who participates in a domestic dispute.

Instructions for Completing the Monthly Summary:

Section I. "Domestic Dispute/Domestic Violence Calls"

Enter in the respective slot the number of domestic dispute and the number of domestic violence incidents which have been reported to the law enforcement agency during the month.

Section II. "Complaints"

For each incident reported in Section 1, note the following:

Box A The number of incidents where complaints charging violations of ORC section 2919.25 or equivalent local ordinances were signed for or filed by law officers.

Box B The number of incidents where complaints charging violations of ORC section 2919.27 or equivalent local ordinance were signed for or filed by law officers.

Box C The number of incidents where complaints charging violations of other sections of the ORC or equivalent local ordinances.

Box D The number of incidents where no complaints were signed for or filed by law officers.

Section III. "Relationships of Persons Involved"

A) **IN CASES OF DOMESTIC DISPUTES** - Identify the complainants and the participants in all domestic disputes reported during the month as identified by signed or filed complaints taken at the times of the domestic disputes.

B) **IN CASES OF DOMESTIC VIOLENCE** - Identify the victims, offenders, and complainants in the domestic violence incidents reported during the month as identified by signed or filed complaints taken at the times of the domestic violence incidents. Identify the victims by noting whether or not they were injured.

Section IV. "Race"

Identify the race/ethnicity of the victims and the offenders in all domestic violence incidents reported during the month.

Section V. "Age"

Identify the age within the age brackets noted of the victims and offenders in all domestic violence incidents reported during the month.

Section VI. "Action Taken by Officers"

Box A - Enter the number of DD and DV incidents that resulted in arrests for violation of Section 2919.25 of the Ohio Revised Code or equivalent local ordinances.

Box B - Enter the number of DD and DV incidents that resulted in arrests for violation of other sections found in the ORC (examples: assault, disorderly conduct).

Box C - Enter the number of separate incident reports written related to DD and DV incidents that occurred during the month.

Box D - Enter the number of DD and DV incidents that resulted in referrals to other agencies, such as social service agencies prosecutors, clerk of courts offices, etc.

Box E - Enter the number of DD and DV incidents that resulted in no action by the officer, other than responding to domestic dispute and domestic violence calls.

If you have questions regarding reporting of domestic dispute and domestic violence incidents, please contact the Bureau of Criminal Identification and Investigation at 614/466-8204, extension 287. We will be happy to assist.

_____

ORI

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OREGON DOMESTIC DISTURBANCE REPORTING FORM
LAW ENFORCEMENT DATA SYSTEM (LEDS)

Please indicate in the space below your agencies Domestic Disturbance activity for the appropriate quarter of the year. This form is only to be used quarterly, until your agency begins participation in the OUCR-2 program which will automate this process.

Reporting Quarter: January - March ☐ April - June ☐

Year: 1996 July - September ☐ October - December ☒

ORI: _____

Agency name: _____

County: _____

Number of Police reports written that involved domestic disturbance including the OUCR-1 Offense Code for the type of crime that occurred in the context of the domestic incident: IE: Crime type 04 Assault, 05 Burglary etc.

Number of Incidents: _____ Crime type : _____
Number of Incidents: _____ Crime type : _____
Number of Incidents: _____ Crime type : _____
Number of Incidents: _____ Crime type : _____

EXAMPLE:
Number of Incidents: 4 *Crime type:* 08 *(Simple Assault)*
Number of Incidents: 2 *Crime type:* 24 *(Disorderly Conduct)*

Number of Arrests for domestic disturbance and the Type of crime involved:

Number of Arrests: _____ Crime type : _____
Number of Arrests: _____ Crime type : _____
Number of Arrests: _____ Crime type : _____
Number of Arrests: _____ Crime type : _____

Number of incidents where no Arrests was made (Non Criminal Domestic Disturbance)
Family disturbance where there was no Assault etc. and no action was taken by your agency.

Number of incidents: _____

The number of Domestic Restraining Order Violations reported: _____

The number of Arrests made for Violation of Domestic Restraining Orders: _____

Please Duplicate this form for future use

LEDS Domestic Disturbance Form 12/94
Revised 1/10/95

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GENERAL LOGSHEET INSTRUCTIONS

Pursuant to T.C.A. §36-3-619(f), all law enforcement agencies in Tennessee must report data on investigations of domestic violence cases to the Administrative Office of the Courts. This statute became effective on July 1, 1993.

Reports should be mailed on or before the 10th day of the month following the given reporting period. For example, the March report should be mailed by April 10th. Reports should be mailed to the following address:

Administrative Office of the Courts
Statistical Services Division
Nashville City Center, Suite 600
511 Union Street
Nashville, TN 37243

The logsheet has been designed for you to report summary information on domestic violence investigations for each month. We do not need information on individual cases. Instead, you will report summary information on the number of investigations for each of the offense groups on the form. For purposes of these reports, domestic violence cases are defined as cases involving violence between current or former household members.

Should you have questions regarding reporting, please contact the Statistical Services Division of the AOC at (615) 741-2687.

LINE BY LINE INSTRUCTIONS

ITEM	DESCRIPTION
Sheriff/Police Department	Please check the appropriate agency.
City	Enter the name of the city where facility is located.
Month/Year	The month and year that pertains to the data you are submitting. A separate form should be completed each month.
County Number	Insert the County Code Number designated for your county.
Investigated	The number of cases investigated by your agency in each of the offense groups listed.
Arrests Made	Of the cases investigated in each group, the number resulting in an arrest being made. If multiple arrests are made for a single incident, each should be reported separately.
Warrants Signed	Of those offenses resulting in arrest, the number of arrest warrants signed by the law enforcement officer and the number signed by the victim.
Officer Injuries	The number of times an officer was injured during the course of investigating any of the cases reported. Include only those cases where the injury required medical attention.
Category	Based on the circumstances apparent at the investigation, the number of each specific assault offense investigated.
Victim's Relationship to Offender	Enter the number of each type of victim. For example, the number of cases investigated where the victim was the offender's male spouse (male victim), etc. Estranged marital partners should still be coded as spouse. The live-in partner of a child's parent should be coded as other than family. If more than one offender, use the code which describes the CLOSEST relationship between the victim and an offender. If more than one victim, include each.
Elderly Victims	Enter the number of elderly victims (aged 60 or older) in each offense category.
Victims Transported	Enter total number of victims transported to a shelter or safe place after investigating a domestic violence incident.

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DOMESTIC VIOLENCE INVESTIGATIONS
LAW ENFORCEMENT LOG SHEET

SHERIFF: _____ POLICE DEPARTMENT: _____ CITY: _____ MONTH/YEAR: _____ COUNTY NUMBER: _____

ASSAULT

Investigated _____

Arrests Made _____

Warrants Signed:
- By Officer _____
- By Victim _____

Officer Injuries _____

CATEGORY:

Simple Assault _____

Agg. Assault _____

Stalking Cases _____

Verbal Assault _____

VICTIM'S RELATIONSHIP TO OFFENDER:

Male Spouse _____

Female Spouse _____

Male Ex-spouse _____

Female Ex-spouse _____

Boyfriend _____

Girlfriend _____

Child/Step-child _____

Other Relative _____

Other than family _____

ELDERLY VICTIMS: _____

HOMICIDE

Investigated _____

Arrests Made _____

Warrants Signed:
- By Officer _____
- By Victim _____

Officer Injuries _____

VICTIM'S RELATIONSHIP TO OFFENDER:

Male Spouse _____

Female Spouse _____

Male Ex-spouse _____

Female Ex-spouse _____

Girlfriend _____

Boyfriend _____

Child/Step-child _____

Other relative _____

Other than family _____

ELDERLY VICTIMS: _____

CHILD ABUSE

Investigated _____

Arrests Made _____

Warrants Signed:
- By Officer _____
- By Victim _____

Officer Injuries _____

VICTIM'S RELATIONSHIP TO OFFENDER:

Child/Step-child _____

Other Relative _____

Other than family _____

SEXUAL OFFENSE

Investigated _____

Arrests Made _____

Warrants Signed:
- By Officer _____
- By Victim _____

Officer Injuries _____

VICTIM'S RELATIONSHIP TO OFFENDER:

Male Spouse _____

Female Spouse _____

Male Ex-spouse _____

Female Ex-spouse _____

Girlfriend _____

Boyfriend _____

Child/Step-child _____

Other relative _____

Other than family _____

ELDERLY VICTIMS: _____

VIOLATION ORDER OF PROTECTION

Investigated _____

Arrests Made _____

Officer Injuries _____

VICTIM'S RELATIONSHIP TO OFFENDER:

Male Spouse _____

Female Spouse _____

Male Ex-spouse _____

Female Ex-spouse _____

Girlfriend _____

Boyfriend _____

Child/Stepchild _____

Other relative _____

Other than family _____

ELDERLY VICTIMS: _____

VICTIMS TRANSPORTED TO SHELTER OR SAFE PLACE:

_____

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WASHINGTON ASSOCIATION OF SHERIFFS AND POLICE CHIEFS
UNIFORM CRIME REPORTING SECTION

DOMESTIC VIOLENCE RELATED PART ONE OFFENSES

SEND WITH MONTHLY UCR REPORT

THESE OFFENSES MUST ALSO BE SCORED ON UCR RETURN "A" REPORT.

CLASSIFICATION OF OFFENSES	NUMBER OF ACTUAL OFFENSES
1. CRIMINAL HOMICIDE	
a. MURDER AND NONEGLIGENT HOMICIDE (Score attempts as aggravated assault)	
b. MANSLAUGHTER BY NEGLIGENCE	
2. FORCIBLE RAPE TOTAL	
a. Rape by Force	
b. Attempts to Commit Forcible Rape	
3. ROBBERY TOTAL	
a. Firearm	
b. Knife or Cutting Instrument	
c. Other Dangerouse Weapon	
d. Strong-Arm (Hand, Fists, Feet, Etc.)	
4. ASSAULT TOTAL	
a. Firearm	
b. Knife or Cutting Instrument	
c. Other Dangerous Weapon	
d. Aggravated Injury - Hands, Fists, Feet, Etc.	
e. Simple Assaults - Hands, Fists, Feet, Etc.	
5. BURGLARY TOTAL	
a. Forcible Entry	
b. Unlawful Entry - No Force	
c. Attempted Forcible Entry	
6. LARCENY - THEFT TOTAL	
7. MOTOR VEHICLE THEFT TOTAL	
a. Autos	
b. Trucks and Buses	
c. Other Vehicles	
8. ARSON TOTAL	
GRAND TOTAL	

AGENCY NAME _____ PREPARED BY _____

AGENCY ORI # _____ DATE PREPARED _____

MONTH _____ YEAR _____ CHIEF, SHERIFF _____

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Service Provider Client-Based Systems

Alabama
Alaska
District of Columbia
Massachusetts
New Hampshire
Oklahoma
Rhode Island
Washington

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Client Profile

The purpose of the client profile is to get some basic demographic information about the client that will then be linked to the services that she and her children receive. The key that links all this information together and is the most critical part of the form is the client number. Once a client receives a number, it's hers for good. If she leaves and re-enters shelter at a later date, she should get the same client number.

1. Fill in agency name at the top of the form.
2. Assign the client a number. If a repeat client, place original number on form.
3. Enter the name of the county the client is from.
4. Enter the year the client was born.
5. Enter the client's sex.
6. Enter the client's race.
7. Enter the client's occupational category from the following choices: blue collar, white collar, unemployed and unknown.
8. Enter client's annual income. If she gives an hourly wage, multiply it out to an annual income (e.g., $10.00/hr would be calculated to be 40 hrs/wk x 52 wks/yr x $10.00/hr = $20,800).
9. Enter client's education level.
10. Indicate whether the client has a disability. (Y or N)

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Client Number: _____

County: _____

Year of Birth: _____

Sex: _____

Race: _____

Occupational Status: _____

Income: _____

Education: _____

Does client have a disability? _____

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Perpetrator and Child Form

The purpose of this form is to get some basic demographic data on the perpetrator and the children attached to a client.

Those of you who are familiar with the previous version of the OPS forms will notice a change here. Previously the perpetrator and child information was included on the client profile. This created a problem in that it caused an assumption that the perpetrator and child information would be the same each time the client entered shelter. Obviously this is not the case, so the perpetrator and child information has been moved on to a separate form that must be completed each time the client returns to shelter.

Perpetrator section

1. Enter the relationship of the perpetrator to the victim (e.g., husband, boyfriend, father etc.)
2. Enter the perpetrator's year of birth.
3. Enter the gender of the perpetrator.
4. Enter the perpetrator's race.
5. Enter the perpetrator's occupational status from the following choices: unemployed, unknown, blue collar and white collar.
6. Enter the perpetrator's income as an annual salary.
7. Enter the perpetrator's education level.
8. Indicate whether the perpetrator has a weapon.

Child section

1. Record the child's year of birth.
2. Record the child's grade in school. If the child is not in school, leave blank. Enter 'K' for kindergarden and 'P' for pre-school.
3. Record the child's race.
4. Record the child's sex (M or F)
5. Record the perpetrator's relationship to the child.

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petrator and Child Information

petrator Section

Shelter: _____ Client ID #: _____

Relation of Perpetrator to Victim	Year of Birth	Sex	Race

Occupational Status	Annual Income	Education	Owns Weapon?

d Section

Year of Brith	Grade	Race	Sex	Perpetrator's relation to child

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Incident Report

The purpose of the incident report is to get some detailed information about the types of abuse that were present in the relationship and about law enforcement and medical involvement.

1. Enter the client number again (copy carefully from client profile).

2. Record the date the client was admitted to shelter.

3. If the client exits shelter the same month that she entered, record her exit date. If she remains in shelter between months, leave the exit date blank. This incident report will be turned in the first month she is in shelter. When the client does eventually leave shelter, that information will be recorded on her service history.

4. Circle all types of abuse the client ever experienced and all types of battering the client experienced for the incident that prompted her to seek shelter.

5. Circle all weapons ever used and all weapons used this incident.

6. Circle all types of child abused that have ever been experienced by the client's children and all types of child abuse that they have ever experienced. If they have not been abused or the client has no children, leave this space blank.

7. Indicate whether the police have ever been called and whether they were called for the incident that prompted the client to seek shelter.

8. Record the client's estimate of the number of times that the police have been called. It is critical to get a numerical estimate. Responses such as 'several' will be discarded.

9. Indicate whether the perpetrator has ever been arrested and whether the perpetrator was arrested for the incident that caused the client to seek shelter.

10. Record the number of times that the perpetrator has ever been arrested for domestic violence related crimes.

11. Circle the appropriate charge against the perpetrator for this incident, if applicable.

12. Indicate whether durgs and/or alcohol were involved ever in the abuse and whether they were involved this incident and indicate who was using them at the time of abuse.

13. Record who the client has ever told about her abuse.

14. Indicate whether the client has ever sought medical attention for injuries sustained from a beating and whether she received any this incident.

15. Record the client's estimate of how many times she has sought medical attention for injuries she has received as a result of battering. Once again a numerical estimate is critical.

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NEW YORK STATE

DOMESTIC INCIDENT REPORT
(PLEASE PRINT)

NY | Pct. of Report

Date of Report | Time of Report | Date of Occur | Time of Occur | Address of Occurrence | Apt. No. | Sector | Beat

Compl./Victim's Last Name, First, M.I. | Address | Sex

Date of Birth | Age | Home Telephone | Race: ☐ White ☐ Black ☐ Other ☐ Indian ☐ Asian ☐ Unk | Ethnic Origin: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Offender/Other Party Last Name, First, M.I. | Address | Sex

Date of Birth | Age | Home Telephone | Race: ☐ White ☐ Black ☐ Other ☐ Indian ☐ Asian ☐ Unk | Ethnic Origin: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Relationship to the Complainant/Victim | Offender Present? ☐ YES ☐ NO | Offense/Incident Involved: ☐ Fel ☐ Misd ☐ Viol ☐ Other | Description

Order of Protection? ☐ YES ☐ NO | Violated? ☐ YES ☐ NO | Issuing Court | OP Registry Checked ☐ YES ☐ NO | Expir. Date | Complaint Report Prepared? ☐ YES ☐ NO | Compl. No. | Report Received ☐ Walk-in ☐ Radio Run

Any Weapons Used/Threatened? ☐ YES ☐ NO | Type: | Any Injuries? ☐ YES ☐ NO | Describe | Aided No. | Removed to Hospital? ☐ YES ☐ NO | What Hospital?

Photos Taken? ☐ YES ☐ NO | Arrest Made? ☐ YES ☐ NO | Non Arrest Reason: ☐ No Offense Committed ☐ Not at Scene ☐ Warrant Requested ☐ Other | If Arrest Made, Did Perp. Resist? ☐ YES ☐ NO

Charge(s) (List All) | Arrest No.

Family/Household Members Present? If YES, Last Name, First ☐ YES ☐ NO | Date of Birth | Relationship

Domestic Incident Report Receipt Issued? If NO, Reason: ☐ YES ☐ NO | DV Notice Issued to Victim ☐ YES ☐ NO | Date

Circumstances of this Case: ☐ Biting ☐ Choking ☐ Destroying Property ☐ Forcible Restraint ☐ Grabbing ☐ Hair Pulling ☐ Homicide ☐ Injury to Child ☐ Kicking ☐ Pulling Phones From Wall ☐ Punching ☐ Pushing ☐ Pushing/Slamming Into Walls ☐ Sexual Abuse ☐ Slapping ☐ Threats With Weapon(s) ☐ Throwing Items ☐ Using Weapon(s) ☐ Verbal Abuse ☐ Other

Narrative of the Incident: (include results of investigation and basis for action taken)

Victim's Statement of Allegations:

False Statements are punishable as a Class A Misdemeanor, pursuant to Section 210.45 of the Penal Law. | Victim's Signature | Date

Other Involved Agency(s)

Is There Reasonable Cause to Suspect A Child May Be The Victim of Abuse, Neglect or Maltreatment? ☐ YES ☐ NO

If Yes, Reporting Officer Must Contact the NYS Child Abuse Hotline Registry # 1-800-635-1522.

Any Guns In The House? ☐ YES ☐ NO | Any Guns Seized? ☐ YES ☐ NO

Household Member Have a Pistol Permit? ☐ Yes ☐ No | Permit Seized? ☐ YES ☐ NO

Permit No. _____ Issuing County _____

Name

REFERRALS: ☐ Child Protective Services ☐ Licensing Bureau ☐ Adult Protective Services ☐ Domestic Violence Services ☐ Other Outside Agency

Name of Person Notified:

Date: Time: Notified By:

Reporting Officer's Signature (Include Rank) | Officer I.D. No. | Date

Supervisor's Signature (Include Rank) | Date

Page of Pages

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02/07/97 FRI 12:34 FAX 405 858 7040 OK CRIM JUST RES CNTR 003

OKLAHOMA DOMESTIC ABUSE REPORT

DATE	TIME (MILITARY)	CODE

DATE	TIME (MILITARY)	CODE

DATE	TIME (MILITARY)	CODE

DATE	TIME (MILITARY)	CODE

SUBMIT MONTHLY (ENTER 'O' FOR NEGATIVE REPORTS)
CRIME CODES
A - HOMICIDES
B - SEX CRIMES
C - ASSAULT
D - ASSAULT/BATTE

DEFINITIONS

A - Murder and Non-negligent manslaughter

B - All sex crimes including RAPE, RAPE OF MALE, INCEST, SODOMY & FONDLING

C - Any verbal face to face threat to do bodily harm, where the offender has the IMMEDIATE capability to carry out the threat

D - Any physical contact to do bodily harm

OSBI USE ONLY

EDITED _____

ENTERED _____

VERIFIED _____

ADJUSTED _____

Agency ORI# _____

Agency _____

Prepared By _____

Signed _____
Chief, Commissioner, Sheriff or Superintendent

Month _____ 19 ___

County _____

DCR/DAR Form 50C
Revised 7/91

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(revised Oct. 4, 1996)

DOMESTIC VIOLENCE/SEXUAL ASSAULT

A. INCIDENT INFORMATION

LOCATION: (street address) CITY: ____ ZIP: ____ TIME: ____ DATE: ____

◯ PUBLIC PLACE/INDOORS
◯ PUBLIC PLACE/OUTDOORS
◯ DWELLING ◯ VEHICLE
◯ OTHER (SPECIFY) ____

WHO CALLED POLICE?

◯ VICTIM ◯ HOSPITAL ◯ NEIGHBOR ◯ FAMILY MEMBER
◯ OTHER (SPECIFY) ____

CALLER'S NAME:

TELEPHONE #: ____

IN YOUR OPINION, WAS ALCOHOL INVOLVED?
◯ YES ◯ NO ◯ UNKNOWN
BY WHOM? ◯ VICTIM ◯ SUSPECT ◯ BOTH

IN YOUR OPINION, WERE DRUGS INVOLVED?
◯ YES ◯ NO ◯ UNKNOWN
BY WHOM? ◯ VICTIM ◯ SUSPECT ◯ BOTH

B. VICTIM INFORMATION

NAME: ____ DOB: ____
ADDRESS: ____ GENDER F ◯ M ◯
CITY: ____ STATE: ____ ZIP: ____
HOME PH# ____ WORK PH# ____

PH# WHERE CURRENTLY STAYING (WHITE OUT NUMBER FOR DISCOVERY) ____

IF VICTIM WAS A MINOR, WAS DCYF NOTIFIED?
◯ YES ◯ NO
1-800-RI CHILD

IF VICTIM WAS 60 YEARS OR OLDER, WAS DEA NOTIFIED?
◯ YES ◯ NO
1-800-322-2880

ETHNIC BACKGROUND:

◯ WH ◯ BL ◯ ASIAN ◯ NAT AMER ◯ OTHER ____
HISPANIC? ◯ YES ◯ NO

VICTIM WAS: (MARK ALL APPROPRIATE CIRCLES)

◯ TEARFUL/CRYING ◯ HYSTERICAL ◯ AFRAID
◯ SHAKING/TREMBLING ◯ ANGRY ◯ NERVOUS
◯ OTHER ____

C. SUSPECT INFORMATION

NAME: ____ DOB: ____
ADDRESS: ____ GENDER F ◯ M ◯
CITY: ____ STATE: ____ ZIP: ____

(MARK ALL APPROPRIATE CIRCLES)

◯ FAMILY MEMBER (SPECIFY) ____
◯ MARRIED ◯ FORMERLY MARRIED ◯ COHABITANT
◯ INTIMATE PARTNER ◯ FORMER INTIMATE PARTNER
◯ CHILD IN COMMON ◯ ACQUAINTANCE
◯ DATE ◯ FRIEND ◯ STRANGER

VICTIM/SUSPECT CURRENTLY LIVING TOGETHER? ◯ YES ◯ NO

ETHNIC BACKGROUND:

◯ WH ◯ BL ◯ ASIAN ◯ NAT AMER ◯ OTHER ____
HISPANIC? ◯ YES ◯ NO

◯ NON-ARREST (FILL IN ONLY ONE BUBBLE)
◯ DV CRIME ◯ SA CRIME ◯ BOTH (FILL IN ONLY ONE BUBBLE)

C. SUSPECT *(continued)*

- IS SUSPECT ON PROBATION? ◯ YES ◯ NO
  WHERE? ____ NAME, PROB. OFF.: ____
- DOES SUSPECT POSSESS FIREARMS? ◯ YES ◯ NO

SUSPECT WAS: (MARK ALL APPROPRIATE CIRCLES)

◯ APOLOGETIC ◯ CALM ◯ BELLIGERENT
◯ THREATENING ◯ ANGRY ◯ NERVOUS
◯ OTHER ____

D. ARREST INFORMATION

- DID PROBABLE CAUSE EXIST FOR YOU TO BELIEVE A DOMESTIC VIOLENCE CRIME OCCURRED? ◯ YES ◯ NO
- DID PROBABLE CAUSE EXIST FOR YOU TO BELIEVE A SEXUAL ASSAULT CRIME OCCURRED? ◯ YES ◯ NO
- WAS AN ARREST MADE? ◯ YES ◯ NO
- WAS PICTURE TAKEN OF VICTIM? ◯ YES ◯ NO
- WAS PICTURE TAKEN OF CRIME SCENE? ◯ YES ◯ NO
- WAS OTHER PHYSICAL EVIDENCE COLLECTED? ◯ YES ◯ NO
- WAS CRIMINAL NO CONTACT ORDER ISSUED? ◯ YES ◯ NO
- WAS A WARRANT ISSUED ON ARREST? ◯ YES ◯ NO
- WAS ARREST MADE AFTER WARRANT? ◯ YES ◯ NO
- WAS FOLLOW-UP PHOTO TAKEN? (2-4 DAYS LATER) ◯ YES ◯ NO
- CASE CHARGED AS MISDEMEANOR ◯ YES FELONY ◯ YES

E. ASSAULT INFORMATION

- WAS VICTIM PHYSICALLY ASSAULTED? ◯ YES ◯ NO
- WAS VICTIM SEXUALLY ASSAULTED? ◯ YES ◯ NO
- WAS WEAPON OR OBJECT USED? ◯ YES ◯ NO
  IF YES, DESCRIBE ____
- WERE THREATS MADE BY SUSPECT? ◯ YES ◯ NO
  IF YES, TO WHOM? ____
  WHAT WAS SAID? ____
- DID VICTIM SUSTAIN PHYSICAL INJURIES? ◯ YES ◯ NO

MARK APPROPRIATE CIRCLES TO DESCRIBE WHAT OCCURRED:

◯ THROWING OBJECTS ◯ GRABBING ◯ BITING
◯ PUSHING/SHOVING ◯ KICKING ◯ CHOKING
◯ HITTING W/FISTS ◯ SLAPPING ◯ BEATING
◯ THREAT W/WEAPON ◯ USE WEAPON ◯ BURNING
◯ PREVENTED FROM LEAVING ◯ STALKING
◯ THREAT OF PHYSICAL VIOLENCE ◯ OTHER
◯ THREAT OF SEXUAL VIOLENCE ____ DESCRIBE
◯ SEXUAL CONTACT ◯ VAGINAL PENETRATION
◯ ANAL PENETRATION ◯ ORAL PENETRATION

- WERE ALL INJURIES CAUSED BY SUSPECT? ◯ YES ◯ NO
  IF NO, EXPLAIN ____
- HAS SUSPECT ASSAULTED VICTIM BEFORE? ◯ YES ◯ NO
  IF YES, WHEN ____
- IS VICTIM IN PAIN NOW? ◯ YES ◯ NO
- DID VICTIM REQUIRE MEDICAL ATTENTION? ◯ YES ◯ NO
- IF YES, WHAT MEDICAL FACILITY? ____
- WAS FORENSIC SEXUAL ASSAULT EXAM DONE? ◯ YES ◯ NO
- ANYONE ELSE ASSAULTED BY SUSPECT? ◯ YES ◯ NO
  IF YES, WHO? ____

INSTRUCTIONS FOR DISPOSITION OF THIS FORM:

1. FAX SUPERIOR COURT CASES TO: 273-5340, BCI; DV/SA UNIT, AG'S OFFICE, (PROVIDENCE).
2. MAIL ORIGINAL FORM ONLY (scannable) TO: DV T&M UNIT, 4800 Tower Hill Rd. Wakefield, RI 02879

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F. CHILDREN INVOLVED

- WERE CHILDREN PRESENT ◯ YES ◯ NO
- DID THEY **SEE** THE INCIDENT? ◯ YES ◯ NO
- DID THEY **HEAR** THE INCIDENT? ◯ YES ◯ NO

IF YES, INDICATE AGES OF CHILDREN: _____

G. WITNESS INFORMATION

WAS **WITNESS PRESENT** DURING THE INCIDENT?

◯ YES ◯ NO

NAME OF WITNESS(ES):

_____

ADDRESS:

_____

PHONE # (S) _____

◯ FRIEND ◯ RELATIVE ◯ OTHER
◯ PASSERBY ◯ NEIGHBOR SPECIFY _____

WITNESS WAS: (MARK ALL APPROPRIATE CIRCLES)

◯ CALM ◯ HYSTERICAL ◯ AFRAID
◯ ANGRY ◯ NERVOUS ◯ TEARFUL/CRYING
◯ OTHER _____

H. RESTRAINING ORDER INFORMATION

- IS THERE AN EXISTING RESTRAINING ORDER? ◯ YES ◯ NO
  IF YES, INDICATE EXPIRATION DATE: _____
- **IF YES,** BUT SERVICE HAS NOT YET BEEN MADE ON RESTRAINING ORDER, DID OFFICER GIVE NOTICE TO DEFENDANT OF RESTRAINING ORDER? ◯ YES ◯ NO
- **IF NO,** DID OFFICER INFORM VICTIM OF TEMPORARY RESTRAINING ORDER INFORMATION? ◯ YES ◯ NO

I. PROPERTY DAMAGE

- PROPERTY DAMAGE? ◯ YES ◯ NO
  IF YES, DESCRIBE _____
- STOLEN PROPERTY? ◯ YES ◯ NO
  IF YES, LIST _____

◯ **HOUSE** ◯ **APARTMENT**

LISTED IN WHOSE NAME? ◯ VICTIM ◯ SUSPECT ◯ BOTH
◯ OTHER (SPECIFY) _____

J. POLICE RESPONSE

OFFICER(S) RESPONDING BADGE(S) #

_____ _____

_____ _____

P.D. CODE (BCI#) _____ POST: _____

WHETHER OR NOT ARREST WAS MADE,
WAS THE ALLEGED VICTIM GIVEN
A "VICTIM RIGHTS PAMPHLET"? ◯ YES ◯ NO

K. OFFICER'S STATEMENT

ATTACH OFFICER'S STATEMENT OR NARRATIVE FROM POLICE REPORT

CP96-1557 (C3.F3)

L. TO BE COMPLETED BY VICTIM (IF VICTIM IS WILLING)

- I WAS ABLE TO POINT OUT TO THE POLICE **THE PERSON** WHO HURT OR THREATENED ME. ◯ YES ◯ NO
- I HAVE POINTED OUT TO THE OFFICER **THE OBJECT** USED TO STRIKE ME. ◯ YES ◯ NO
- I HAVE MARKED ON THE BODY DIAGRAM BELOW **WHERE** I WAS ASSAULTED. ◯ YES ◯ NO
- I **UNDERSTAND** ALL THE QUESTIONS. ◯ YES ◯ NO
- I HAVE MARKED **MY OWN ANSWERS.** ◯ YES ◯ NO
- **OFFICER MARKED THESE RESPONSES BECAUSE** VICTIM WAS UNABLE TO. ◯ YES ◯ NO

I AFFIRM THE INFORMATION TO BE TRUE AND CORRECT
(AFIRMO QUE ESTA INFORMACIÓN ES CIERTA Y CORRECTA)

_____ _____
VICTIM'S SIGNATURE DATE

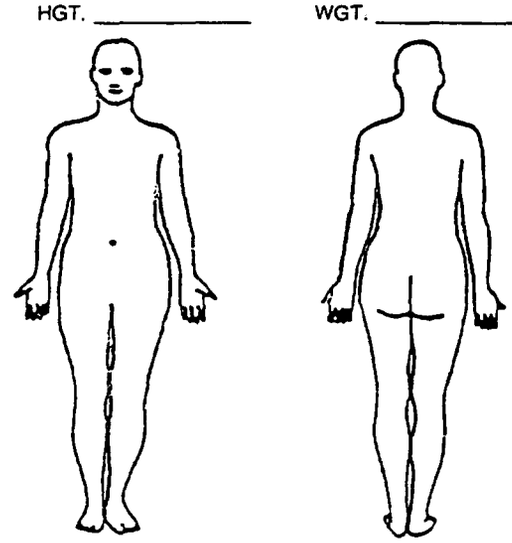
WAS VICTIM ABLE TO MARK RESPONSES?

◯ YES ◯ NO

- HE INDICADO EN EL DIAGRAMA DONDE FUI GOLPEADO/A ◯ SI ◯ NO
- PUDE INDICAR QUIEN ME GOLPEO ◯ SI ◯ NO
- LE HE ENSEÑADO AL POLICIA EL OBJECTO QUE FUE USADO PARA GOLPEARME ◯ SI ◯ NO
- ENTIENDO TODAS LAS PREGUNTAS ◯ SI ◯ NO
- HE VERIFICADO TODAS MIS RESPUESTAS ◯ SI ◯ NO
- EL POLICIA HA MARCADO ESTAS RESPUESTAS PORQUE LA VICTIMA NO PUDO MARCAR ESTA SECCION ◯ SI ◯ NO

PLEASE MARK WHERE YOU WERE ASSAULTED/INJURED
POR FAVOR INDIQUE DONDE FUE GOLPEADO/A

HGT. _____ WGT. _____



FRONT BACK

TO ALL HEALTH CARE PROVIDERS:

I hereby consent to the release of my medical records to law enforcement and the Attorney General. I have been advised of my right to refuse.

Por este medio autorizo a que mis expedientes médicos se entreguen a oficiales de la policia y al Procurador. He sido notificado/a sobre mi derecho de rehusar.

_____ _____
Signature **Date**

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INCIDENT DATE

MO | DAY | YR

AGENCY IDENTIFIER

T X

COUNTY CODE

INCIDENT NUMBER

Marking Instructions

- Make dark marks that fill the oval completely.
- Use No. 2 pencil or blue/black ink pen only.
- Do not use red ink or felt tip pens.
- Do not fold or make stray marks this form.

Correct:

Incorrect:

• See Reverse Side for additional Instructions.

VICTIM (complete additional form for each victim)

AGE

NB

SB

SEX
- MALE
- FEMALE

ETHNIC ORIGIN
- HISPANIC
- NON-HISPANIC

RACE
- WHITE
- BLACK
- AMERICAN INDIAN or ALASKAN NATIVE
- ASIAN or PACIFIC ISLANDER

NUMBER OF VICTIM(S) more than

1 2 3 4 5 6 7 8 9 10 10

If more than 10 victims, write number here:

OFFENDER (complete additional form for each offender)

AGE

SEX
- MALE
- FEMALE

ETHNIC ORIGIN
- HISPANIC
- NON-HISPANIC

RACE
- WHITE
- BLACK
- AMERICAN INDIAN or ALASKAN NATIVE
- ASIAN or PACIFIC ISLANDER

NUMBER OF OFFENDERS(S) more than

1 2 3 4 5 6 7 8 9 10 10

If more than 10 offenders, write number here:

RELATIONSHIP (Victim to Offender)

VICTIM WAS: (mark 1 only)

- SPOUSE
- COMMON-LAW SPOUSE
- PARENT
- SIBLING (BROTHER OR SISTER)
- CHILD
- GRANDPARENT
- GRANDCHILD
- IN-LAW
- STEP-PARENT
- STEP-CHILD
- STEP-SIBLING
- OTHER FAMILY MEMBER
- ROOMMATE
- FOSTER PARENT
- FOSTER CHILD
- EX SPOUSE

WEAPONS (mark up to 3)

- NONE
- FIREARM (Type not stated)
- HANDGUN
- RIFLE
- SHOTGUN
- OTHER FIREARM
- KNIFE / CUTTING INSTRUMENT
- BLUNT OBJECT (club, baseball bat, pan, etc.)
- MOTOR VEHICLE
- PERSONAL WEAPONS (hand, feet, fist, teeth, etc.)
- POISON
- EXPLOSIVES
- FIRE / INCENDIARY DEVICE
- DRUGS / NARCOTICS / SLEEPING PILLS
- OTHER (specify:) _____
- UNKNOWN

INJURY (mark up to 5)

- NONE
- APPARENT BROKEN BONES
- POSSIBLE INTERNAL INJURY
- SEVERE LACERATION
- APPARENT MINOR INJURY
- OTHER MAJOR INJURY
- LOSS OF TEETH
- UNCONSCIOUSNESS

OFFENSES (mark up to 7)

ASSAULT OFFENSES

- (A) AGGRAVATED ASSAULT
- (B) SIMPLE ASSAULT
- (C) INTIMIDATION

HOMICIDE OFFENSES

- (A) MURDER & NON-NEGLIGENT MANSLAUGHTER
- (B) NEGLIGENT MANSLAUGHTER
- (C) JUSTIFIABLE HOMICIDE

- KIDNAPPING / ABDUCTION
- ROBBERY

SEX OFFENSES, FORCIBLE

- (A) FORCIBLE RAPE
- (B) FORCIBLE SODOMY
- (C) SEX ASSAULT WITH AN OBJECT
- (D) FORCIBLE FONDLING

SEX OFFENSES, NON-FORCIBLE

- (A) INCEST
- (B) STATUTORY RAPE

WERE THERE ANY OFFICERS ASSAULTED?

- YES
- NO

IF YES, HOW MANY OFFICERS?

1 2 3 4 5 6 7 8 9 10

If more than 10 officers, write number here:

AGENCY

_____

_____

PREPARED BY: _____ INITIALS

RETURN TO:

Texas Department of Public Safety
Uniform Crime Reporting
P.O. Box 4143
Austin, Texas 78765 4143

umber of forms associated with this incident to be filled out by Texas DPS 2 3 4 5 6 7 8 9 10

DO NOT WRITE IN THIS AREA

804460

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06/08/95 08:44 WV STATE POLICE CRIMINAL RECORDS → 13045290329 NO.922 P01

AGENCY IDENTIFICATION

MONTHLY DOMESTIC VIOLENCE REPORT

	DATE OF COMPLAINT	TIME OF COMPLAINT	COMPLAINTANT				LAW ENFORCEMENT AGENCY		ACTION TAKEN				ABUSED PARTY		ABUSING PARTY		RELATIONSHIP ABUSED TO ABUSING PARTY	ABUSE							WEAPONS USED				PROTECTION ORDERS			
																		TYPE			EXTENT					NUMBER				EFFECTIVE DATES		TERMS (DESCRIBE):	
			SEX	VICTIM (Y/N)	REPEATER (Y/N)	NUMBER PRIOR COMPLAINTS	RESPOND (Y/N)	ARRIVAL TIME	ARREST	REFERRAL	OTHER	TIME INVOLVED	AGE	SEX	AGE	SEX		PHYSICAL	MENTAL	SEXUAL	SIMPLE ASSAULT	FELONIOUS ASSAULT	HOMICIDE	OTHER	HANDS/FISTS (Y/N)	FIREARMS	KNIFE/SHARP	CLUB/BLUNT	PRIOR/FOLLOWING (P/F)	FROM:	TO		VIOLATION (Y/N)
1.																																
2.																																
3.																																
4.																																
5.																																
6.																																
7.																																
8.																																
9.																																
10.																																
11.																																
12.																																
13.																																
14.																																
15.																																

Post-it® Fax Note 7671 | Date | # of pages ▶

To Nita Sue Kent | From Sgt. Hiakiff

Co./Dept. MURC | Co. State Police

Phone # 304-696-6258 | Phone # 304 746-2159

Fax # 304-696-6277 | Fax # 304 746-2402

ORIGINAL — COPY — CO

FORWARD BY THE 7TH DAY AFTER THE END OF EACH MONTH TO:
VIRGINIA DEPARTMENT OF PUBLIC SAFETY
725 JEFFERSON ROAD
SOUTH CHARLESTON, WV 25309
ATTN: UCR SECTION

AGENCY NAME _____
SUBMITTED BY _____
DATE SUBMITTED _____

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GUIDELINES AND DEFINITIONS

REPORTING AGENCY NAME: Specify which PD, SO or other agency.

ORI: Use the WYO and first four digits of the originating agency identifier.

COUNTY OF INCIDENT: Used by Highway Patrol, brand inspectors, Game and Fish, and DCI to identify the county of the incident, since above agencies are state-wide and incidents are to be published by county of incident.

DATE: Date of incident (not when reported), in month/day/year format. e.g., 3/25/87.

TIME: Time of incident (not when reported), using the 24-hour clock. e.g., 2200.

SEX: M= Male; F=Female

DOB: Date of birth of victim/offender (if unknown, approximate age), in month/day/year format.

TYPE OF VIOLENCE: Report the type of violence investigated, which may not be the same as a formal charge. When more than one offense occurs against the same victim, report the more serious. See coding at bottom of first page. Note that "Assault" and "Sexual Assault" are separate categories. Attempts are included along with actual except attempted murder should be coded as assault; **Abduction/Kidnapping:** The unlawful seizure, transportation and/or detention of a person against her/his will, or of a minor without the consent of his/her custodial parent(s) or legal guardian; **Assault:** An unlawful attack by one person upon another; **Intimidation:** To unlawfully place another person in fear of bodily harm without displaying a weapon or subjecting the victim to actual physical attack; **Murder and Nonnegligent Manslaughter:** The willful (nonnegligent) killing of one human being by another; **Robbery:** The taking or attempting to take anything of value under confrontational circumstances from the control, custody or care of another person by force or threat of force or violence, and/or by putting the victim in fear; **Sexual Assault:** Any sexual act directed against another person, forcibly and/or against that persons' will or not forcibly or against the persons' will where the victim is incapable of giving consent; **Violated Protective Order:** Offender did not abide by the terms of a court order restricting their interaction with other family members; **Other (please specify):** Any violent act not previously specified.

EXTENT OF INJURY: Injuries incurred by the victim. (See code table at bottom of first page).

RELATIONSHIP OF VICTIM TO OFFENDER: If multiple offenders or victims are involved, complete the necessary segments of multiple lines so each offender and victim is described; **Spouse:** Currently married or Common-Law husband or wife; **Former Spouse:** Previously married or Common-Law husband or wife; **Parent/stepparent/or equivalent (regardless of age):** If the victim is the parent and the offender is their 40 year old child, the relationship of the victim to offender is "parent"; **Child/stepchild/or equivalent relationship with the offender (regardless of age);** **Sibling:** Brother, sister, stepbrother or stepsister or equivalent; **Other Relative:** Within the same family but not one of the above family relationships, e.g. in-law, cousin, grandparent or grandchild; **Other Household Member:** Not a member of the family, but living in the same household, e.g. roommate, cohabitation mate; **Former Other Household Member:** Previously living in the same household as a roommate or cohabitation mate.

WEAPONS: **Firearm:** is used as a weapon or employed as a means of force to threaten the victim or put the victim in fear; **Knife/other cutting or puncturing instrument (e.g., broken bottle or ice pick);** **Other dangerous weapon:** an instrument capable of inflicting great bodily injury (e.g., bomb, club, brass knuckles, boiling water); **No Weapon:** unaided hands, fists, feet, teeth or other body parts.

DISPOSITION: The immediate handling of the situation by the officer(s). Select the most appropriate from the choices on front.

SEND COMPLETED FORMS TO:

Office of the Attorney General
Division of Criminal Investigation
Uniform Crime Reporting
316 West 22nd Street
Cheyenne, Wyoming 82002

by the 7th day following the end of the month in which the offense occurred. UCR contributors should include it with their monthly report. Information will be published with the quarterly UCR "Crime In Wyoming". Call 777-7625 with questions or request.

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WYOMING

DOMESTIC VIOLENCE REPORTING FORM

Reporting Agency Name _____ ORI _____ County of Incident (HP, BI & G&F) _____

		VICTIM INFORMATION					OFFENDER INFORMATION			
Date	Time	Sex	DOB	Type Violence	Injury	Relationship	Sex	DOB	Weapons	Disposition

TYPE OF VIOLENCE: AB=Abduction; AS=Assault; I=Intimidation; M=Murder; R=Robbery; SA=Sexual Assault; V=violated-Protective-Order; O=Other (Specify)

EXTENT OF INJURY: N=None; B=Broken-Bones; D=Death; I=Internal-Injury (possible); L=Severe-Laceration; M=Minor-Injury; O=Other Major Injury; T=Loss of Teeth; U=Unconsciousness

RELATIONSHIP OF OFFENDER: SP=Spouse; F=Former Spouse; P=Parent; C=Child; SI=Sibling; OR=Other-Relative; OH=Other-Household-Member; FO=Former Other-Household-Member

WEAPONS: F=Firearm; K=Knife/cutting/puncturing-instrument; O=Other-Dangerous; N=No-weapon-other-than-body

DISPOSITION: A=Arrested; M=Mediation-by-officer; NF=Offender-not-found; P=Paper-filed against; R=Referred-to Social-Agency/Clergy/etc.; S=Separated-from-premises-without-arrest; O=Other (specify)

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1. Incident Number: Your agency incident number for this offense.

2. Attempted/Completed: Offense was: A - Attempted C - Completed O - Completed/Ongoing Offense

3. Offense Code:

Sex Offenses, Forcible:
1 - Forcible Rape
2 - Forcible Sodomy
3 - Sexual Assault with an Object
4 - Forcible Fondling
7 - Ejaculate/Excrete Upon Victim

Sex Offenses, Nonforcible:
6 - Statutory Rape

4. Return A Line Number: Indicate the line number on Return A where this sexual assault was reported for UCR purposes (Usually 2a - 2b or 4a - 4e). *If the offense is not appropriate for Return A, indicate NA.*

5. Date of Assault: Use six digits (MMDDYY). If assault is part of a series (e.g. an intra-family situation that has been going on for some time), record the date of the first assault.

6. Time of Assault: Use 24-hour clock (e.g. 1530). Approximate if necessary.

7. Date of Report: Use six digits (MMDDYY). Give date assault was reported to law enforcement.

8. Degree of Assault: 1 - 4 (Wis. Statutes 940.225 and (1 - 2) 948.02)

9. Age: In cases of ongoing assault situations, the age of the vicitim and the offender at the time of the first assault should be recorded)

NN - Under 24 hours
NB - 1- 6 days old
BB - 7- 364 days old
01 to 98 - Years old (exact age in years)
99 - Over 98 years old
00 - Unknown

10. Sex: M (Male), F (Female), or U (Unknown)

11. Race: W - White, B - Black, A - Asian or Pacific Islander, I - American Indian/Alaskan Native, U - Unknown

12. Offender Outcome:
N - No Offender Arrested for this Offense
1 - This Offender Arrested
2 - Other Offender (but not this one) Arrested
Case Cleared Exceptionally by:
3 - Death of Offender
4 - Prosecution Declined
5 - Extradition Denied
6 - Victim Refused to Cooperate/Prosecute
7 - Juvenile / No Custody

13. Law Enforcement Disposition of Arrested Offenders:
1 - Handled within Department and released
2 - Referred to counseling or social service agency
3 - Referred to juvenile court
4 - Referred to criminal court/prosecution
5 - Referred to other police agency
6 - Other
7 - Disposition information not available

14. Relationship:

Within Family:
1 - Victim Was Spouse
2 - Victim Was Common-Law Spouse
3 - Victim Was Parent
4 - Victim Was Sibling
5 - Victim Was Child
6 - Victim Was Grandparent
7 - Victim Was Grandchild
8 - Victim Was In-Law
9 - Victim Was Stepparent
10 - Victim Was Stepchild
11 - Victim Was Stepsibling
12 - Victim Was Other Family
13 - Other Domestic Violence Victim

Not Known by Victim:
98 - Relationship Unknown
99 - Victim was Stranger

Outside Family But Known To Victim:
14 - Victim Was Co-habitant (i.e., Live-in Lover)
15 - Victim Was Roommate (i.e., Dormmate, etc.)
16 - Victim Was Acquaintance
17 - Victim Was Friend
18 - Victim Was Neighbor
19 - Victim Was Babysittee (the baby)
20 - Victim Was Babysitter
21 - Victim Was Boyfriend/Girlfriend
31 - Victim Was Ex-Boyfriend/Girlfriend
22 - Victim Was Child of Boyfriend or Girlfriend
23 - Homosexual Relationship
24 - Victim Was Ex-Spouse
25 - Victim Was Professional Care Provider
26 - Victim Was Professional Care Receiver (Patient)
27 - Victim Was Employee
28 - Victim Was Employer
29 - Other Business Relationship
30 - Victim Was Otherwise Known

15. Weapon:
11 - Firearm (type not specified)
12 - Handgun
13 - Rifle
14 - Shotgun
15 - Other Firearm
20 - Knife/Cutting Instrument (ice, ice pick, screwdriver)
30 - Blunt Object (club, hammer, etc.)
40 - Personal Weapons (hands, feet, teeth)
50 - Poison (includes gas)
65 - Fire/Incendiary Device
70 - Drugs/Narcotics/Pills
90 - Other
95 - Unknown
99 - None

16. Victim Injuries:
1 - None
2 - Apparent Broken Bones
3 - Possible Internal Injury
4 - Severe Laceration
5 - Apparent Minor Injury
6 - Other Major Injury
7 - Loss of Teeth
8 - Unconsciousness (due to injury)

17. Location:
03 - Bar/Night Club
04 - Church/Synagogue/Temple (other religious bldgs.)
09 - Drug Store/Dr.'s Office/Hospital (medical supply bldg.)
10 - Field/Woods
13 - Highway/Road/Alley (street)
15 - Jail/Prison
18 - Parking Lot/Garage
22 - School/College/University
90 - Park
91 - Victim's Vehicle
92 - Offender's Vehicle
93 - Other Vehicle
94 - Victim Temporary Lodgings (includes hotel/motel)
95 - Offender Temporary Lodgings (includes hotel/motel)
96 - Other Temporary Lodgings (hotel/motel)
97 - Victim Residence (house, apt, condo)
98 - Offender Residence (house, apt, condo)
99 - Other Residence (house, apt, condo)
25 - Other/Unknown
28 - Residential Facility (nursing, group home, hospital)

18. Unfounded: Check if offense reported to you and later unfounded. If the offense was reported in a previous month, provide the month reported (in comment section), incident number, date, and time of assault.

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Sexual Assault Report
Wisconsin Uniform Crime Reports

Wisconsin Office of Justice Assistance
Statistical Analysis Center
222 State Street, Second Floor, Madison, WI 53703

1. Agency Incident #	2. Att/ Comp	3. Offense Code	4. Ret A Line #	5. Date of Assault	6. Time of Assault	7. Date of Report	8. Degree	Victim			Offender			12. Offender Outcome	13. Dispo-sition	14. Relat. Victim-Offen.	15. Weapon	16. Victim Injuries	17. Location	18. Un-found	Comment
								9. Age	10. Sex	11. Race	9. Age	10. Sex	11. Race								

Month and Year _____ Preparer _____ Preparer Title _____

Agency _____ Agency Identifier (NCIC) _____ Preparer Signature _____

Completion of this form is required by ss. 16.964, Wis. Stats..

OJA - 301 Revised 10/96

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Domestic Abuse Report
(DJ-OCVS-23, Rev. 01-92)

Please call WI Department of Justice for assistance: (608) 266-1155 or 266-6470. Mail Completed forms to: WDOJ-DAR, OCVS, P[illegible]ffice Box 7951, Madison, WI 53707-7951.

The information necessary to complete Sections I through III should be contained in the law enforcement arrest or incident report.

Submit yellow copy when initial charging decision is made. Submit white copy (original) after final disposition. Retain blue copy for your records.

INITIAL IDENTIFICATION (upper right)

Agency Identification:
- Name of County
- Name of Law Enforcement Agency
- Name of District Attorney handling this case if necessary to obtain additional information about the incident report
- Name of Offender - particularly important in cases of domestic homicide
- Second Offender Name - allows us to track both cases once both are in the system

Section I: Incident

1. Date incident occurred written in 6 digits, e.g., 09/01/89.

2-5. Circle correct response.

6a. If a weapon was used to cause physical injury or pain, please circle Yes.

6b. Circle all types involved. Personal is defined by the FBI to include parts of the body, including hands, feet, etc.

7a. If the offender threatened to hurt the victim with a weapon or had a weapon in his or her possession while threatening the victim, but did not use the weapon, please circle Yes.

7b. [illegible] offender made a verbal threat - and no weapons were involved, [illegible]k this response.

8. Dual arrest: Check if more than one party involved in the incident was arrested. Be sure to complete two forms - one for each party arrested - and return the yellow sheets stapled together.
Probable cause but no arrest: Check when the officer had reason to believe a person did commit domestic abuse and the actions constitute the commission of a crime, but did not make an arrest and sends a report to the DA under sec. 968.075(4). This might occur in a situation where the offender has left the scene.
Uncertain if probable cause: Check if the officer did not know whether to make an arrest but sends a report to the DA.

9. Arrest Offense(s): cite statute numbers for the crime(s) under which arrest was made.

Below are statute numbers for the most common offenses.

Bail Jumping 946.49
Battery: Indicate whether 940.19 (1), (2) or (3).
Felony 940.19 (2 &3)
Misdemeanor 940.19 (1)
Criminal Damage to Property 943.01
Criminal Trespass 943.14
Disorderly Conduct 947.01
Endangering Safety by Use of a Weapon 941.20
Homicide 940.01 - 940.09
Attempted Homicide 939.32
Resisting Arrest 946.41
Sexual Assault 940.255 (1) (2) (3) (3m)
Violation of Injunction 813.12 (7) or 813.125(6)
Violation of No Contact Order 968.075
[illegible]ation of Probation 973.10
[illegible]tion of Temporary Restraining Order 813.12 (7) or 813.125(6)

10a-10b. Circle correct response.

11. Please indicate if children were present at the site and time of the incident, but did not necessarily witness the incident.

Section II: Offender Information

12. Date of birth written in 6 digits, e.g., 12-25-59.

13-19. Circle or fill in correct response.

Section III: Victim Information

20. Date of Birth written in 6 digits, e.g., 06-23-60.

21-22. Circle correct response.

23. Victim relationship to offender: Check correct response.

24a-24b. Circle correct response.

25. Check the box **ONLY** if a death resulted from the incident. Please indicate if there were multiple deaths and what relationship the deceased had to the victim or the offender.

Section IV: Charging & Disposition

26. Cite statute number(s) for the crime(s) under which charge(s) issued.
Check the first box if no charge is issued.
Check the second box if there is a deferred charge where no charge is issued; if appropriate, indicate the disposition and sentence.
Check the third box if the charge is an ordinance or municipal violation; indicate the disposition and sentence for each ordinance or municipal violation.

27. Enter the appropriate code(s).
1. Declined prosecution
2. Guilty plea
3. Convicted
4. Acquitted
5. Dismissed by court - not by the DA
6. Deferred prosecution
7. Reduced to ordinance violation
8. Reduced to lesser criminal charge (indicate the new charge on the front side)
9. Warrant issued
10. No contest
11. Read in(s)/other charge(s)
12. Dismissed by the DA

Section V: Sentence

28. Sentence Imposed: check each box that applies.

29. Circle the correct response.

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Wisconsin Department of Justice
Office of Crime Victim Services
DJ-OCVS-23, Rev. 01/92

Completion of this form meets the requirements of s. 968.075 Wisconsin Statutes

County _____
Law Enforcement Agency _____
District Attorney Handling Case _____
Offender Name/Case # _____
Second Offender Name (If Dual Arrest) _____

Instructions: Circle, check or enter appropriate response. See reverse side for further instructions.

Section I - Incident

1. Date (Mo/Day/Yr) / /
2. Alcohol used? Yes No Unk
3. By whom? Victim Offender Both
4. Drugs used? Yes No Unk
5. By whom? Victim Offender Both

6a. Weapon(s) Used? Yes No Unk
6b. If yes, what? Firearm Blunt Object Knife/Cutting Instrument Personal (hands, feet, etc.) Other _____

7a. Verbal Threat (weapon involved)? Yes No
7b. If verbal threat only (no weapon involved), check this box. ☐

8. Law Enforcement Response:
☐ Arrest ☐ Dual arrest (two forms required)
☐ Probable cause but no arrest made (Reported to DA under s. 968.075(4) for further consideration)
☐ Uncertain if probable cause / No arrest / Sent to DA

9. Arrest Offense(s): (Cite statute(s) - Include restraining order violations; if 940.19, indicate (1), (2), or (3))
_____
_____
_____
_____

10a. Officer injured? Yes No Unk
10b. Required medical treatment? Yes No Unk
11. Were minor children present at time of incident? Yes No Unk

Section II - Offender Information

12. Date of Birth (Mo/Day/Yr) / /
13. Sex Male Female
14. Ethnicity: Black (not Hispanic) American Indian/Alaskan Native Asian or Pacific Islander (incl. Indian Subcontinent) White (not Hispanic) Hispanic (Mexican, Puerto Rican, Cuban, Other)

15. Prior Domestic Abuse Arrests? Yes No Unk
16. If yes, how many? _____
17. Same Victim? Yes No Unk
18. Offender injured? (this incident) Yes No Unk
19. Required medical treatment? Yes No Unk

Section III - Victim Information

20. Date of Birth (Mo/Day/Yr) / /
21. Sex Male Female
22. Ethnicity: Black (not Hispanic) American Indian/Alaskan Native Asian or Pacific Islander (incl. Indian Subcontinent) White (not Hispanic) Hispanic (Mexican, Puerto Rican, Cuban, Other)

23. Victim Relationship to Offender:
☐ Spouse ☐ Co-habitant (e.g., boyfriend, girlfriend)
☐ Ex-spouse ☐ Roommate (dorm, rooming house)
☐ Other family member ☐ Created child(ren) in common
☐ Ex-co-habitant ☐ Other (specify) _____

24a. Victim injured? Yes No Unk
24b. Required medical treatment? Yes No Unk
25. If death resulted from this incident, check this box. ☐
Who died? Victim Offender Adult Family Member Other (specify) _____

Section IV - Charging and Disposition

☐ Check here if no charge issued
☐ Check here if deferred charge (i.e., hold charge open; charging conference; deferred prosecution where no charge is issued)
☐ Check here if charge is ordinance/ municipal violation

26. Charge(s) issued: Cite statute(s)
_____
_____
_____
_____

27. Disposition: Enter codes (see reverse side) [If #8, please indicate new charge.]
_____
_____
_____
_____

Section V - Sentence

28. Sentence Imposed: Check each box that applies.
☐ Sentenced to jail ☐ Sentence imposed, but stayed
☐ Sentenced to prison ☐ Jail as condition of probation
☐ Sentence withheld ☐ No contact conditions
☐ Court Costs ☐ Probation ☐ Fine ☐ Restitution
☐ Counseling (specialized abuser treatment program) ☐ Alcohol/drug treatment ☐ Counseling (general) ☐ Other (specify) _____

29. Domestic Abuse Assessment Imposed? Yes No Unk

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Specialized Summary Systems

California
Florida
Maine
Puerto Rico
Missouri
Ohio
Oregon
Tennessee
Washington

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Incident Report Shelter: _____

ID#: _____ Date admitted to shelter: _____ Date exited shelter: _____

Type(s) of battering experienced in relationship (circle all that apply):

Ever:	20 other	22 stalking	23 physical	24 sexual	25 verbal	26 confinement
This incident:	20 other	22 stalking	23 physical	24 sexual	25 verbal	26 confinement

Type(s) of weapons used (circle all that apply):

Ever:	30 other	31 firearm	32 knife	33 hands	34 feet	35 fire
This incident:	30 other	31 firearm	32 knife	33 hands	34 feet	35 fire

Type(s) of child abuse (if applicable, circle all that apply):

Ever:	20 other	23 physical	24 sexual	25 verbal	26 confinement
This incident:	20 other	23 physical	24 sexual	25 verbal	26 confinement

Were the police called? Ever: _____ This incident: _____ Number of times police have been called: _____

Was the perp. arrested? Ever: _____ This incident: _____ Number of times perp. has been arrested: _____

Type of charge filed against perpetrator for this incident (if applicable):

150 Stalking 151 Harrassment 153 Misdemeanor Assault

154 Felony Assault 154 Other Misdemeanor 155 Other Felony

Were drugs and/or alcohol associated with the battering? (check all that apply):

Ever	Drugs	Alcohol
Client		
Perp		

This incident	Drugs	Alcohol
Client		
Perp		

Who has the client ever informed of the abuse? (circle all that apply):

201 Law Enforcement 204 Medical Professional 209 Friends/relative/employer 211 Counselor 213 Clergy 215 Other

Has the client ever sought medical attention? Ever: _____ This Incident: _____ Number of times med. attention sought: ____

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Client Service History

The purpose of the client service history is to record services provided and referrals made to clients. Adult counseling, child counseling, adult support groups and day care will be specified in hours. **Adult and child counseling** is defined as any counseling, lay or professional, given to clients about their problems associated with domestic violence and their options. **Support groups** are semi-organized adult groups which are often facilitated by a trained staff member or volunteer who leads the group in discussion. For those few agencies which have children's support groups, for the purposes of these statistics, they will fall under child counseling. **Other advocacy** is defined as any type of advocacy that is performed for a battered woman or her children which does not fall into any other category. This may include helping her to navigate her way through the social service system.

1. Enter client number from incident report. Be careful when you transfer the number to make sure you do not transpose or drop any digits. The client number is the only thing we have to link all this information together.

2. Enter month and year.

3. Record the agency name.

4. Record the day of the month and the number of hours of service provided for each instance of service to the client. Record referrals by placing check marks in the appropriate boxes, again making sure to note the date.

5. If the client exited shelter during the month for which you are completing the form, enter the client exit date. Otherwise the exit date space should be left blank.

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Client Service History

CLIENT #: _____ MONTH/YEAR: _____ SHELTER: _____ EXIT DATE: _____

DIRECT SERVICES							REFERRED SERVICES														
Adult Counseling (hours)	Child Counseling (hours)	Adult Support Groups (hours)	Day Care	Court Advocacy (hours)	Household Donations	Other Advocacy (hours)	Police	Legal	Victims Comp	Child Protective Services	Adult Protective Services	Income	Food Stamps	Community Action Agencies	Housing	Mental Health/ Counseling	Alcohol/ Drug Rehab	Medical	Education Services	Employ-ment Service	Other

Form 3/13/95

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ALASKA COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT
SERVICES PROVIDED

Page _____ of _____

Contractor Name	Reporting Period	Client ID

Issue _____ Client Type _____

SHELTER/SAFE HOME:

Admit Date _____ Outtake Date _____ Outtake Status _____ Nights _____

DATE OF CONTACT																TOTALS
ADVOCACY																
1) Employment																(1)
2) Housing																(2)
3) Day Care																(3)
4) Soc. Serv.																(4)
5) Med. Accomp.																(5)
6) Other Med.																(6)
7) Financial																(7)
8) Education																(8)
9) Other																(9)
LEGAL ASSISTANCE																
0) Legal Education																(10)
1) TRO																(11)
2) Divorce																(12)
3) Child Cust.																(13)
4) Law Enf. Adv.																(14)
5) Legal Adv.																(15)
6) [illegible]rt Serv.																(16)
7) [illegible]me Comp.																(17)
8) Other																(18)
COUNSELING																
9) Individual																(19)
0) Group																(20)
1) Crisis																(21)
2) Parenting																(22)
3) Family																(23)
4) Other																(24)
CONSULTATION																
5) Alcohol																(25)
6) Crime Just.																(26)
7) Education																(27)
8) In-House																(28)
9) Law Enf.																(29)
0) Medical																(30)
1) Mental Health																(31)
2) DV/SA Program																(32)
3) Soc. Serv.																(33)
4) Other																(34)
OTHER																
5) Transport																(35)
6) Child Care																(36)
7) DFYS Report																(37)
8) Follow-up																(38)
9) [illegible]y Check																(39)
0) [illegible]er																(40)

REFERRALS FROM: _____

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Network Helpline Call Report

Instructions: Fill out all information that you obtain. Submit written report within 3 days to: Helpline Coordinator, Network, 300 Richmond Street, Suite 205, Providence, RI 02903. See instruction sheet for more details.

Section 1: Advocate Information **Call Log Number:** _____

Advocate's Name:_____ Agency_____

Date of Call:_____ Time call Began:_____ Time call ended:_____

Section 2: Caller Information **First 3 Digits of Telephone Number:**____

Caller is: ☐ First time Helpline Caller ☐ Repeat caller ☐ not known

Caller is: ☐ Victim ☐ Friend of victim ☐ Family of victim ☐ Professional

☐ Offender ☐ Other _____

Section 3: Victim Information

City/Town (give state if not RI)_____ Gender: _____

Ethnicity:_____ Language:_____ Bilingual advocate required? ☐Yes ☐ No

Age: _____ ☐ Child (0-13) ☐ Teen (14-17) ☐ Adult (18-59) ☐ Sr. (60+)

Does caller have a disability? ☐ Yes ☐ No

How did caller learn of Helpline? _____

Section 4: Victimization Information (Information in this section should reflect the primary reason caller contacted Helpline at this time.)

Type of Victimization:

Sexual assault/abuse:
- ☐ 1st degree sexual assault
- ☐ 2nd degree sexual assault
- ☐ 3rd degree sexual assault
- ☐ 1st degree child molestation
- ☐ 2nd degree child molestation
- ☐ Suspected abuse/assault
- ☐ Sexual harassment
- ☐ Type not specified/known

Domestic Violence:
- ☐ Physical assault/abuse
- ☐ Emotional abuse
- ☐ Financial abuse
- ☐ Stalking

- ☐ part of ongoing situation?
- ☐ an isolated incident?

Other type of crime:
- ☐ Homicide
- ☐ Mugging
- ☐ Physical assault by stranger
- ☐ Other _____

- ☐ Theft
- ☐ Child abuse If yes, DCYF called? _____
- ☐ Elder abuse If yes, DEA called?_____

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INSTRUCTIONS

The primary responsibility of the advocate is to provide support and information to the caller. Data collection is a secondary responsibility that should not interfere with sensitive interactions with the caller. The call report form should **not** be used as a checklist during a call. Give your full attention to the caller during the call. Following the conclusion of the call, complete the form to the best of your ability. You will not have all information on all calls.

Reports should be submitted to the Helpline Coordinator, Network, 300 Richmond Street, Suite 205, Providence, RI 02903. Reports should be completed for each call taken and submitted within 3 days following the call.

The following instructions give general guidelines for completing each section of the call report form. If you need additional clarification, contact the Helpline Coordinator.

Section 1: Advocate Information

- *Call log number*: the dispatcher will give you this number when s/he gives you the call
- *Advocate's name*: your name goes here
- *Agency*: the agency that you are affiliated with will go here
- *Date of call*: give month/day/year
- *Time call began/time call ended*: give times and indicate a.m. or p.m.

Section 2 and 3: Caller Information

Note: If you are submitting a report following a "go out" call to the hospital or police, the information in this section pertains to the person who got the service (e.g., victim you met at the hospital) not the professional who contacted the Helpline (e.g., nursing staff at hospital).

- Put the first three digits of the caller's phone number in the space provided. If the caller was patched through write "patch" in that space.
- *Caller is*:
  Choose one from line that describes Helpline use (first time caller or repeat caller or you don't know if caller has used Helpline before).
  Choose one from line that describes who the caller is (victim or family/friend of victim or professional).
- *City/town*: give information for where the caller lives. If the caller does not live in Rhode Island, include the state where s/he lives.
- *Gender*: choose from female/male
- *Ethnicity*: choose from white, black, Hispanic, Asian, Portuguese, multiracial, other
- *Language*: what is the primary language of the caller
- Does the caller need to work with an advocate who speaks a language other than English?
- *Age*: give specific age, if known (e.g., 12, 35, 52). Whether specific age is known or not, indicate age category if possible.
- *Does the caller have a disability?* (yes/no)
- *How did the caller learn of the Helpline?* Indicate the referral source: e.g., hospital, police department, friend, media, phone book, etc.

Section 4: Victimization Information

Information in this section should reflect the primary reason the caller contacted the Helpline at this time. For example: the caller may have been the victim of child sexual abuse in the past, and is now in a physically abusive relationship. She calls because her husband has beaten her and she is looking for shelter. The "Type of Victimization" checklist in this section would indicate physical assault under the domestic violence column. The child sexual abuse would be recorded in response to the last question in the section that asks for information about the caller's history.

If the caller is not the victim, information should still be logged about the nature of the problem presented. For example: the caller is the boyfriend of a woman who has just disclosed that she was raped five years ago. The boyfriend is calling to learn how to help her. Information in this section is about the victim rather than the caller.

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INTAKE NUMBER_____

LOS___ Ind___ Grp___

Counselor_____

DC RAPE CRISIS CENTER
INTAKE FORM

Name_____ Date_____

Address_____ Intake Person_____

Telephone ( )_____ W( )_____

Sex_____ AGE_____ Race_____ Marital Status_____

Referral Source_____ Sexual Orientation _____

Have you received services from the Center before? ____Yes ____No

Do you work outside your home or go to school?_____

If so, what do you do?_____

ASSAULT DATA

Date of Assault/Abuse_____ Date of Last Abuse_____

TYPE OF ASSAULT **(check all that apply)**

Rape_____
Attempted Rape_____
Gang Rape_____
Harassment_____
Stalking_____
Sodomy_____
Att. Sodomy_____
Physical Assault_____
Child Sexual Assault_____
Other_____

Weapon Used?
yes_____
no_____
unk_____

PLACE OF ASSAULT

Survivor's Home_____
Survivor's Workplace_____
Offender's Home_____
Offender's Workplace_____
Vehicle_____
Outdoors_____
Other Bldg._____
Other_____

DESCRIPTION OF ASSAULT_____

_____

_____

_____

_____

2/94

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_____

_____

_____

_____

_____

_____

Medical Treatment after the Assault No___ Yes___ if yes, indicate hospital/clinic_____

_____

ASSAILANT DATA

Sex M___ F___

Race	Age	Geographical Assault. Local.	
African American_____	Child(0-12)_____	DC___	MD___
White_____	Adolescent(13-18)_____	NW___	VA___
Latino_____	Yg. Adult(19-35)_____	NE___	OTH___
American Indian_____	Adult(36-60)_____	SW___	
Asian_____	Senior(60+)_____	SE___	
Other_____			

RELATIONSHIP OF ASSAILANT TO SURVIVOR

Stranger___

Acquaintance___

Relative___ Specify_____

Caretaker___

POLICE REPORT Yes____ No____ If no, why did you decide not to report?_____

_____

If yes, what was the outcome of reporting? _____

_____

PRESENT LEVEL OF FUNCTIONING:

What is the presenting problem?_____

_____

_____

_____

_____

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Are you experiencing any of the following: Problems sleeping, eating, nightmares, etc.. _____

_____

_____

_____

Do you have any medical problems? _____

_____

Presently taking any medication? No____ Yes____ If yes, name of the medication and reason for taking it _____

_____

_____

Any past or present treatment experiences _____

_____

_____

_____

Any suicide attempts/feelings (past or present) No___ Yes___ If yes, explain _____

_____

_____

Any Eating Disorder (past or present) _____

_____

_____

Any substance abuse_(when abuse started, what substances, how long, etc.) detail information.

_____

_____

_____

_____

_____

_____

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HISTORY

Family history (who they lived with growing up, siblings, extended family, does she/he currently have children, other family info)

_____

_____

_____

_____

_____

In your opinion, did anyone in your family have a major problem with alcohol, abuse, violent behavior, mental illness, or anything else you would call a problem? Yes___ No___
If yes, describe_____

_____

_____

_____

Any physical abuse (past or present) by partner/signif. other?

_____

_____

_____

Any past sexual abuse?_____

_____

_____

_____

_____

_____

_____

_____

Describe family, friend and significant other's support and knowledge of assault_____

_____

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What do you feel in your life has been most effected by your abuse/assault?_____

_____

_____

_____

_____

CONTRACT

Client goals and expectations from counseling_____

_____

_____

_____

_____

Special requests for individual counselors_____

_____

Any special needs?_____

_____

Times available for counseling?_____
(include times and day)

_____

What follow up arrangements were made with the client?_____

_____

_____

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NARRATIVE OF INTAKE _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ (Signature of Intake Counselor)

_____ (Date)

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HOTLINE CONTACT SHEET

COUNSELOR:_____ DATE:_____19____
TOTAL TIME:_____

SHIFT: 12mid-6am___ 6-8:30am___ 8:30am-1pm___ 1-6pm___ 6pm-12mid___
HOW DO YOU FEEL ABOUT THE CALL? Great___ Good___ Bad___ talk?___

TYPE OF CALL

Hangup_____ Continuing Case _____ Crank _____
New Case____ Silent Call _____ Info. Request _____

Caller's Name_____ Survivor's Name_____
Relat. to Survivor_____ Resides in: DC____ VA____ MD____
Phone H)_____W)_____ Phone H)_____W)_____

SURVIVOR DATA

Sex	Race	Age
Female___	Af Amer/Black___	0-12 ___
Male ___	Cauc Am/White___	13-18___
Unk ___	Latina/Hispan___	19-35___
	Asian ___	36-60___
	Multi-racial ___	60 + ___
	Other ___	Unk ___
	Unknown ___	

ASSAILANT DATA

Sex	Race	Age
Female___	Af Amer/Black___	0-12 ___
Male ___	Cauc Am/White___	13-18___
Other ___	Latina/Hispan___	19-35___
Unk ___	Asian ___	36-60___
	Multi-racial ___	60 + ___
	Mult. Races ___	Unk ___
	Other ___	
	Unknown ___	

TYPE OF ASSAULT
Rape ___
Att.Rape ___
Gang Rape ___
Sodomy ___
Att.Sodomy ___
Harassment ___
Stalking ___
Kidnapping ___
Phys. Assault___
Child Sexual ___
Mult.Assaults___
Other ___
Unknown ___

PLACE OF ASSAULT
Survivor Home___
Survivor Work___
Offender Home___
Offender Work___
Car/Vehicle ___
Outdoors ___
Other Bldg. ___
Other ___
Mult. Places ___
Unknown ___

DATE OF ASSAULT
0-1 day ___
1-6 days ___
1 wk-1 month ___
2-6 months ___
6-11 months ___
1-5 years ___
5 + years ___
Unknown ___

WEAPON USED?
Yes ___
No ___
Unknown ___

RELATIONSHIP OF ASSAILANT TO SURVIVOR
Stranger ___
Acquaintance___
Relative ___
Partner ___
Caretaker ___
Other ___
Unknown ___

LOCATION OF ASSAULT
D.C. ___
MD ___
VA ___
Other ___
Unknown___

(If in D.C.)
NW ___
NE ___
SW ___
SE ___
Unk ___
N/A ___

POLICE REPORT
Yes ___
No ___
Unknown ___

MEDICAL TREATMENT
Yes ___
No ___
Unknown ___

FOLLOW UP NEEDED?
Yes ___
No ___

REFERRAL_____

PLEASE INCLUDE BRIEF DESCRIPTION OF CALL ON BACK!!!!!

PLEASE CALL THE VC ABOUT YOUR SHIFT (232-0789), THEN SEND THIS FORM WITHIN 2 BUSINESS DAYS TO: DCRCC/VC, PO BOX 34125, WDC 20043-4125.

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RAPE CRISIS DATA FORM

Massachusetts Department of Public Health (10/97)

SITE NAME :

SITE ID NUMBER : ☐☐

FORM NUMBER : ☐☐☐☐

CONTACT

1. **Date of Contact:** ☐☐ ☐☐ ☐☐
   MONTH DAY YEAR

2. **Contact:** ☐
   (1) Phone
   (2) In Person
   (3) Both

3. **Caller from:** ☐☐☐
   _____ CITY _____ STATE (DPH use only)
   ☐ ✓ Don't know

4. **Caller:** ☐
   (1) Survivor
   (2) Survivor's intimate partner
   (3) Survivor's family
   (4) Survivor's friend
   (5) Professional
   (6) Other
   (7) Don't know

5. **Referral (✓ all that apply):**
   ☐ 1. Telephone book
   ☐ 2. Friend
   ☐ 3. Family
   ☐ 4. Police
   ☐ 5. Hospital
   ☐ 6. Therapist / Counselor
   ☐ 7. School Counselor
   ☐ 8. Work Colleague
   ☐ 9. Media
   ☐ 10. RCC Outreach
   ☐ 11. Other _____
   ☐ 12. Don't know

6. **First report of incident to RCC?** ☐
   (1) Yes
   (2) No
   (3) Don't know

VICTIM/SURVIVOR

7. **Gender:** ☐
   (1) Female
   (2) Male
   (3) Don't know

8. **Age Now** ..... ☐☐

8a. **Unsure of current age, but estimate client is:** ☐
   (1) Child (under 13)
   (2) Adolescent (13 - 19)
   (3) Young Adult (20 - 29)
   (4) Adult (30 - 59)
   (5) Elder Adult (60+)
   (6) Don't know

9. **Age at time of assault if different from age now** ..... ☐☐

9a. **Unsure of age at assault, but estimate client was:** ☐
   (1) Child (under 13)
   (2) Adolescent (13 - 19)
   (3) Young Adult (20 - 29)
   (4) Adult (30 - 59)
   (5) Elder Adult (60 +)
   (6) Don't know

10. **Race / ethnicity of victim / survivor:** ☐
   (1) White, non-Hispanic
   (2) Black, non-Hispanic
   (3) Hispanic
   (4) Asian
   (5) Native American
   (6) Mixed / Biracial
   (7) Other _____
   (8) Don't know

11. **Does victim / survivor have a disability?** ☐
   (1) Yes
   (2) No
   (3) Don't know

11a. **If yes, ✓ all that apply:**
   ☐ 1. Physical
   ☐ 2. Visual
   ☐ 3. Hearing
   ☐ 4. Developmental
   ☐ 5. Psychiatric
   ☐ 6. Other _____
   ☐ 7. Don't know

12. **Primary language of victim / survivor:** ☐☐
   (01) English
   (02) Spanish
   (03) Portuguese
   (04) Haitian/Creole
   (05) Cape Verdean/Creole
   (06) Khmer
   (07) Chinese
   (08) Korean
   (09) Russian
   (10) Other _____
   (11) Don't know

INCIDENT

13. **Latest incident:** ☐
   (1) Completed rape
   (2) Attempted rape
   (3) Sexual assault (physical)
   (4) Sexual harass./ verbal sexual assault
   (5) Other _____
   (6) Don't know

14. **Victim - Offender relationship** ☐☐
   (01) Current spouse / partner
   (02) Ex-spouse / partner
   (03) Friend / acquaintance
   (04) Date / boyfriend / girlfriend
   (05) Stranger
   (06) Parent / step-parent
   (07) Caretaker / baby-sitter
   (08) Sibling / other relative
   (09) Professional relationship
   (10) Other _____
   (11) Don't know

15. **Time elapsed since latest assault** ☐
   (1) Less than 24 hours
   (2) Up to 5 days
   (3) Up to 3 months
   (4) Up to 1 year
   (5) Over 1 year. Number of years: ☐☐
   (6) Don't know

16. **Location of latest incident:**
   _____ CITY _____ STATE or COUNTRY
   ☐ ✓ Don't know

(DPH use only) : ☐☐☐

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INCIDENT

17. Physical injury?
(1) Yes
(2) No
(3) Don't know

18. Medical attention sought?
(1) Yes
(2) No
(3) Don't know

19. Evidence / rape kit collected?
(1) Yes
(2) No
(3) Don't know

20. Weapon present?
(1) Yes
(2) No
(3) Don't know

21. Place of latest incident:
(1) Victim's home
(2) Residential institution / hospital
(3) Correctional facility
(4) Other home / residence
(5) Survivor's workplace
(6) School / daycare / campus
(7) Other public building
(8) Outdoors / vehicle
(9) Don't know

22. Assault reported to (✓ all that apply):
- ☐ 1. Police
- ☐ 2. Hospital
- ☐ 3. Family
- ☐ 4. Friends
- ☐ 5. Religious advisor / community leader
- ☐ 6. Counselor (other than RCC)
- ☐ 7. Private physician
- ☐ 8. Teacher / school personnel
- ☐ 9. Protective agency
- ☐ 10. Professional Licensing Board
- ☐ 11. RCC only
- ☐ 12. Other: _____
- ☐ 13. Don't know

OFFENDER

23. Gender of offender(s):
(1) Male
(2) Female
(3) Multiple males
(4) Multiple females
(5) Mixed males and females
(6) Don't know

24. Race / Ethnicity of offender(s)
(1) White non-Hispanic
(2) Black non-Hispanic
(3) Hispanic
(4) Asian
(5) Native American
(6) Mixed / biracial
(7) Multiple offenders of different races
(8) Other
(9) Don't know

25. Age of offender at time of latest assault:

If single offender:
(01) Child (under 13)
(02) Adolescent (13-19)
(03) Young Adult (20-29)
(04) Adult (30-60)
(05) Elder Adult (over 60)

If multiple offenders:
(06) Children under 13 years
(07) Adolescents
(08) Young adults
(09) Adults
(10) Elder adults
(11) Mixed ages

(12) Don't know

MULTIPLE INCIDENTS

26. Has client been sexually assaulted in the past?
(1) Yes
(2) No
(3) Don't know

26a. If yes, describe the period / duration:
(1) Current repeated assaults
(2) Past repeated assaults
(3) Past single or isolated assault(s)
(4) Don't know

Comments to help us clarify incidents not easily described above:

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Table: Contact Victims Table File Specifications - Contains one record per victim in a calendar year. Related to the Contact Services Table on NAME field. The Keyvicno field is a secondary key field that is used to related the database tables when the name field is removed for confidentiality (i.e. Coalition and NH DOJ databases).

• = Optional Field (will remain in database table but is optional for agency data collection)

Name	Type	Size	Description
Vicno	Number (Long)	4	Automatic counter used to generate Keyvicno key field
Keyvicno	Text	10	Automatic Key field -Coaltn & NH DOJ data
Agency Name	Text	50	Defaulted value used in reports, etc.
Name	Text	35	KEY FIELD - Unique Name, ID #, Code, etc.
• Mailing Name	Text	30	For use in form letters, address labels, etc.
• ID Number	Text	15	Agency identification Number
• Address 1	Text	30	
• Address 2	Text	30	
City	Text	25	
State	Text	2	
Zip Code	Text	10	
• Telephone 1	Text	15	Primary phone number
• Phone 1 Type	Text	10	Home, Work, etc.
• Telephone 2	Text	15	Secondary phone number
• Phone 2 Type	Text	10	Home, Work, etc.
Female	Number (Integer)	2	Gender (1 = Female)
Male	Number (Integer)	2	Gender (1 = Male)
Initial Call/Contact Date	Date/Time	8	Date of first contact in calendar year
Victim Type	Text	15	Primary, Secondary, etc.
Crime Category	Text	25	DV, SA, Stalking, etc.
Crime Type	Text	30	Adult DV - Physical, etc.
Victim's Age Range	Text	7	For Civil Rights, Underserved reporting
• Victim's Age	Text	7	
Victim's Ethnicity	Text	25	For Civil Rights, Underserved reporting
• Number of Children	Number (Integer)	2	Shelter Services may need this
• Children Comment	Text	100	Names, ages, etc.
• Single Head of Household?	Number (Integer)	2	(1 = yes to SOH)
Disability	Text	25	For Civil Rights, Underserved reporting
Underserved	Text	25	For Civil Rights, Underserved reporting
• Income	Text	25	
• Date of Incident	Date/Time	8	
• Location of Incident	Text	20	
Relationship to Assailant	Text	15	Primary Victim's relationship to assailant
• Assailant Name	Text	30	
• Assailant Sub Abuse	Text	20	Assailant abusing drugs, alcohol
• Victim Sub Abuse	Text	20	Victim abusing drugs, alcohol
Secondary Relationship	Text	15	Secondary victim relationship to Primary victim
Referred By	Text	20	
• Permission to Re-contact	Number (Integer)	2	(1 = yes to permission)
• Comments	Text	50	

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Table: **Contact Services Table** File Specifications - Contains one record for each victim contact. Multiple records per victim are allowed. Related to the Contact Victims Table on NAME field. The Keyvicno field is a secondary key field that is used to related the database tables when the name field is removed for confidentiality (i.e. Coalition and NH DOJ databases).

* = **Optional Field** (will remain in database table but is optional for agency data collection)

Name	Type	Size	Description
Keyvicno	Text	10	Key field from Contact Victims Table
Name	Text	35	Key field from Contact Victims Table
* Agency Office	Text	15	For satellite locations, etc.
* Advocate Name	Text	20	
* VAWA Project?	Number (Integer)	2	(1 = yes) If needed for VAWA reporting
* Americorps/Vista Member?	Number (Integer)	2	(1 = yes)
* Contact Type	Text	25	Office, Phone, etc.
Contact Date	Date/Time	8	Date of Victim Contact
* Contact Time	Date/Time	8	Military time format
* Amount of Time	Number (Long)	4	Contact length in minutes
Crisis Counseling	Number (Integer)	2	(1 = service was provided on this contact)
Crisis Hotline	Number (Integer)	2	(1 = service was provided on this contact)
Follow-up Contact	Number (Integer)	2	(1 = service was provided on this contact)
Group Treatment	Number (Integer)	2	(1 = service was provided on this contact)
Shelter/Safe Home	Number (Integer)	2	(1 = service was provided on this contact)
* Other DV Shelter Ref	Number (Integer)	2	Referred to another shelter (1 = service was provided)
* Shelter Ref Reason	Text	20	Reason for referral to another agency shelter
Medical Care	Number (Integer)	2	(1 = service was provided on this contact)
IR General Phone	Number (Integer)	2	(1 = service was provided on this contact)
IR General In Person	Number (Integer)	2	(1 = service was provided on this contact)
IR Specific Phone	Number (Integer)	2	(1 = service was provided on this contact)
IR Specific In Person	Number (Integer)	2	(1 = service was provided on this contact)
Crim Just Support (not TROs)	Number (Integer)	2	(1 = service was provided on this contact)
* CJ Support Type	Text	20	Description of non TRO/PRO CJ Service
Emergency Financial Assist	Number (Integer)	2	(1 = service was provided on this contact)
Emergency Legal Advocacy	Number (Integer)	2	(1 = service was provided on this contact)
TRO Assistance	Number (Integer)	2	(1 = service was provided on this contact)
TRO Filed (date)	Date/Time	8	
PRO Assistance	Number (Integer)	2	(1 = service was provided on this contact)
PRO Pending (court date)	Date/Time	8	
Victims Comp (discussed)	Number (Integer)	2	(1 = service was provided on this contact)
Personal Advocacy	Number (Integer)	2	(1 = service was provided on this contact)
Transportation	Number (Integer)	2	(1 = service was provided on this contact)
* Transportation Miles	Number (Double)	8	
Childcare	Number (Integer)	2	(1 = service was provided on this contact)
Other Services	Number (Integer)	2	(1 = service was provided on this contact)
* Other Desc	Text	25	Description of other program
* Referred To	Text	20	
* Comments	Text	50	

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Data Value Master Lists

Victim Type
Primary
Secondary
Third Party
Abuser
Offender
Homeless

Crime Category
Domestic Violence
Other Nonviolent Crime
Other Violent Crime
Sexual Assault
Stalking

Crime Type
DV Adult - Dating Violence
DV Adult - Emotional Abuse
DV Adult - Physical Abuse
DV Child - Emotional Abuse
DV Child - Physical Abuse
Elder Abuse - Emotional
Elder Abuse - Physical
SA Adult - Physical
SA Adult - Rape w/ Penetration
SA Adult Survivor of CSA
SA Child - Physical
SA Child - Rape w/ Penetration
SA Verbal Harassment
Stalking
Survivor of Assault
Survivor of DUI/DWI
Survivor of Homocide
Survivor of Robbery
Survivor of Suicide
Witness - Adult of Violence
Witness - Child of DV
Witness - Child of Violence

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Relationship to Assailant (The Primary Victim's Relationship to the Assailant)

Acquaintance
Adolesent Child
Adult Child
Cohabit
Dating
Divorced
Employer
Married
Multiple Assailants
Other Relative
Parent
Same Sex Partner
Separated
Sibling
Stranger
Teacher
Unknown

Secondary Relationship (The Secondary Victim's Relationship to the Primary Victim)

Child
Cohabit
Employer
Friend
Married
Other Relative
Parent
Same Sex Partner
Teacher
Unknown

Referred By

Clergy
Court
Self
Employer
Friend/Relative
Lawyer
Medical Professional
Mental Health Ctr.
Outreach
Police
Social Services
Teacher
Unknown

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Victim's Age
0-12
13-17
18-25
26-40
41-60
60+
Unknown

Victim's Ethnicity
African-American/Black
Asian/Pacific Islander
Hispanic
Multiracial
Native American/Eskimo
Unknown
White, Non-Hispanic

Disability
Developmental
Emotional
Hearing
Mobility
Other Physical
Visual

Underserved
Elderly
Homosexual
Lang. - Asian
Lang. - French
Lang. - Spanish
Lang. - Other
Immigrant
Migrant Farm Worker
Rural
Student/Adolescent
Transexual
Unknown
Urban

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Income Level - OPTIONAL
Poverty
Middle Class
Upper Middle Class
Unknown

Location - OPTIONAL (these are example values)
Assailant's Home
Victim's Home

Substance Abuse - OPTIONAL (used for Assailant and/or Victim substance abuse)
Alcohol
Alcohol & Drugs
Drugs
None
Unknown

Office - OPTIONAL (these are example values)
At Home
Main Office
Satellite 1
Satellite 2
Shelter

Advocate Name - OPTIONAL (these are example values)
Mary Jones
Sue Smith

CJ Service Description - OPTIONAL (these are example values)
Custody
Divorce
Separation

Type of Contact - OPTIONAL (these are example values)
Crisis Call
Office Call
Shelter
Walk-in

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Shelter Ref Reason - OPTIONAL (these are example values)
Full
Geographic
Homeless
Phy. Accessibility
Rules

Other Desc - OPTIONAL (these are example Special Programs)
Abuser Group Treatment
Substance Abuse Counsel

Referred To - OPTIONAL (these are example values)
Legal
Medical
Police
Shelter
Therapy

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OKLAHOMA DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

SERVICES SHEET

AGENCY STAFF ID

ACTIVITY #	CLIENT ID	SERVICES & TYPE	DATE	TIME	CONTRACT SOURCE	LOCATION	STAFF 1 OR 2	BILLABLE CODE	AGENCY INFORMATION

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The information listed has been provided as a quick reference. Instructions and definitions for each field are given in the manual.

AGENCY: Enter agency and subagency number.

STAFF ID: Enter Staff ID of individual providing service; or 7AG and Agency No. when reporting a Day Service (001-004).

ACTIVITY #: List in chronological order, the sequence of staff activity which occurs within the day.
Clients involved in a group activity will all have the same activity number.
For the following activities, specific codes have been developed to track these events:

Codes: 996 Home Visit 997 Home Visit Return 998 Otherwise Absent 999 Otherwise Return

Only enter Agency, 7AG Agency No., the above appropriate Activity No., Client ID, and Date.

CLIENT ID: List the Client ID for the individual receiving the service.

SERVICES and TYPE: Enter the service provided. *FOR DAY SERVICES ONLY* (001–004) the type associated with the program must be filled out.

Day Service
001 A Inpatient
001 B Med Detox
001 C Acute Medical Care

002 A Residential Subsience Abuse Treatment
002 B Medically Supervised Detoxification
002 C Non-Medical Detox
002 D Adolescent Group Home
002 E Crisis Stabilization
002 F Res. Txt.—Long Term

003 B Halfway House
003 C Independent Living Training
003 D Community Lodge Program
003 E Supv. Housing Program
003 F Sponsor Family Program
003 G Res. Shelter Primary Victim
003 H Res. Shelter Dependents
003 I Short Term Emergency Shelter
003 J Sponsor Housing Program

004 C Partial Day—Day School

Partial Day Program Activities
430 Day Treatment
431 Psycho-Social Treatment

Screening/Evaluation/Referral
100 Competency Evaluation
101 Evaluation Assessment
102 Court Related Evaluation
103 Inpatient/Residential Screening
104 DUI Assessment
105 Referral
106 Clinical Testing

Emergency/Crisis Intervention
120 Face-to-Face
121 Telephone

Counseling/Therapy
130 Individual
131 Group
132 Family/Marital

Support Services
200 Prevocational
201 Vocational
202 Socialization
203 Client Education
204 Client Advocacy
205 Resource Skills Development
206 Employment Training
207 Home and Community Based Care

Adjunctive Services
220 Occupational Therapy
221 Recreational Therapy
222 Music Therapy
223 Other

Medical Services
300 Medicine Clinic Visit
301 Laboratory
302 Medical Services—Physician Provided
303 Medical Services—Non-Physician Provided

Treatment Planning
400 Treatment Planning

Consultation/Education
500 Consultation
501 Education
503 Training
504 System Support

Refer to Administrative/Management and Prevention Tables for services specific to these activities.

DATE: Enter the date service was provided.

TIME: For individualized services, enter time in minutes (5 or 10 minute increments). For a Day Service, enter number of days.

CONTRACT SOURCE: Enter the code which identifies the type of contract associated with service provided.

LOCATION: Where service was provided: (01) This Agency (03) Other Facility—Court Related (05) Other Location (07) Nursing Home
(02) Residence (04) Telephone (06) Jail Detention

***STAFF 1 OR 2:** Enter staff participation—Primary or Secondary. When more than one staff person has participated in an activity, the primary staff person reports a 1 and the secondary staff person reports a 2. There cannot be two primary staff reported for the same activity. There can be more than one secondary staff.

BILLABLE CODE: This field is to be completed for agencies wishing to track billable services for account receivables.

AGENCY INFORMATION: For internal agency use.

******Telephone* (Emergency/Crisis Intervention) and all services listed for *Consultation/Education Activities* may be documented as follows:

Client ID to be reported with the Telephone Service Code 121 if the individual is not a client: EC0000001
Client ID to be reported with the Consultation/Education Activity Service Codes [illegible] through 504: PA00000 25. In last digits, indicate the number of individuals involved [illegible]

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CLIENT DATA CORE

SECTION I—TO BE REPORTED FOR ALL INDIVIDUALS ☐ *13—MAINTENANCE

AGENCY NO. ☐☐☐☐☐ CLIENT ID ☐☐☐☐☐☐☐☐☐ TRANSACTION TYPE ☐☐ DATE ☐☐☐☐☐☐ TIME ☐☐☐☐

CLIENT RACE/ETHNICITY ☐
1 White 3 American Indian
2 Black 4 Asian

A. Hispanic
B. Non-Hispanic

COUNTY OF RESIDENCE ☐☐

ZIP CODE ☐☐☐☐☐ - ☐☐☐☐

ALERT INFORMATION
- Suicidal/Self-Abusive ☐
- Seizure Disorders ☐
- Respiratory Disorders ☐
- Heart Conditions ☐
- Diabetic ☐
- Chemical Withdrawal ☐
- Pregnancy (1-9) ☐
- Allergic Reactions ☐
- (1) _____
- (2) _____
- History of IV Drug Use ☐
- Recent Sep/Divorce ☐
- History DV/Abuse ☐
- Other _____ ☐
- None ☐

Note: (1) (2), Other 10 Characters

REASON FOR CONTACT ☐
1 Information/Referral
2 Counseling Due to Significant Other
3 Crisis Intervention
4 Counseling for Self
5 Evaluation
6 Other

PRIMARY REFERRAL ☐☐ AGENCY ☐☐☐
SECONDARY REFERRAL ☐☐ AGENCY ☐☐☐

AGENCY INFORMATION (limited to 50 characters)

SECTION II—TO BE REPORTED FOR ALL ADMISSIONS *13 MAINTENANCE REQUIRES THE CLIENT ID; TRANSACTION TYPE, DATE, AND TIME OF ORIGINAL FORM

CURRENT RESIDENCE ☐
1 Private Residence
2 No Home
3 Residential Care Home
4 Institutional Setting
5 Nursing Home
6 Community Shelter

LIVING SITUATION ☐
1 Alone
2 With Family/Relatives
3 With Non-Related Persons

HOMELESS 1 Yes 2 No ☐

NUMBER LIVING IN HOUSEHOLD ☐☐

MARITAL STATUS ☐
1 Never Married
2 Married
3 Divorced
4 Widowed
5 Living as Married
6 Separated

VETERAN STATUS 1 Yes 2 No ☐

DHS CUSTODY 1 Yes 2 No ☐

BATTERED W/PREGNANT 1 Yes 2 No ☐

HANDICAP ☐☐ ☐☐ ☐☐ ☐☐

EDUCATION (HIGHEST GRADE COMPLETED) ☐☐

EMPLOYMENT ☐
1 Full Time
2 Part Time
3 Unemployed
4 Not in Labor Force

OCCUPATIONAL CODES ☐
1 Professional/Technical
2 Manager/ Administrative
3 Skilled Worker
4 Unskilled Worker
5 Homemaker
6 Farmer
7 None

INCOME
Household Gross Annual Income ☐
$ _____
E—Estimate
R—Reliable
N—Not Available

CURRENT BENEFITS
SSI ☐ Food Stamps ☐ Military/VA ☐
SSDI ☐ Social Security ☐ Other (Specify) ☐
AFDC ☐ _____ None ☐

Medicare Number ☐☐☐☐☐☐☐☐☐☐☐☐
Medicaid Number ☐☐☐☐☐☐☐☐☐☐☐☐

CURRENT MEDICATIONS ☐☐ ☐☐ ☐☐ ☐☐ ☐☐

LEGAL STATUS ☐☐ **COUNTY OF COMMITMENT** ☐☐

PRESENTING PROBLEM

PRIMARY	SECONDARY	TERTIARY
☐☐☐	☐☐☐	☐☐☐

DSM-IV DIAGNOSIS

	PRIMARY	SECONDARY	TERTIARY
Axis I	☐☐☐.☐☐	☐☐☐.☐☐	☐☐☐.☐☐
Axis II	☐☐☐.☐☐	☐☐☐.☐☐	
Axis III	☐☐☐.☐☐	☐☐☐.☐☐	

Axis IV: Psychosocial and Environmental Problems
- Primary Support Group ☐
- Social Environment ☐
- Educational ☐
- Occupational ☐
- Housing ☐
- Economic ☐
- Health Care Services ☐
- Legal System/Crime ☐
- Other Problems ☐

Axis V ☐☐
Principal Axis 1 or 2 ☐ Current LOF ☐☐

SMI 1 Yes 2 No ☐ SEDC 1 Yes 2 No ☐

PROGRAM TYPE ☐
1 Inpatient
2 Res. Treatment
3 Com. Living Program
4 Partial Day Program
5 Outpatient
6 Detoxification

DRUGS OF CHOICE ☐☐ ☐☐ ☐☐

USUAL ROUTE OF ADMINISTRATION ☐ ☐ ☐

FREQUENCY OF USE ☐ ☐ ☐

AGE AT 1ST USE/INTOXICATION ☐☐ ☐☐ ☐☐

CHART NUMBER ☐☐☐☐☐☐☐☐☐☐ **WARD/UNIT** ☐☐☐

CLINICIAN OF RECORD ☐☐☐☐☐☐

CLIENT'S SSN: NAME: Legal Maiden First M.I. Telephone Number

STREET ADDRESS (Home of Record): City State Zip Code

CONTACT PERSON (Other than Client): Name Telephone Number

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SECTION I To Be Reported For All Individuals.

Each transaction type requires an Agency No., Client ID, Transaction Date and Time except where specifically noted.

TRANSACTION TYPE: Enter appropriate code.

00 Emergency Contact—Only Section I is to be completed.
01 Initial Contact—Only Section I is to be completed.
02 Second Contact—Only Section I is to be completed.
03 Admission—Sections I and II must be completed.
04 Readmission—Sections I and II must be completed.
05 Program Type—Program Type and Level of Functioning are required; other informational changes can be completed at same time.
06 Discharge/Planned—Fields required to be completed:
Agency, Client ID, County of Residence, Zip Code, Referral/Agency, Level of Functioning, Legal Status, Problems, Diagnosis, Suicidal/Self Abusive, Pregnancy, Recent Sep/Divorce, Current Residence, Homeless
07 Discharge/Other—Fields required to be completed: Same as Transaction 06.
08 Discharge/AWOL—Fields required to be completed: Same as Transaction 06.
09 Discharge/Death—Fields required to be completed: Agency, Client ID, Primary Referral 36
12 Information Update—Fields required to be completed: Recent Sep/Divorce
Any field, *excluding Program Type and Client ID.* Information that is updated will be retained in a history file.
14 Discharge/No Contact 90 Days—Fields required to be completed: Agency, Legal Status, Client ID, Referral

COUNTY OF RESIDENCE: Refer to Oklahoma Counties Table

HIST OF IV DRUG USE: Put "X" in box if any history of IV drug use is reported.

REFERRAL: (PRIMARY AND SECONDARY)

01 Self
02 Significant Other
03 School
04 Church/Clergy
05 Group Home
06 Employer, Union
07 Private Psychiatric Hospital
08 Non-Psychiatric Hospital
09 VA System
10 Indian Health Service
11 Department of Health
12 Department of Corrections
13 DMHSAS Hospital
14 Department of Human Services
15 Mental Health Center/Satellites
16 Community Agencies
17 Residential Care Home
18 Nursing Home
19 Alcohol/Drug Programs
20 Domestic Violence Facility
21 Private Psychiatrist/Mental Health Professional
22 Social Security
23 Attorney/Legal Aid
25 Law Enforcement
26 Reachout Hot-Line/Advertising Media
28 Referral Due to Unscheduled Discharge
29 Crisis/Stabilization Facility
30 Shelter for Homeless
31 Additional Services Recommended, Referral not Attainable
32 Court
33 Probation
34 Parole
35 Department of Public Safety
36 Active Client—Died
37 Private Physician

SPACE FOR SPECIFIC AGENCY INFORMATION: For internal use, limited to 50 characters.

SECTION II To Be Reported For All Admissions.

HANDICAP: Refer to Handicap Indicator Table

CURRENT MEDICATIONS: Refer to Medication List

COUNTY OF COMMITMENT: Refer to Oklahoma Counties Table

PRESENTING PROBLEMS:

000 Other—Non-Mental Health Problem

Physical
110 Speech/Hearing
120 Physical
130 Medical/Somatic

Developmental Inadequacies
210 Intellectual
220 Emotional
230 Social
240 Physical

Abuse Victim
311 Sexual Incest—Received Medical Treatment
312 Sexual Incest—No Medical Treatment
313 Adult Survivor of Sexual Incest
321 Exploitation/Neglect—Received Medical Treatment
322 Exploitation/Neglect—No Medical Treatment
331 Psychological—Received Medical Treatment
332 Psychological—No Medical Treatment
341 Physical—Received Medical Treatment
342 Physical—No Medical Treatment
343 Adult Survivor of Physical Abuse
351 Family/Dependent of Abuse Victim—Received Medical Treatment
352 Family/Dependent of Abuse Victim—No Medical Treatment
361 Sexual Assault by Stranger—Received Medical Treatment
362 Sexual Assault by Stranger—No Medical Treatment
363 Adult Survivor of Sexual Assault
371 Sexual Assault by Acquaintance—Received Medical Treatment
372 Sexual Assault by Acquaintance—No Medical Treatment

Social Relations Disturbance
410 With Family Members
420 Outside Immediate Family

Social Performance Deficit
450 Social Performance Deficit

Emotional Maladjustment/Disturbance
500 Emotional Maladjustment/Disturbance
501 Depression
502 Anxiety/Panic
503 Eating Disorder

Thought Disorder/Disturbance
510 Perceptual Problems
520 Disorientation
530 Other Psychotic Symptoms

Behavioral Disturbance
610 Homicidal
620 Assaultive
630 Other
631 Involvement with Criminal Justice System
632 Runaway Behavior

Suicidal/Self-Abusive
650 Suicidal/Self-Abusive

Substance Abuse Related Problems
710 Alcohol Abuse
711 Alcohol Dependency
720 Drug/Other Abuse
721 Drug/Other Dependency
730 Poly Abuse
731 Poly Dependency
740 Co-Dependent
741 At Risk for Relapse (Alcohol)
742 At Risk for Relapse (Drugs))
743 At Risk for Relapse (Both)

Disaster Related Problems
801 Survivor of Disaster
802 Rescue Worker
803 Family or Friend of Survivor/Victim
804 Family or Friend of Rescue Worker
805 Medical or Psychological Treatment Provider
806 Indirectly Affected Individual

DSM-IV DIAGNOSIS:
(Hospitals and CMHC's)

CURRENT LEVEL OF FUNCTIONING: Refer to GAF Scale

SEVERELY MENTALLY ILL (SMI):
Refer to Definition of SMI

SEVERELY EMOTIONALLY DISTURBED CHILDREN (SEDC):
Refer to Definition of SEDC

DRUGS OF CHOICE:

01 None
02 Alcohol
03 Heroin
04 Non-RX Methadone
05 Other Opiates and Synthetics
06 Barbiturates
07 Other Sedatives and Hypnotics
08 Amphetamines
09 Cocaine
10 Marijuana/Hashish
11 Other Hallucinogens
12 Inhalants
13 Over-the-Counter
14 Tranquilizers
15 PCP
16 Other
17 Unknown
18 Methamphetamine
19 Benzodiazepine
20 Other Stimulants

USUAL ROUTE OF ADMINISTRATION:
1 Oral
2 Smoking
3 Inhalation
4 Injection
5 Other

FREQUENCY OF USE:
1 No Past Month Use
2 1–3 Times/Month
3 1–2 Times/Week
4 3–6 Times/Week
5 Daily

AGE AT FIRST USE/INTOXICATION: Enter the age in years only.

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WASHINGTON

Print Clearly

SEXUAL ASSAULT INTAKE DATA FORM

Print Clearly

Name (Optional) _____ First M.I. Last

Address _____

_____

_____ City State

Telephone ( ) _____

Intake Date ___/___/___ Mo Day Yr

__ __ __ __ __ Agency Code

Client Cnty: __ __

__ __ __ __ __ Client Zip Code

Homeless 0 __ No 1 __ Yes

Client I.D. # __ __ __ __ __ __ __ __ __ __

Gender 0 __ F 1 __ M

Date of Birth ___/___/___ Mo Day Yr

Client Age __ __ Years

Race (Check all that apply.)

- __ White
- __ African American
- __ Asian/Pacific Islander
- __ Native American/AK Native
- __ Other _____

Disability (Check all that apply.)

- 1 __ None
- 2 __ Physical disability
- 3 __ Mental disability
- 4 __ Sensory disability
- 5 __ Other _____

Ethnicity 0 __ Non-Hispanic 1 __ Hispanic

SEXUAL ASSAULT--The following questions refer to the sexual assault that led to service intake.

When assault occurred

- 1 __ 72 hours or less before intake
- 2 __ > 3 days - 14 days
- 3 __ > 2 weeks - 6 months
- 4 __ > 6 months - 12 months
- 5 __ > 1 year - 5 years
- 6 __ > 5 years - 10 years
- 7 __ >10 years before intake
- 9 __ Unknown

Relationship of offender(s) to victim

Off.#1: __ __

Off.#2: __ __

- 01 - Parent/guardian
- 02 - Other relative
- 03 - Acquaintance/friend
- 04 - Caregiver
- 05 - Prof. service provider
- 06 - Spouse/partner/ex-partner
- 07 - Stranger
- 08 - Other _____
- 88 - Chooses not to disclose
- 99 - Unknown

Number of offenders: __ __

Gender of offender(s)

Off.#1: 0 __ Female 1 __ Male 9 __ Unknown

Off.#2: 0 __ Female 1 __ Male 9 __ Unknown

Offender age (s) Off.#1: __ __

Off.#2: __ __

If exact offender age(s) not available:

- 1 - < 12 years of age
- 2 - 12 - 17 years
- 3 - 18 - 29 years
- 4 - 30 - 59 years
- 5 - > 59
- 9 - Unknown

Off.#1: __

Off.#2: __

Client type

- 1 __ Child victim (Less than 18 years old.)
- 2 __ Adult victim
- 3 __ Adult survivor of child sexual abuse

Form 0196

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Service Provider Summary-Based Systems

Alabama
Connecticut
Iowa
Louisiana
Maine
Mississippi
Missouri
Nebraska
Nevada
New Jersey
North Dakota
Pennsylvania
West Virginia

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QUARTERLY STATISTICAL SUMMARY REPORT

Rape Prevention and Education Activites for_____.
(name of rape crisis center)

1st Quarter 19____(October – December)

2nd Quarter 19____(January-March)

3rd Quarter 19____(April-June)

4th Quarter 19____ (July-Sept.)

JUNIOR AND SENIOR HIGH SCHOOL YOUTH

I Prevention Education programs held during the period

A. Number of programs held. _____

B. Number of individuals in attendance. _____

II Hotline

A. Number of calls taken. _____

III. Other activities (explain)

A.

B.

GENERAL PUBLIC

I. Prevention Education programs held during the period

A. Number of programs held. _____

B. Number of individuals in attendance. _____

II. Training Programs

A. Number of law enforcement personnel trained. _____

B. Number of social worker, hospital staff, school personnel, and /or other professionals trained. _____

C. Number of new project staff trained. _____

D. Number of community volunteers trained. _____

E. Number of project volunteers trained. _____

III. Hotline

Number of calls taken. _____

IV. Other activities (describe and specify number served)

A.

B.

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V. Number of new cases of rape and attempted rape of women age 12 and above. _____

Number of battered women and children that spent at least one night in emergency housing in the last year. _____

VII. Percent of schools with required health education courses in any grades 6-12 on conflict resolution/violence prevention. _____

NARRATIVE

Other objectives of this funding include preparation of information materials and other efforts to increase awareness of the facts about, or to help prevent sexual assault, including efforts to increase awareness in underserved racial, ethnic, and language minority communities. Please explain your organization's efforts in these areas.

_____

_____

_____

_____

_____

_____

_____

_____

_____

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_____

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W-665 (Rev. 4/97)

DEPARTMENT OF SOCIAL SERVICES

DOMESTIC VIOLENCE QUARTERLY SHELTER REPORT

QUARTER ENDING:_____

SHELTER NAME:_____

TOWN:_____ # LICENSED BEDS:_____

PREPARED BY:_____ PHONE NO:_____

PLEASE SEND COMPLETED REPORTS BY THE 15TH OF THE MONTH FOLLOWING QUARTER END TO:

DEPARTMENT OF SOCIAL SERVICES
INFORMATION SERVICES, 9TH FLOOR
25 SIGOURNEY STREET
HARTFORD, CT 06106-5033
ATTN. JAN MILLER
FAX: (860) 424-4956 PHONE: (860) 424-5511

I. SHELTER OCCUPANCY

A. TOTAL CLIENTS PROVIDED SHELTER EACH MONTH *(Duplicated Count)*

MONTH 1	MONTH 2	MONTH 3

B. BED NIGHTS OCCUPIED DURING QUARTER

HOST HOMES	HOTEL/MOTEL	SHELTER

II. NEW ADMISSIONS *(UNDUPLICATED COUNTS FOR QUARTER PER FEDERAL FISCAL YEAR)*

A. ADMISSIONS *(UNDUPLICATED FOR QUARTER)*

1. HOST HOME RESIDENTS

TOTAL	MEN	WOMEN	CHILDREN

2. HOTEL/MOTEL RESIDENTS

TOTAL	MEN	WOMEN	CHILDREN

3. SHELTER RESIDENTS

TOTAL	WOMEN	CHILDREN

B. CLIENT CHARACTERISTICS *(UNDUPLICATED FOR QUARTER)*

1. AGE BREAKDOWN *(ADULTS AND CHILDREN)*

TOTAL	0-5	6-12	13-17	18-34	35-50	51-59	60+

2. ETHNIC BACKGROUND *(ADULTS ONLY)*

TOTAL	BLACK	WHITE	HISPANIC	ASIAN	NATIVE AMERICAN	OTHER

3. MAJOR SOURCE OF INCOME UPON ADMISSION *(ADULTS ONLY)*

TOTAL	EMPLOYED	SSI	PARTNER	AFDC	G.A.	CHILD SUPPORT	NONE	OTHER

4. EDUCATIONAL LEVEL *(ADULTS ONLY)*

TOTAL	NO HIGH SCHOOL	SOME HIGH SCHOOL	HIGH SCHOOL DEGREE/GED	SOME COLLEGE OR DEGREE	GRADUATE WORK OR DEGREE	UNKNOWN

III. CASE HISTORY

A. INTERVENTION USED PRIOR TO ENTERING THE SHELTER *(A client may be reported in both categories)*

CLIENTS WHO USED EMERGENCY MEDICAL SERVICES	CLIENTS WHO USED LAW ENFORCEMENT

B. POST-SHELTER LIVING SITUATION FOR DISCHARGED CLIENTS

CLIENTS WHO RETURNED TO PREVIOUS LIVING SITUATION	CLIENTS WHO MOVED TO NEW LIVING SITUATION	UNKNOWN

(OVER)

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IV. PERSONS NOT PROVIDED SHELTER

A. REQUESTED SHELTER, BUT DID NOT STAY *(ADULTS ONLY)*

TOTAL	DUE TO LACK OF BEDS	NOT APPROPRIATE	REQUESTED BUT DIDN'T STAY	OTHER

B. REFERRED CLIENT TO *(ADULTS ONLY)*

TOTAL	OTHER DOMESTIC VIOLENCE SHELTER	HOMELESS SHELTER	CITY WELFARE	PLACED IN HOTEL/MOTEL	OTHER *(PLEASE SPECIFY)*

V. SERVICES PROVIDED *(DUPLICATED CLIENTS)*

		FOR CLIENTS NOT PROVIDED SHELTER	FOR CLIENTS PROVIDED SHELTER
A.	CRISIS CONTACTS: BY PHONE		
	IN PERSON		
B.	INDIVIDUAL COUNSELING SESSIONS: ADULTS (18+)		
	CHILDREN		
C.	ADVOCACY/PROFESSIONAL CONTACTS: ADULTS (18+)		
	CHILDREN		
D.	SUPPORT GROUP ATTENDANCE: ADULTS (18+)		
	CHILDREN		
E.	TRANSPORTATION SERVICES: # OF TRIPS		
F.	INFORMATION & REFERRAL CONTACTS:		
G.	CHILD CARE SERVICES:		

VI. COMMUNITY EDUCATION

A.	# OF INFORMATIONAL/TRAINING SESSIONS	
B.	APPROXIMATE # OF PARTICIPANTS IN INFORMATIONAL/ TRAINING SESSIONS	
C.	# OF MEDIA CONTACTS *(e.g., # of radio/TV programs, newspaper interviews)*	

CCADV

CONNECTICUT COALITION AGAINST DOMESTIC VIOLENCE

Sample Form

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VICTIM ASSISTANCE PERFORMANCE REPORT

Reporting Quarter	Due Date
April 1, 1998-June 30, 1998	July 31, 1998

Section I Program Information

1. Program Name: _____

2. Contact Person: _____

3. Street/P.O. Box: _____

4. _____
   City State Zip

5. Telephone: ( ) _____ FAX#: ( ) _____

6. Grant Identification Number and Amount of Grant Award:

Grant ID #	Amount of Grant
DA-98- _____	_____
SA-98- _____	_____
VA-98- _____	_____
FV-98- _____	_____

7. What is the fiscal year for your program? _____

Section II Statistical Information

1. Program Staff and Budget Statistics:

   A. _____ Number of paid employees in program (regardless of funding source for position)

   B. _____ Number of volunteers (all volunteers serving program)

      _____ direct service volunteers

      _____ non-direct service volunteers

   C. _____ volunteer hours during reporting quarter

      _____ direct service volunteer hours

      _____ non-direct service volunteer hours

   D. Total program budget (all sources) _____

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2. Victim Statistics:

A. Give the number of new victims/survivors served for the first time this fiscal year. Count each person only once. (Please see instructions)

Total New Victims Served

_____ Domestic Abuse (Women)

_____ Domestic Abuse (Men)

_____ Domestic Abuse (Children - 0 - 17)

_____ Adult Sexual Abuse

_____ Adolescent Sexual Abuse (13 - 17)

_____ Child Sexual Abuse (0 - 12)

_____ Adult Incest Survivors

_____ Child Physical Abuse (0 -17)

_____ Survivors of Homicide Victims

_____ DUI/DWI Crashes

_____ Elder Abuse

_____ Financial exploitation

_____" Other" Violent Crimes

_____TOTAL NEW VICTIMS

Specify "Other" types of violent crime: _____

("other" can include, but is not limited to, stalking, robbery, shooting, stabbing, etc. DO NOT count homeless - being homeless is not a crime.)You may add an additional page if needed.

B. If the program serves more than one county, provide the total number of new victims served for the first time this fiscal year by county served.

County	New Victims Served

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3. Service Statistics:

A. Give the number of victims who received the following services for the first time this fiscal year during the reporting quarter. Where appropriate, give the number of victims receiving each service "in-person" and "by phone". (Please see instructions)

Total New Victims Served

_____	Crisis Hotline		
_____	Shelter/Safe House		
_____	Group Counseling		
_____	Transportation		
_____	Therapy		
_____	Crisis Counseling	____ in-person	_____ by phone
_____	Non-Crisis Counseling	____ in-person	_____ by phone
_____	Follow-up Contact	____ in-person	_____ by phone
_____	Information/Referral	____ in-person	_____ by phone
_____	Criminal Justice Advocacy	____ in-person	_____ by phone
_____	Emergency Financial Assistance	____ in-person	_____ by phone
_____	Emergency Legal Advocacy	____ in-person	_____ by phone
_____	Compensation Claim Assistance	____ in-person	_____ by phone
_____	Personal Advocacy	____ in-person	_____ by phone
_____	Medical Advocacy	____ in-person	_____ by phone
_____	Other services	____ in-person	_____ by phone

Specify other services: _____

_____

B. _____ Actual or estimated number of transportation trips provided to all victims by staff or volunteers. This differs from the transportation category above. In Category A the number of victims provided transportation trips is requested. Category B asks for the total number of trips for victims. (One victim could have several trips.)

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Section III Additional Statistics

1. Domestic Abuse Statistics (domestic abuse programs complete)

Shelter/Safe Home statistics must include all adults and children provided with shelter for the first time this fiscal year.

A. Persons provided with shelter:

_____ Domestic Abuse Adults:

____ Women

____ Men

_____ Domestic Abuse Children:

____ age 0 - 5

____ age 6 - 12

____ age 13 - 18

_____ Others - i.e. sexual abuse, homeless, etc.

Specify others - _____

_____TOTAL NUMBER OF PERSONS SHELTERED

B. _____ Total number of Shelter Nights per family during the reporting quarter. (count each night a single adult or an adult with children stays in the shelter)

C. _____ Total number of adults (with or without children) turned away from shelter during the reporting quarter because the shelter was full or because the local shelter/safe house was not safe, either for the victim or the shelter provider.

D. _____ Total number of adults (with or without children) who were referred to another shelter.

2. Media Contacts during this quarter (all programs complete)

A. _____ Total number of interviews/contacts, TV/Radio, Newspaper/Magazine interviews and contacts made by the program.

B. Interviews and contacts by topic and type of media.

Interviews & Contacts:	Topic DA	Topic SA	Topic DA & SA	Topic Other Crime
# TV/Radio Reports				
# Newspaper/Magazine				

Topic(s) of other crime media information: _____

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Presentations during this quarter (all programs complete)

A. Number of presentations and audience numbers.
(DA = Domestic Abuse, SA = Sexual Abuse)

Presentations & Audiences:	Topic DA	Topic SA	Topic DA & SA	Topic Other Crime
School Presentations				
# Persons present at schools				
Law Enforcement Presentations				
# Law Enforcement Present				
Professional Presentations				
# Professionals Present				
Civic Presentations				
# Persons Present				

Topics of other crime presentations_____

_____

Section IV Civil Rights Compliance

1. Race or National Origin
   - _____ White American (not of Hispanic Origin)
   - _____ African American (not of Hispanic Origin)
   - _____ Latino (Hispanic)
   - _____ Asian or Pacific Islander
   - _____ American Indian or Alaskan Native
   - _____ Other_____
   - _____ Unknown race or national origin
   - _____ TOTAL

2. Gender: _____Female _____Male TOTAL____

3. Disability/Handicap

   A. _____ Physical disability - specify _____

   B. _____ Mental disability - specify _____

   C. _____ Other - specify _____

4. Age:

   _____ 0 - 12 Years _____ 13 - 17 Years _____ 18 - 29 Years

   _____ 30 - 44 Years _____ 45 - 64 Years _____ 65 + Years

   _____ age unknown TOTAL_____

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Section V Program Development

1. Provide at least four stories of how services were able to help people. You may include copies of thank you notes, poems by victims etc. DO NOT USE VICTIM NAMES.

2. Briefly describe efforts to coordinate victim services with other local victim service providers, state victim compensation program staff, county attorneys, law enforcement, etc.

3. Describe any special or unique projects, events or advocacy activities this program was involved in during the quarter. For example: fund raiser, training, outreach, etc.

4. Describe the types of training, including orientation, conferences and workshops provided for staff and volunteers. Show the number of staff and volunteers present, and the number of hours for each orientation or training session or event.

Please attach additional sheets as necessary to complete the above questions.

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Performance Report Submitted By:

_____

Name and Title

_____

Signature Date

Performance Report Due: **Friday July 31, 1998 in the Crime Victim Assistance Division office by 4:30 p.m.**

Submit ORIGINAL to:

Sue Stewart Lodmell
Community Services Coordinator
Crime Victim Assistance Division
Old Historical Building
Des Moines, IA 50319

Phone: 1-800-373-5044
or
(515) 242-6112

FAX: (515) 281-8199

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Louisiana Foundation Against Sexual Assault

Statistical Report
Louisiana Foundation Against Sexual Assault

Sexual Assault Center _____ Location _____

Month/Year _____ Person completing form _____

****

Number of contacts:
Type of contact:

Hotline	_____
Hospital	_____
Courtroom	_____
Group counseling	_____
Individual counseling	_____

Number of new clients served: _____

****

Demographics (if known; complete as fully as possible)

Regarding victims: Fill in number of victims in each section

Gender Female _____ Male _____
Age 0-12 _____ 13-17 _____ 18-29 _____ 30-44 _____ 45-64 _____ 65+ _____
Race White _____ Black _____ Asian _____ Native American _____ Latino _____ Other _____
Handicapped: Physical _____ Mental _____ Sensory _____

Regarding perpetrators:

Gender Female _____ Male _____
Age 0-12 _____ 13-17 _____ 18-29 _____ 30-44 _____ 45-64 _____ 65+ _____
Race White _____ Black _____ Asian _____ Native American _____ Latino _____ Other _____
Handicapped: Physical _____ Mental _____ Sensory _____
Drug/alcohol involvement: Yes _____ No _____

****

Information about the crimes (if known; complete as fully as possible)

Relationship between victim and assailant:
_____ Stranger _____ Acquaintance _____ Date _____ Intimate partner
_____ Spouse _____ Family member other than spouse
_____ Authority figure (eg. teacher, coach, minister, doctor, etc)

Reported to law enforcement: _____ Yes _____ No

Type of crime: _____ Adult rape _____ Child sexual abuse _____ Incest
_____ Adult survivor of childhood sexual abuse/incest _____ Sexual abuse/assault

Time of day: _____ Morning (6 am-noon) _____ Afternoon (noon-6 pm)
_____ Evening (6 pm-midnight) _____ Night (midnight-6 am)

Location: _____ Victim's home _____ Assailant's home _____ Victim and assailant's home _____ Other home
_____ Victim's vehicle _____ Assailant's vehicle _____ Other vehicle
_____ Victim's workplace _____ Assailant's workplace
_____ School property/campus (including dorms)
_____ Outside _____ Other

Additional crimes committed:
_____ Homicide _____ Cult/ritual abuse _____ Kidnapping
_____ Battery _____ Carjacking _____ Robbery
_____ Burglary _____ Other _____ No additional crime committed

1-800-960-7273

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Maine Coalition Against Sexual Assault

BCFS Contract # _____

Center Name: _____

_____

Report Period: _____ To: _____

Report Completion Date _____

Contact Person _____

For Central Office Use Only:

Acceptance Date _____

Staff Person _____

I. Rape Crisis /Hotline Activity

Total Number of Contacts: _____
Initial _____
Follow-Up _____
Informational _____
Collateral _____

II. Client Activity

Total Number of Clients: _____
Primary Clients
New _____
Ongoing _____
Significant Others
New _____
Ongoing _____

III. Services Hours

Total Hours Provided: _____
Primary Clients
New _____
Ongoing _____
Significant Others
New _____
Ongoing _____

Informational _____

Collateral _____

IV. Interventions

Medical Services _____
Law Enforcement _____
Legal Services _____
DHS Referral _____
Other _____

V. Case Results

Police Report _____
Arrest/Perpetrator _____
Indictment _____
Conviction _____
Acquittal _____
Dismissal _____
Other _____

VI. Support Group Activity

A. Total Contacts _____
Group _____
Screening _____

B. Client Activity (# of Clients)
New _____
Ongoing _____
Screening Interview _____

C. Total Hours _____
New _____
Ongoing _____
Screening Interview _____

A. Facilitator hours in group _____

B. Facilitator hours prep time _____

VII. Program Activity

	NO.	HRS	PART
Community Education			
Professional Training			
Volunteer Training			
Volunteer Screening			
Board\Advocate Meetings			
Outreach			
Other			
Media			X

JUL-24-1998 11:32 JKSH 202 842 9329 P.11/19

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. Sexual Assault Statistics

A. Number of Assaults which occurred in the reporting month _____

Assaults occurring in the calendar year, but not this reporting month _____

Reported this month but occurred prior to calendar year _____

B. Persons who received Medical attention during the reporting month _____

Persons who received Medical attention during the Calendar year but not this reporting month _____

Received Medical Attention prior to the calendar year _____

C. Number of persons who reported police during the reporting month _____

Reported to police during the calendar year, but not this reporting month _____

Reported to police at anytime prior to the calendar year _____

D. Number of clients with DHS Involvement reported this month _____

Occurring in the calendar year but not in the reporting month _____

E. Number of persons reporting Multiple assaults occurring this month _____

Occurring in the calendar year, but not this month _____

F. Unusual Circumstances _____

G. Number of persons in ongoing situations _____

IX. Age of Victim at Time of Assault (All new assaults reported)

As a Child_____ Unknown_____

Under 5	_____	31-40	_____
5-10	_____	41-50	_____
11-15	_____	51-60	_____
16-21	_____	61-70	_____
22-30	_____	70+	_____

X. Assault Reports By Gender

Female _____
Male _____
Unknown _____

XI. Time Lapse Between Assault and Report to RCC

Immediate (Within 24 Hours) _____
Within 1 Week _____
Within 1 Month _____
Within 6 Months _____
Within 1 Year _____
Between 1-5 Years _____
Between 5-10 Years _____
Over 10 Years _____
Unknown _____

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VIII. Sexual Assault Statistics

Age at time of reporting	0-12 years when reported			13-19 years when reported			20+ years when reported			Unknown age when reporting		
	Assaults occurring in the reporting month	Assaults occurring calendar year but not this reporting month	Assaults reported this month occurring prior to calendar year	Assaults occurring in the reporting month	Assaults occurring calendar year but not this reporting month	Assaults reported this month occurring prior to calendar year	Assaults occurring in the reporting month	Assaults occurring calendar year but not this reporting month	Assaults reported this month occurring prior to calendar year	Assaults occurring in the reporting month	Assaults occurring calendar year but not this reporting month	Assaults reported this month occurring prior to calendar year
Acquaintance												
Stranger												
Marital												
Live in												
Gang\Acquaintance												
Gang\Stranger												
Incest												
Child Sexual Abuse												
Ritual\Cult Abuse												
Harassment												
Stalking												
Other												
TOTAL												

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MISSISSIPPI

Domestic Violence Reporting System

Data Collection Forms

Revised:
11/12/96

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DOMESTIC VIOLENCE SHELTERS REPORTING FORM

REPORTING DATE: ___ ___ ____ (please use the last day of the reporting period)
MM DD YYYY

NAME OF SHELTER: _____ _____
City Name Shelter Name

SCREEN NO.: 1 OF 31

WOMEN

Shelter, New & Reopen	
Shelter, Carried Over	
Nonresident, New & Reopen	
Nonresident, Carried Over	
Second Stage Housing	

CHILDREN

Shelter, New & Reopen	
Shelter, Carried Over	
Nonresident, New & Reopen	
Nonresident, Carried Over	
Second Stage Housing	

MEN

Shelter, New & Reopen	
Shelter, Carried Over	
Nonresident, New & Reopen	
Nonresident, Carried Over	
Second Stage Housing	

SCREEN NO.: 2 OF 31

REVISED (11/12/96)

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DOMESTIC VIOLENCE SHELTERS REPORTING FORM

SERVICES

WOMEN

	SHELTER	NONRESIDENT	SECOND STAGE
Clothing			
Transportation			
Personal Hygiene			
Food			
Financial Assistance			
Individual Counseling			
Group Counseling			
Group Sessions			
Legal Advocacy			
Other			
Nights of Service			

SCREEN NO.: 3 OF 31

CHILDREN

	SHELTER	NONRESIDENT	SECOND STAGE
Clothing			
Transportation			
Personal Hygiene			
Food			
Financial Assistance			
Individual Counseling			
Group Counseling			
Group Sessions			
Legal Advocacy			
Other			
Nights of Service			

SCREEN NO.: 4 OF 31

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DOMESTIC VIOLENCE SHELTERS REPORTING FORM

REFERRALS

WOMEN

	SHELTER	NONRESIDENT	SECOND STAGE
DPW			
Medical			
Housing			
Employment			
Educational			
Mental Health			
Legal			
Other			

SCREEN NO.: 5 OF 31

CHILDREN

	SHELTER	NONRESIDENT	SECOND STAGE
DPW			
Medical			
Housing			
Employment			
Educational			
Mental Health			
Legal			
Other			

SCREEN NO.: 6 OF 31

REVISED (11/12/96)

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DOMESTIC VIOLENCE SHELTERS REPORTING FORM

F. a.

Of the NEW AND REOPENED CASES, how many were reopened?		
	WOMEN:	
	CHILDREN:	

F. b.

Of the NEW AND REOPENED CASES, how many were new?		
	WOMEN:	
	CHILDREN:	

SCREEN NO.: 7 OF 31

**Note: The women in F(a) and F(b) must equal the Total Women Shelter, New & Reopen on Screen 2.

The children in F(a) and F(b) must equal the Total Children Shelter, New & Reopen on Screen 2.

G.

How many women and children were referred to other shelters this quarter due to lack of space in this shelter		
	WOMEN:	
	CHILDREN:	
Referrals for Other Reasons		
	WOMEN:	
	CHILDREN:	

II. CRISIS CALLS

Domestic Abused Related:	
Information and Referral:	
TOTAL:	

SCREEN NO.: 8 OF 31

REVISED (11/12/96)

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DOMESTIC VIOLENCE SHELTERS REPORTING FORM

III. CHILDREN'S PROGRAM

A.	SHELTER RESIDENT	NON RESIDENT	TOTAL
1. New & Reopened:			
2. Carried Over:			
Total			

SCREEN NO.: 9 OF 31

IV. BATTERER'S AND FAMILY PROGRAMS

	BATTERER'S		FAMILIES/COUPLES	
	New & Reopen	Carry Over	New & Reopen	Carry Over
Total Served:				
Counseling Sessions:				
Closed this Quarter:				
other:				

SCREEN NO.: 10 OF 31

REVISED (11/12/96)

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V. DEMOGRAPHIC/SOCIOECONOMIC CHARACTERISTICS OF WOMEN AND CHILDREN

1. Of the NEW AND REOPENED cases provided SHELTER this quarter, how many were? (Do not include carryover)

A. WOMEN

AGE GROUP	WHITE	BLACK	AMER-IND	HISPANIC	ASIAN -AMER	OTHER
18 & Under						
19-30						
31-40						
41-55						
56 & OVER						

SCREEN NO.: 11 OF 31

UNKNOWN	

**Note: The total of all categories must equal the Total Women Shelter, New & Reopen on Screen 2.

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DOMESTIC VIOLENCE SHELTERS REPORTING FORM

V. DEMOGRAPHIC/SOCIOECONOMIC CHARACTERISTICS OF WOMEN AND CHILDREN

Of the NEW AND REOPENED cases provided shelter this quarter, how many were in each of the following groups?

A. WOMEN

2. INCOME	NUMBER		3. GRADE	NUMBER
Under $5,000			Below 6th Grade	
$5,000-$ 9,999			6th - 12th Grade	
$10,000-$14,999			High School Diploma	
$15,000-$19,999			High School GED	
$20,000-$29,999			1-4 yrs College/Tech	
$30,000 and Over			College Graduate	
UNKNOWN			Post Graduate	
			UNKNOWN	

SCREEN NO. 12 OF 31**Note: The total of all categories must equal the Total Women Shelter, New & Reopen on Screen 2.

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B. CHILDREN

AGE GROUP	WHITE		BLACK		AMER-IND	
(years)	F	M	F	M	F	M
0 - 2						
3 - 6						
7 - 13						
14 - 17						
18 -						
UNKNOWN						

SCREEN NO.: 13 OF 31**Note: The total of all categories must equal the Total Children Shelter, New & Reopen on Screen 2.

AGE GROUP	ASIAN AMERICAN		OTHER	
(years)	F	M	F	M
0 - 2				
3 - 6				
7 - 13				
14 - 17				
18 -				
UNKNOWN				

UNKNOWN RACE, AGE & SEX	

SCREEN NO.: 14 OF 31

**Note: The total of all categories must equal the Total Children Shelter, New & Reopen on Screen 2.

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DOMESTIC VIOLENCE SHELTERS REPORTING FORM

VI. RELATED PROBLEMS

	PHYSICAL /PSYCH.	PSYCHOL OGICAL	SEXUAL
1. Of the NEW AND REOPENED CASES, how many **WOMEN** experienced the following types of abuse?			
2. Of the NEW AND REOPENED cases, (**CHILDREN**) provided shelter this quarter, how many were abused?			

SCREEN NO.: 15 OF 31

3. Of the NEW AND REOPENED cases, how many experienced the following:	VICTIM	BATTERER
A. Alcohol Abuse		
Drug Abuse		
Alcohol/Drug Abuse		
Unknown		
B. Abused as a Child		
Saw their Mothers Abused		
Both		
Unable to Distinguish		
Unknown		

SCREEN NO.: 16 OF 31

	VICTIM	BATTERER
C. Emergency Medical Intervention		
Law Enforcement Intervention		
D. Former Veteran		
Pre-Vietnam		
Vietnam		
Post-Vietnam		

SCREEN NO.: 17 OF 31

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DOMESTIC VIOLENCE SHELTERS REPORTING FORM

VII. DISPOSITION OF CASES

		NUMBER
1.	Of all the cases provided shelter this quarter,, how many were closed?	
	A. Number returned to previous situation?	
	B. Number gone to new living conditions?	
	C. Unknown	
2.	Of all the cases provided shelter this quarter,	
	A. How many went to court?	
	B. How many resulted in criminal convictions?	
	C. How many resulted in civil resolutions?	

SCREEN NO.: 18 OF 31

VIII. OUTREACH

		NUMBER
1.	EDUCATIONAL ACTIVITIES	
	A. Number of programs	
	B. Number of attendees	
2.	MEDIA	
	A. Number of programs	
	B. Number of persons reached	
3.	VOLUNTEERS	
	A. Total number for quarter(active and inactive)	
	B. Total active volunteers for the quarter	
	C. Total number recruited for quarter	
	D. Total number of volunteer training and inservice training sessions	
	E. Total number of volunteer service hours	

SCREEN NO.: 19 OF 31

REVISED (11/12/96)

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DOMESTIC VIOLENCE SHELTERS REPORTING FORM

IX. A. Counties served this quarter for **NEW AND REOPENED CASES AT SHELTER:**

COUNTY	W	C	COUNTY	W	C	COUNTY	W	C
						PEARL RIVER		
ADAMS			ISSAQUENA			PERRY		
ALCORN			ITAWAMBA			PIKE		
AMITE			JACKSON			PONTOTOC		
ATTALA			JASPER			PRENTISS		
BENTON			JEFFERSON			QUITMAN		
BOLIVAR			JEFF DAVIS			RANKIN		
CALHOUN			JONES			SCOTT		
CARROLL			KEMPER			SHARKEY		
CHICKASAW			LAFAYETTE			SIMPSON		
CHOCTAW			LAMAR			SMITH		
CLAIBORNE			LAUDERDALE			STONE		
CLARKE			LAWRENCE			SUNFLOWER		
CLAY			LEAKE			TALLAHATCH		
COAHAMA			LEE			TATE		
COPIAH			LEFLORE			TIPPAH		
COVINGTON			LINCOLN			TISHOMINGO		
DESOTO			LOWNDES			TUNICA		
FORREST			MADISON			UNION		
FRANKLIN			MARION			WALTHALL		
GEORGE			MARSHALL			WARREN		
GREENE			MONROE			WASHINGTON		
GRENADA			MONTGOMERY			WAYNE		
HANCOCK			NESHOBA			WEBSTER		
HARRISON			NEWTON			WILKINSON		
HINDS			NOXUBEE			WINSTON		
HOLMES			OKTIBBEHA			YALOBUSHA		
HUMPHREYS			PANOLA			YAZOO		

OUT STATE		
UNKNOWN		

SCREEN NO: 20 & 21 OF 31

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DOMESTIC VIOLENCE SHELTERS REPORTING FORM

IX. B. Counties served this quarter for **NON-RESIDENTIAL NEW AND REOPENED CASES:**

COUNTY	W	C	COUNTY	W	C	COUNTY	W	C
						PEARL RIVER		
ADAMS			ISSAQUENA			PERRY		
ALCORN			ITAWAMBA			PIKE		
AMITE			JACKSON			PONTOTOC		
ATTALA			JASPER			PRENTISS		
BENTON			JEFFERSON			QUITMAN		
BOLIVAR			JEFF DAVIS			RANKIN		
CALHOUN			JONES			SCOTT		
CARROLL			KEMPER			SHARKEY		
CHICKASAW			LAFAYETTE			SIMPSON		
CHOCTAW			LAMAR			SMITH		
CLAIBORNE			LAUDERDALE			STONE		
CLARKE			LAWRENCE			SUNFLOWER		
CLAY			LEAKE			TALLAHATCH		
COAHAMA			LEE			TATE		
COPIAH			LEFLORE			TIPPAH		
COVINGTON			LINCOLN			TISHOMINGO		
DESOTO			LOWNDES			TUNICA		
FORREST			MADISON			UNION		
FRANKLIN			MARION			WALTHALL		
GEORGE			MARSHALL			WARREN		
GREENE			MONROE			WASHINGTON		
GRENADA			MONTGOMERY			WAYNE		
HANCOCK			NESHOBA			WEBSTER		
HARRISON			NEWTON			WILKINSON		
HINDS			NOXUBEE			WINSTON		
HOLMES			OKTIBBEHA			YALOBUSHA		
HUMPHREYS			PANOLA			YAZOO		

OUT STATE		
UNKNOWN		

SCREEN NO: 22 & 23 OF 31

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IX. C. Counties served this quarter for **NON RESIDENTIAL NEW AND REOPENED CASES:**
B=BATTERERS; F=FAMILIES/COUPLES

COUNTY	B	F	COUNTY	B	F	COUNTY	B	F
						PEARL RIVER		
ADAMS			ISSAQUENA			PERRY		
ALCORN			ITAWAMBA			PIKE		
AMITE			JACKSON			PONTOTOC		
ATTALA			JASPER			PRENTISS		
BENTON			JEFFERSON			QUITMAN		
BOLIVAR			JEFF DAVIS			RANKIN		
CALHOUN			JONES			SCOTT		
CARROLL			KEMPER			SHARKEY		
CHICKASAW			LAFAYETTE			SIMPSON		
CHOCTAW			LAMAR			SMITH		
CLAIBORNE			LAUDERDALE			STONE		
CLARKE			LAWRENCE			SUNFLOWER		
CLAY			LEAKE			TALLAHATCH		
COAHAMA			LEE			TATE		
COPIAH			LEFLORE			TIPPAH		
COVINGTON			LINCOLN			TISHOMINGO		
DESOTO			LOWNDES			TUNICA		
FORREST			MADISON			UNION		
FRANKLIN			MARION			WALTHALL		
GEORGE			MARSHALL			WARREN		
GREENE			MONROE			WASHINGTON		
GRENADA			MONTGOMERY			WAYNE		
HANCOCK			NESHOBA			WEBSTER		
HARRISON			NEWTON			WILKINSON		
HINDS			NOXUBEE			WINSTON		
HOLMES			OKTIBBEHA			YALOBUSHA		
HUMPHREYS			PANOLA			YAZOO		

OUT STATE		
UNKNOWN		

SCREEN NO: 24 & 25 OF 31

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DOMESTIC VIOLENCE SHELTERS REPORTING FORM

IX. A. Cities/towns served this quarter for NEW AND REOPENED CASES AT SHELTER:

CITY/TOWN	W	C	CITY/TOWN	W	C	CITY/TOWN	W	C	CITY/TOWN	W	C
ABERDEEN			GLOSTER			MEADVILLE			RIPLEY		
AMORY			GREENVILLE			MENDENHALL			ROLLING FORK		
BALDWYN			GREENWOOD			MERIDIAN			ROSEDALE		
BATESVILLE			GRENADA			MONTICELLO			ROXIE		
BAY ST LOUIS			GULFPORT			MOORHEAD			RULEVILLE		
BELZONI			HATTIESBURG			MORTON			SENATOBIA		
BILOXI			HAZLEHURST			MOSS POINT			SHAW		
BOONEVILLE			HERNANDO			MOUND BAYOU			SHELBY		
BRANDON			HOLLANDALE			NATCHEZ			SILVER CREEK		
BUDE			HOLLY SPRS.			NEW ALBANY			SOUTHHAVEN		
CANTON			HORN LAKE			NEW HEBRON			STARKVILLE		
CARTHAGE			HOUSTON			NEWTON			SUMMIT		
CENTREVILLE			INDIANOLA			OCEAN SPRINGS			TAYLORSVILLE		
CHARLESTON			ITTA BENA			OKOLONA			TUPELO		
CLARKSDALE			IUKA			OLIVE BRANCH			TYLERTOWN		
CLEVELAND			JACKSON			OSYKA			VICKSBURG		
CLINTON			KOSCIUSKO			OXFORD			WATER VALL.		
COLLINS			LAUREL			PASCAGOULA			WAVELAND		
COLUMBIA			LELAND			PASS CHRISTIAN			WAYNESBORO		
COLUMBUS			LEXINGTON			PEARL			WESSON		
CORINTH			LIBERTY			PELAHATCHIE			WEST POINT		
CROSBY			LONG BEACH			PETAL			WIGGINS		
CRYSTAL SPRS.			LOUISVILLE			PHILADELPHIA			WINONA		
D'IBERVILLE			LUCEDALE			PICAYUNE			WOODVILLE		
DURANT			LUMBERTON			PONTOTOC			YAZOO CITY		
ELLISVILLE			MCCOMB			POPLARVILE					
FAYETTE			MACON			PORT GIBSON					
FOREST			MADISON			PURVIS					
FULTON			MAGEE			QUITMAN					
GAUTIER			MAGNOLIA			RICHLAND					
GEORGETOWN			MARKS			RIDGELAND					

OUT STATE		
UNKNOWN		

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IX. B. Cities/towns served this quarter for NON-RESIDENTIAL NEW AND REOPENED CASES:

CITY/TOWN	W	C	CITY/TOWN	W	C	CITY/TOWN	W	C	CITY/TOWN	W	C
ABERDEEN			GLOSTER			MEADVILLE			RIPLEY		
AMORY			GREENVILLE			MENDENHALL			ROLLING FORK		
BALDWYN			GREENWOOD			MERIDIAN			ROSEDALE		
BATESVILLE			GRENADA			MONTICELLO			ROXIE		
BAY ST LOUIS			GULFPORT			MOORHEAD			RULEVILLE		
BELZONI			HATTIESBURG			MORTON			SENATOBIA		
BILOXI			HAZLEHURST			MOSS POINT			SHAW		
BOONEVILLE			HERNANDO			MOUND BAYOU			SHELBY		
BRANDON			HOLLANDALE			NATCHEZ			SILVER CREEK		
BUDE			HOLLY SPRGS.			NEW ALBANY			SOUTHHAVEN		
CANTON			HORN LAKE			NEW HEBRON			STARKVILLE		
CARTHAGE			HOUSTON			NEWTON			SUMMIT		
CENTREVILLE			INDIANOLA			OCEAN SPRINGS			TAYLORSVILLE		
CHARLESTON			ITTA BENA			OKOLONA			TUPELO		
CLARKSDALE			IUKA			OLIVE BRANCH			TYLERTOWN		
CLEVELAND			JACKSON			OSYKA			VICKSBURG		
CLINTON			KOSCIUSKO			OXFORD			WATER VALL.		
COLLINS			LAUREL			PASCAGOULA			WAVELAND		
COLUMBIA			LELAND			PASS CHRISTIAN			WAYNESBORO		
COLUMBUS			LEXINGTON			PEARL			WESSON		
CORINTH			LIBERTY			PELAHATCHIE			WEST POINT		
CROSBY			LONG BEACH			PETAL			WIGGINS		
CRYSTAL SPRGS.			LOUISVILLE			PHILADELPHIA			WINONA		
DIBERVILLE			LUCEDALE			PICAYUNE			WOODVILLE		
DURANT			LUMBERTON			PONTOTOC			YAZOO CITY		
ELLISVILLE			MCCOMB			POPLARVILE					
FAYETTE			MACON			PORT GIBSON					
FOREST			MADISON			PURVIS					
FULTON			MAGEE			QUITMAN					
GAUTIER			MAGNOLIA			RICHLAND					
GEORGETOWN			MARKS			RIDGELAND					

OUT STATE		
UNKNOWN		

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DOMESTIC VIOLENCE SHELTERS REPORTING FORM

IX. C. Cities/towns served this quarter for NON RESIDENTIAL NEW AND REOPENED CASES: B=BATTERERS: F=FAMILIES/COUPLES

CITY/TOWN	B	F	CITY/TOWN	B	F	CITY/TOWN	B	F	CITY/TOWN	B	F
ABERDEEN			GLOSTER			MEADVILLE			RIPLEY		
A[illegible]RY			GREENVILLE			MENDENHALL			ROLLING FORK		
BALDWYN			GREENWOOD			MERIDIAN			ROSEDALE		
BATESVILLE			GRENADA			MONTICELLO			ROXIE		
BAY ST LOUIS			GULFPORT			MOORHEAD			RULEVILLE		
BELZONI			HATTIESBURG			MORTON			SENATOBIA		
BILOXI			HAZLEHURST			MOSS POINT			SHAW		
BOONEVILLE			HERNANDO			MOUND BAYOU			SHELBY		
BRANDON			HOLLANDALE			NATCHEZ			SILVER CREEK		
BUDE			HOLLYS SPRGS.			NEW ALBANY			SOUTHHAVEN		
CANTON			HORN LAKE			NEW HEBRON			STARKVILLE		
CARTHAGE			HOUSTON			NEWTON			SUMMIT		
CENTREVILLE			INDIANOLA			OCEAN SPRINGS			TAYLORSVILLE		
CHARLESTON			ITTA BENA			OKOLONA			TUPELO		
CLARKSDALE			IUKA			OLIVE BRANCH			TYLERTOWN		
CLEVELAND			JACKSON			OSYKA			VICKSBURG		
CLINTON			KOSCIUSKO			OXFORD			WATER VALL.		
C[illegible]INS			LAUREL			PASCAGOULA			WAVELAND		
COLUMBIA			LELAND			PASS CHRISTIAN			WAYNESBORO		
COLUMBUS			LEXINGTON			PEARL			WESSON		
CORINTH			LIBERTY			PELAHATCHIE			WEST POINT		
CROSBY			LONG BEACH			PETAL			WIGGINS		
CRYSTAL SPRGS.			LOUISVILLE			PHILADELPHIA			WINONA		
D'IBERVILLE			LUCEDALE			PICAYUNE			WOODVILLE		
DURANT			LUMBERTON			PONTOTOC			YAZOO CITY		
ELLISVILLE			MCCOMB			POPLARVILE					
FAYETTE			MACON			PORT GIBSON					
FOREST			MADISON			PURVIS					
FULTON			MAGEE			QUITMAN					
GAUTIER			MAGNOLIA			RICHLAND					
GEORGETOWN			MARKS			RIDGELAND					

OUT STATE		
UN[illegible]NOWN		

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the missouri coalition
against domestic violence

415 east mccarty street
jefferson city, missouri 65101
(573) 634-4161 (573) 636-3728 fax
mcadv@sockets.net

JANUARY 1998

monthly services report

Program Name Goes Here
Attn: Name
Goes-Here

Region: CEN

SHADED MONTHS INDICATE REPORTS RECEIVED BY MCADV IN 1998

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Ethnicity of women in program	Women	Children	Total	Ages of women in program	
African American				25 & younger	
Asian American				26-35	
Caucasian				36-45	
Latina/Hispanic				46-59	
Biracial/Multiracial				60 & older	
Native American				Don't know	
Don't know/Other (Specify)					

Hotline/crisis phone calls	

Crisis intervention	Residential	Non-residential	Total
Number of women served (Count each woman only once)			
Total number of hours of services provided (Count total hours for all women)			

Case management	Residential	Non-residential	Total
Number of women served (Count each woman only once)			
Total number of hours of services provided (Count total hours for all women)			

Domestic violence support groups	Women	Children	Total
Number of groups led by staff, volunteer, peer or other layperson			
Number of individuals attending (Count each person's attendance at every group)			
Number of groups led by a licensed professional counselor			
Number of individuals attending (Count each person's attendance at every group)			

Life skills/Parenting/Adult education/Other groups	Women	Children	Total
Number of groups held			
Number of individuals attending (Count each person's attendance at every group)			

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Licensed professional counseling	Women	Children	Total
Number of individuals attending counseling			
Total number of counseling hours			

Court advocacy	Residential	Non-residential	Total
Number of women assisted with Ex Parte Order of Protection			
Number of women assisted with Full Order of Protection			
Number of women assisted with Child Order of Protection			
Number of women accompanied to court and/or visits to attorney			

Services for men who are battered	Total
Number of male victims seeking services	
Number of men placed in motel, safehome or other residences	
Number of men receiving crisis intervention or individual counseling	
Number of men receiving court advocacy	

Batterer intervention services for men	Total
Number of men seeking batterer intervention services	
Number of groups held for men	
Number of men attending groups (Count each person's attendance at every group)	
Number of men receiving individual counseling	
Number of individual counseling hours for men	

Training and community education presentations	No. of presentations	No. attending
Volunteers (Include Board of Directors)		
Law enforcement (Police, sheriff)		
Court personnel (Judges, clerks, prosecutors, probation officers)		
Lawyers/legal clinics		
Health care providers		
Division of Family Services		
Education (Students, teachers, administrators)		
Clergy/religious groups		
Civic/business groups		
Other (Specify)		
Media contacts		
Total		

Volunteer hours	

Additional comments:

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the missouri coalition against domestic violence

415 east mccarty street
jefferson city, missouri 65101
(573) 634-4161 (573) 636-3728 fax
mcadv@sockets.net

JANUARY 1998

monthly services report

Program Name Goes Here
Attn: Name
Goes-Here

Region: CEN

SHADED MONTHS INDICATE REPORTS RECEIVED BY MCADV IN 1998

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Shelter Information	Women	Children	Total
Number of new residents			
Ongoing (Count individuals who entered your shelter in the previous month)			
Bednights of shelter provided			

Number turned away from shelter (Only because your shelter was full)			

Ethnicity of new shelter residents	Women	Children	Total	Ages of new women sheltered	
African American				25 & younger	
Asian American				26-35	
Caucasian				36-45	
Latina/Hispanic				46-59	
Biracial/Multiracial				60 & older	
Native American				Don't know	
Don't know/Other (Specify)					

Hotline/crisis phone calls	

Crisis intervention	Residential	Non-residential	Total
Number of women served (Count each woman only once)			
Total number of hours of services provided (Count total hours for all women)			

Case management	Residential	Non-residential	Total
Number of women served (Count each woman only once)			
Total number of hours of services provided (Count total hours for all women)			

Domestic violence support groups	Women	Children	Total
Number of groups led by staff, volunteer, peer or other layperson			
Number of individuals attending (Count each person's attendance at every group)			
Number of groups led by a licensed professional counselor			
Number of individuals attending (Count each person's attendance at every group)			

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Life skills/Parenting/Adult education/Other groups	Women	Children	Total
Number of groups held			
Number of individuals attending (Count each person's attendance at every group)			

Licensed professional counseling	Women	Children	Total
Number of individuals attending counseling			
Total number of counseling hours			

Court advocacy	Residential	Non-residential	Total
Number of women assisted with Ex Parte Order of Protection			
Number of women assisted with Full Order of Protection			
Number of women assisted with Child Order of Protection			
Number of women accompanied to court and/or visits to attorney			

Services for men who are battered	Total
Number of male victims seeking services	
Number of men placed in motel, safehome or other residences	
Number of men receiving crisis intervention or individual counseling	
Number of men receiving court advocacy	

Batterer intervention services for men	Total
Number of men seeking batterer intervention services	
Number of groups held for men	
Number of men attending groups (Count each person's attendance at every group)	
Number of men receiving individual counseling	
Number of individual counseling hours for men	

Training and community education presentations	No. of presentations	No. attending
Volunteers (Include Board of Directors)		
Law enforcement (Police, sheriff)		
Court personnel (Judges, clerks, prosecutors, probation officers)		
Lawyers/legal clinics		
Health care providers		
Division of Family Services		
Education (Students, teachers, administrators)		
Clergy/religious groups		
Civic/business groups		
Other (Specify)		
Media contacts		
Total		

Volunteer hours	

Additional comments:

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the missouri coalition
MCADV
against domestic violence

415 east mccarty street
jefferson city, missouri 65101
(573) 634-4161 * (573) 636-3728 fax
mcadv@sockets.net

JUNE 1998

monthly services report

Program Name Goes Here
Attn: Name
Goes-Here

Region: CEN

SHADED MONTHS INDICATE REPORTS RECEIVED BY MCADV IN 1998

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Batterer intervention services for men	Total
Number of men seeking batterer intervention services	
Number of groups held for men	
Number of men attending groups (Count each person's attendance at every group)	
Number of men receiving individual counseling	
Number of individual counseling hours for men	

Training and community education presentations	No. of presentations	No. attending
Volunteers (Include Board of Directors)		
Law enforcement (Police, sheriff)		
Court personnel (Judges, clerks, prosecutors, probation officers)		
Lawyers/legal clinics		
Health care providers		
Division of Family Services		
Education (Students, teachers, administrators)		
Clergy/religious groups		
Civic/business groups		
Other (Specify)		
Media contacts		
Total		

Volunteer hours	

Additional comments:

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Nebraska Department of Social Services
Domestic Violence/Sexual Assault Programs
Monthly Activity Summary

Program:_____

Month/Year:_____ #:_____

I. Caseload (Face to Face):

	Domestic Violence	Sexual Assault	Incest/Child Sexual Assault	Abusers
Adults				
New	_____	_____	_____	_____
Continued	_____	_____	_____	_____
Adolescents				
New	_____	_____	_____	_____
Continued	_____	_____	_____	_____
Children				
New	_____	N/A	_____	N/A
Continued	_____	N/A	_____	N/A
Significant Others				
New	_____	_____	_____	N/A
Continued	_____	_____	_____	N/A
TOTAL	_____	_____	_____	_____

II. Services Provided (Individual Face to Face):

	Domestic Violence			Sexual Assault			Abusers	
	Ad	Adol	C	Ad	Adol	C	Ad	Adol
Ind. Crisis Support								
Transportation								
Financial Assistance								
Food/Meals								
Legal Advocacy								
Medical Advocacy								
Shelter:								
# of Beds								
# of People in Shelter *(unduplicated)*								

# of Shelter Nights _____ (This number cannot be more than the number of days in the month.)

III. Volunteer Hours (Total for Month):_____

7/96

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IV. Group Services:

	Domestic Violence			Sexual Assault			Abusers	
	Ad	Adol	C	Ad	Adol	C	Ad	Adol
# of Sessions								
# in Attendance (unduplicated)								
Crisis Support Hours								

V. Crisis Line Activity:

	Domestic Violence	Sexual Assault
Client Calls	_____	_____
Family/Friends	_____	_____
Abusers/Perpetrators	_____	_____
Advocacy Calls	_____	_____
Information Requests	_____	_____
Total Calls For Month	_____	_____

VI. Community Education/In-Services:

	Domestic Violence		Sexual Assault	
	# of Lectures	# in Audience	# of Lectures	# in Audience
Elementary School/Youth Grps				
Junior-High Schools/Youth Grps				
College				
Church/Civic Groups				
Teacher/Parent Groups (K-12)				
Inservice Trainings:				
Social Services				
Legal/Law Enforcement				
Medical				
Totals For Month				

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NEBRASKA DEPARTMENT OF SOCIAL SERVICES
Domestic Violence — Face to Face

Month/Yr:_____ Program:_____

Survivor	*Abuser*
Gender: Female_____ Male_____ Total _____	**Gender:** Female_____ Male_____ Total _____
Age: 13-17_____ 18-29____ 30-44_____ 45-64_____ 65+_____ Unk____	**Age:** 13-17_____ 18-29____ 30-44_____ 45-64_____ 65+_____ Unk____
Race: White____ Asian_____ Hispanic_____ Black____ Native American____ Other _____ Unk_____	**Race:** White____ Asian_____ Hispanic_____ Black____ Native American_____ Other_____ Unk_____
Is The Victim's Primary Language English: Yes _____ No _____ Unk _____ *If no, type:* Vietnamese_____ Spanish _____ Other_____ Unk _____	**Is The Abuser's Primary Language English:** Yes _____ No _____ Unk _____ *If no, type:* Vietnamese_____ Spanish _____ Other_____ Unk _____
Employment: Employed_____ Unemployed_____ Retired_____ Unk_____	**Employment:** Employed_____ Unemployed_____ Retired_____ Unk_____
Last Education Attended: Junior High____ High School_____ College/Trade____ Unk____	**Last Education Attended:** Junior High____ High School_____ College/Trade____ Unk____
Income: $0_____ $0-10,000_____ $10-20,000_____ $20-30,000_____ $30,000+_____ Unk_____	**Income:** $0_____ $0-10,000_____ $10-20,000_____ $20-30,000_____ $30,000+_____ Unk_____
Abused in Childhood: Yes____ No____ Unk_____	**Abused in Childhood:** Yes____ No____ Unk_____
Witnessed Abuse as Child: Yes____ No_____ Unk_____	**Witnessed Abuse as Child:** Yes____ No_____ Unk_____
Did Victim Use Alcohol/Drugs Before or During Latest Incident? Yes____ No____ Unk____	**Did Abuser Use Alcohol/Drugs Before or During Latest Incident?** Yes____ No____ Unk____

OVER

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Relationship: Spouse_____ Partner/Same Sex_____ Partner/Opposite Sex____ Former Partner/ Spouse_____ Family Member_____ Other_____ Unknown_____

Severity

Physical Injuries: Yes____ No____ Unk_____
If Yes, type: Cuts/Bruises/Scrapes_____ Burns____ Broken Bones____ Internal_____ Other____

Medical Attention Ever Required? Yes___ No___ Unk___

Weapon Ever Used: Yes____ No____ Unk____
If Yes, type: Knife____ Gun____ Object____ Unk___

Law Enforcement Involved

Recent Incident: Yes____ No____ Unk____
If Yes, was abuser arrested?
Yes____ No____ Unk___

Prior Incidents: Yes____ No_____ Unk____
If Yes, was abuser arrested?
Yes____ No____ Unk____

Were the Victim & Abuser Living Together at Time of Latest Incident?
Yes_____ No_____ Unknown_____

History of Abuse

Duration: Less than Year_____ 1-5 Years_____ 6-10 Years_____ 11+ Years_____ Unk_____

Frequency of Physical Abuse: Daily_____ Weekly_____ Monthly____ Six Months_____ Yearly_____ Other_____ Unk____

Experiencing Sexual Abuse in Present Relationship?
Yes_____ No_____ Unk_____

Children in Home (Total # of:_____)

# of Children Witnessing: Yes____ No____ Unk____

# of Children Injured: Yes____ No____ Unk____

# of Children Suspected of Being Sexually Abused:
Yes____ No____ Unk____

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NEBRASKA DEPARTMENT OF SOCIAL SERVICES
Sexual Assault — Face to Face

(Adults Assaulted as Adults)

Month/Yr:_____ Program:_____

Survivor	*Perpetrator*
Gender: Female____ Male____ Total____	**Gender:** Female____ Male____ Total____
Age: 13-17____ 18-29____ 30-44____ 45-64____ 65+____ Unk____	**Age:** 13-17____ 18-29____ 30-44____ 45-64____ 65+____ Unk____
Race: White____ Asian____ Hispanic____ Black____ Native American____ Other ____ Unk____	**Race:** White____ Asian____ Hispanic____ Black____ Native American____ Other ____ Unk____
Is The Survivor's Primary Language English? Yes _____ No _____ Unk _____ *If no, type:* Vietnamese_____ Spanish ____ Other_____ Unk _____	**Is The Perpetrator's Primary Language English?** Yes _____ No _____ Unk _____ *If no, type:* Vietnamese_____ Spanish ____ Other_____ Unk _____
Had Survivor Used Alcohol/Drugs Before Assault? Yes____ No____ Unk____	**Had Perpetrator Used Alcohol/Drugs Before Assault?** Yes____ No____ Unk____
Living with Perpetrator? Yes____ No____ Unknown____	**Relationship:** Friend____ Acquaintance____ Family Member____ Current Spouse/Partner____ Former Spouse/Partner____ Stranger____ Unknown____

Type of Assault: Penetration____ Fondling____ Exposing/ Masturbation____ Unknown____

Victim Compliance Gained Through: Threat of/Use of Physical Violence____ Psychological Coercion____ Unknown ____

If Coercion used, type: Bribery____ Threats (other than of physical violence)____ Obligation/ Manipulation____ Instruction____ Entrapment____ Unknown____

Weapon Involved: Yes____ No____ Unknown____
If yes, type: Knife____ Gun____ Object___ Unk___

Location Were Assault Occurred: Victim's Home____ Perpetrator's Home____ Other Home/Building____ Victim's Vehicle____ Perpetrator's Vehicle ____ Other Vehicle ____ Outdoors ____ School____ Workplace____ Other ____ Unk____

Medical Attention Received: Yes____ No____ Unk___
Referred for HIV/AIDS Testing: Yes___ No___ Unk___

Reported (Police): Yes____ No____ Unk____
If yes, was perpetrator arrested? Yes____ No____ Unk____
If yes, were charges filed? Yes____ No____ Unk___

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NEBRASKA DEPARTMENT OF SOCIAL SERVICES
Incest/Child Sexual Assault — Face to Face

Adult Survivors
(Adults Assaulted as Children)

Month/Yr:_____ Program:_____

Survivor	*Perpetrator*
Gender: Female____ Male_____ Total____	**Gender:** Female_____ Male_____ Total_____
Current Age: 18-29____ 30-44____ 45-64_____ 65+_____ Unknown _____	**Age at Time of Assaults:** 12 & Under ____ 13-17____ 18-29____ 30-44____ 45-64_____ 65+_____ Unk _____
Age Assaults Began: 0-3____ 4-7____ 8-12____ 13-17____ Unknown_____	**Race:** White____ Asian____ Hispanic____ Black____ Native American____ Other _____ Unknown_____
Race: White____ Asian____ Hispanic____ Black____ Native American____ Other _____ Unknown_____	**Is/Was The Perpetrator's Primary Language English:** Yes _____ No _____ Unk _____ *If no, type:* Vietnamese_____ Spanish _____ Other_____ Unk _____
Is The Survivor's Primary Language English: Yes _____ No _____ Unk _____ *If no, type:* Vietnamese_____ Spanish _____ Other_____ Unk _____	**Relationship:** Father/Figure_____ Mother/Figure____ Relative_____ Sibling____ Family Friend____ Stranger____ Acquaintance____ Unknown____

Duration of Abuse:
On-Going___ Single Incident____ Unknown____
If on-going, how long? 0-1 Year____ 1-3 Years___
3+ Years_____ Unknown_____

Type of Assault: Penetration____ Fondling____
Exposing/Masturbation____ Unknown_____

Victim Compliance Gained Through:
Threat of/Use of Physical Violence_____
Psychological Coercion_____ Unknown _____

If Coercion used, type: Bribery____
Threats(other than of physical violence)_____
Obligation/Manipulation_____ Instruction_____
Entrapment_____ Unknown_____

Weapon Ever Involved: Yes____ No____ Unknown____

If Yes, type: Knife____ Gun____ Object___ Unk___

Medical Attention Ever Received:
Yes____ No____ Unk____
Referred for HIV/AIDS Testing:
Yes_____ No____ Unk____

Reported (Police/DSS): Yes____ No____ Unk____

If Yes, was the perpetrator arrested?
Yes____ No_____ Unk_____
If Yes, were charges filed?
Yes____ No____ Unk____

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NEBRASKA DEPARTMENT OF SOCIAL SERVICES
Incest/Child Sexual Assault — Face to Face

Child & Adolescent Survivors

(Children Assaulted as Children)

Month/Yr:_____ Program:_____

Survivor	*Perpetrator*
Gender: Female____ Male_____ Total____	**Gender:** Female_____ Male_____ Total_____
Current Age: 0-3____ 4-7____ 8-12____ 13-17____ Unknown _____	**Age at Time of Assaults:** 12 & Under ____ 13-17____ 18-29____ 30-44____ 45-64_____ 65+_____ Unk _____
Age Assaults Began: 0-3____ 4-7____ 8-12____ 13-17____ Unknown_____	**Race:** White____ Asian____ Hispanic____ Black____ Native American____ Other _____ Unknown_____
Race: White____ Asian____ Hispanic____ Black____ Native American____ Other _____ Unknown_____	**Is/Was The Perpetrator's Primary Language English:** Yes _____ No _____ Unk _____ *If no, type:* Vietnamese_____ Spanish _____ Other_____ Unk _____
Is The Survivor's Primary Language English: Yes _____ No _____ Unk _____ *If no, type:* Vietnamese_____ Spanish _____ Other_____ Unk _____	**Relationship:** Father/Figure_____ Mother/Figure____ Relative_____ Sibling____ Family Friend____ Stranger____ Acquaintance____ Unknown____

Duration of Abuse:
On-Going___ Single Incident____ Unknown____
If on-going, how long? 0-1 Year____ 1-3 Years___
3+ Years_____ Unknown_____

Type of Assault: Penetration____ Fondling____
Exposing/Masturbation____ Unknown_____

Victim Compliance Gained Through:
Threat of/Use of Physical Violence_____
Psychological Coercion_____ Unknown _____

If Coercion used, type: Bribery____
Threats(other than of physical violence)_____
Obligation/Manipulation_____ Instruction_____
Entrapment_____ Unknown_____

Weapon Ever Involved: Yes____ No____ Unknown____

If Yes, type: Knife____ Gun____ Object___ Unk___

Medical Attention Ever Received:
Yes____ No____ Unk____
Referred for HIV/AIDS Testing:
Yes_____ No____ Unk____

Reported (Police/DSS): Yes____ No____ Unk____

If Yes, was the perpetrator arrested?
Yes____ No_____ Unk_____
If Yes, were charges filed?
Yes____ No____ Unk____

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Nebraska Department of Social Services
Domestic Violence/Sexual Assault Programs
Monthly Activity Summary
Protection Order Activity

Month/Year:_____ **Program:**_____

Temporary Orders

Total Number of Applications Program Assisted With:_____

Of these: # Granted_____ # Denied_____ # Unknown_____ # Continued_____ # Withdrawn_____

Reason Orders Were Denied: (Number Applicable) **Comments:**

Unknown: _____
Insufficient Grounds: _____
Parties Never Lived Together: _____
Inappropriate Filing: _____
Innapropriate for Situation: _____
Respondent Not Served: _____
Unclear Jurisdiction: _____
Custody/Children Included: _____
Restraining Order in Effect: _____
Abuse Not Recent Enough: _____
Other: _____

Counties (# per County):

_____ _____
_____ _____
_____ _____

Permanent Orders

Total Number Of Hearings Program Assisted With:_____

Of these: # Granted_____ # Denied_____ # Unknown_____ # Continued_____ # Withdrawn_____

Reason Orders Were Denied: (Number Applicable) **Comments:**

Unknown: _____
Insufficient Grounds: _____
Parties Never Lived Together: _____
Inappropriate Filing: _____
Respondent Not Served: _____
Restraining Order: _____
Petitioner did not appear at hearing: _____
Abuse not recent enough: _____
Children/Custody: _____
Other: _____

7/93

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Nevada

QUARTERLY PROGRAM REPORT
DOMESTIC VIOLENCE/MARRIAGE LICENSE

DATE: _____

REPORTING QUARTER 1 2 3 4

CONTACT PERSON _____

PHONE NO. (___) - ___ - ____

NAME OF ORGANIZATION _____ COUNTIES SERVED: _____

TOTAL NUMBER OF VICTIM CONTACTS		TYPE OF CONTACT	
Number of first time contacts	_____	Telephone	_____
Number of repeat contacts	_____	Face to Face	_____
Following up contacts	_____		

TOTAL NUMBER OF PRIMARY CLIENTS OR VICTIMS: _____ TOTAL SECONDARY VICTIMS: _____

AGE OF PRIMARY VICTIM				AGE-SECONDARY CHILDREN VICTIMS	
FEMALE		MALE			
00 - 12	_____	00 - 12	_____	0 - 2	_____
13 - 17	_____	13 - 17	_____	3 - 5	_____
18 - 29	_____	18 - 29	_____	6 - 13	_____
30 - 44	_____	30 - 44	_____	13 - 18	_____
45 - 64	_____	45 - 64	_____	Unknown	_____
65 +	_____	65 +	_____		
Unknown	_____	Unknown	_____		
TOTAL	_____	TOTAL	_____	TOTAL	_____

GRAND TOTAL _____

RACE OF PRIMARY VICTIM	
Caucasian	_____
Black	_____
Hispanic	_____
Native American	_____
Asian/Pacific Islander	_____
Unknown	_____
TOTAL	_____

RESIDENCE OF PRIMARY VICTIM AT TIME OF CRISIS					
Carson City	_____	Eureka	_____	Nye	_____
Churchill	_____	Humboldt	_____	Pershing	_____
Clark	_____	Lander	_____	Storey	_____
Douglas	_____	Lincoln	_____	Washoe	_____
Elko	_____	Lyon	_____	White Pine	_____
Esmeralda	_____	Mineral	_____	Unknown	_____
TOTAL			_____		

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NUMBER OF KNOWN PREGNANT WOMEN SERVED DURING THIS REPORTING QUARTER _____

EMPLOYMENT STATUS - PRIMARY VICTIMS	
Employed Full-Time	_____
Employed Part-Time	_____
Unemployed	_____
Disabled	_____
Retired	_____
Unknown	_____
Student	_____
TOTAL	_____

LAW ENFORCEMENT RESPONSE:

Number of known cases in which law enforcement was contact during this reporting quarter? _____

Known number of arrests made _____
Number not arrested _____
Case still pending _____

Number of known cases in which law enforcement was not contacted during this reporting quarter? _____

Unknown _____

NUMBER OF BED-NIGHTS PROVIDED:

	ADULTS	BEDNIGHTS	CHILDREN	BEDNIGHTS	PERSON TOTAL	BN TOTAL
Full-Shelter Service						
Shelter Service						
Safe Homes						
Emergency/Motel						
Transitional Housing						
TOTAL						

Number of Protection Orders Prepared	_____
Number of Police Reports Prepared	_____
Number Court Appointments	_____
Number of Individual Counseling Sessions	_____
Number of Victims support groups held	_____
Number of Parent's support groups held	_____

202 842 9329 P.12/19

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	NUMBER OF REFERRALS PROVIDED TO CLIENTS
	Temporary Protection/Restraining Orders
	Legal Counsel
	Law Enforcement
	Medical
	COUNSELING
	A. Individual
	B. Marriage/Family
	C. Support Group
	D. Sexual Assault
	E. Substance Abuse
	Domestic Violence Shelter
	To a Non-Domestic Violence Shelter
	Housing
	Day Care
	Food
	Transportation
	Employment/Training
	Child Protective Services
	Parenting Programs (Classes)
	Clergy
	School
	Court
	Victim Compensation
	Other (Specify)
_____	TOTAL NUMBER OF REFERRALS

QTRPT
DVDISC

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PERPETRATOR SERVICES

TOTAL NUMBER OF CONTACTS		TYPE OF CONTACT	
Number of first time contacts	____	Telephone	____
Number of repeat contacts	____	Face to Face	____
Following up contacts	____		

Number of anger control groups held ____

Number of perpetrators served (unduplicated) ____

Describe any other services provided to the perpetrator? ____

SOURCES OF REFERRAL RECEIVED	
REFERRAL SOURCE	NUMBER
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
TOTAL	

HOURS OF VOLUNTEERS SERVICE	
Hotline	____
Shelter	____
Board and Committees	____
Office	____
Other	____
Total number of hours	____

Hours of Volunteer Inservice Training held ____

ttach summary of significant events, activities, presentations, etc. for this period. Include umber of staff attending whenever possible.

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NEW JERSEY DOMESTIC VIOLENCE PROGRAM STATISTICS

AGENCY:
PREPARED BY:

MONTH:
YEAR:

1. RESIDENTIAL CLIENTS SERVED

DESCRIPTION	# CARRIED OVER			# ADMITTED			TOTAL # SERVED			# ADMITTED YTD		
	Women	Children	Total	Women	Children	Total	Women	Children	Total	Women	Children	Total
SHELTER RESIDENTS												
HOTEL/MOTEL PLACEMENT												
SECOND-STAGE												
TOTAL:												

2. AVERAGE LENGTH OF STAY
(Women discharged this month)

Shelter	Hotel/Motel	Second Stage

3. # TURN-AWAYS FROM SHELTER

THIS MONTH			YEAR-TO-DATE		
Women	Children	Total	Women	Children	Total

4. DEMOGRAPHICS OF RESIDENTS ADMITTED THIS MONTH
(Includes hotel/motel placements)

PREVIOUSLY SHELTERED:	Women	Children	Total

DIFFERENTLY ABLED (Mobility impaired; blind; deaf)	Women	Children	Total

NON-ENGLISH SPEAKING - LANGUAGES	Women	Children

AGE: (CLIENT)	15 - 18	19 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65+

AGE: (DEPENDENT)	0 - 5	5 - 9	10 - 14	15 - 18

RACE:	WHITE	BLACK	HISP.	ASIAN	AM IND.	OTHER

REASONS FOR TURN-AWAYS

REASON	THIS MONTH			YEAR-TO-DATE		
	Women	Children	Total	Women	Children	Total
INSUFFICIENT SPACE						
NOT A D.V. CLIENT						
SUBSTANCE ABUSE						
MENTAL HEALTH						
OTHER ( )						
TOTAL:						

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NEW JERSEY DOMESTIC VIOLENCE PROGRAM STATISTICS

AGENCY: _____ MONTH: _____

PREPARED BY: _____ YEAR: _____

10. HOTLINE CALLS

DESCRIPTION	THIS MONTH	YEAR-TO-DATE
CRISIS CALL-VICTIMS		
VICTIM SUPPORT		
CRISIS CALL-BATTERERS		
BATTERER SUPPORT		
DOMESTIC VIOLENCE INFO.-ANY SOURCE		
INFO. & REFERRAL-NOT DV		
TOTAL HOTLINE CALLS:		

TOTAL # VICTIMS (YEAR-TO-DATE)	
TOTAL # BATTERERS (YEAR-TO-DATE)	

11. PREVENTIVE EDUCATION AND TRAINING

AUDIENCE	# OF TRAININGS AND PRESENTATIONS	ATTENDANCE	
		TRAINED	EDUCATED
COURT PERSONNEL			
POLICE			
CLERGY			
MEDICAL			
SCHOOLS			
MENTAL HEALTH AGENCIES			
HUMAN SERVICE AGENCIES			
LAWYERS			
CIVIC CLUBS			
GENERAL PUBLIC			
OTHER ( )			
OTHER ( )			
TOTAL:			
YEAR-TO-DATE TOTAL:			

12. ADDITIONAL SERVICES OR COMMENTS

(Special Events, Media Highlights, Technical Assistance/Consultations, Service Trends, etc. Please attach all newspaper clippings.)

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NORTH DAKOTA DEPARTMENT OF HEALTH
MATERNAL AND CHILD HEALTH DIVISION
SFN 16506 (12-95)

Project Name	Month of 19
This Report Completed By	Telephone Number

[ ] 1. NUMBER OF NEW VICTIMS SERVED THIS MONTH (Count each victim only once per year the first time she/he receives services. If you talk to a victim on the phone for a significant length of time, and obtain enough information to respond to the following, record here and not as a phone call.)

[ ] 1a. OF NEW VICTIMS REPORTED IN LINE 1 ABOVE HOW MANY WERE ALSO CLIENTS IN A PREVIOUS YEAR?

[ ] 2. NUMBER OF VICTIMS REPORTING ABUSE (OR FOR WHOM SOMEONE ELSE HAS REPORTED ABUSE) FOR THE FIRST TIME THIS YEAR WHO WERE 'PHONE CALLS ONLY' (These should not be included in line 1.) PHONE CALL refers to a victim who was not seen in person, and from/for whom only limited data are collected. Please see instructions.

RECORD THE FOLLOWING INFORMATION ON NEW VICTIMS (not phone calls) served this month. Total for each category should equal the number of new victims. *(Except for categories marked by an asterisk.)

3. SEX OF VICTIM

_____ Female
_____ Male

4. AGE OF VICTIM

_____ 0-12 years
_____ 13-17 years
_____ 18-29 years
_____ 30-44 years
_____ 45-64 years
_____ 65 and older
_____ UNKNOWN

*5. DISABLED VICTIMS (Indicate all disabilities (listed below) which apply to each victim.

_____ Visually Impaired/Blind
_____ Hearing Impaired/Deaf
_____ Developmentally Delayed
_____ Physical/Medical Disability
_____ Mentally Ill
_____ Other
_____ Unknown

_____ Total No. Disabled Victims

6. ETHNIC BACKGROUND

VICTIM	ABUSER	
_____	_____	Caucasian/White
_____	_____	American Indian/Alaskan Native
_____	_____	African American/Black
_____	_____	Asian/Pacific Islander
_____	_____	Hispanic
_____	_____	Other
_____	_____	Unknown

7. COMMUNITY SIZE OF VICTIM

_____ Rural & Remote Location
_____ Town Under 500 Population
_____ Town 500 to 1500 Population
_____ Town 1500 to 5000 Population
_____ City 5,000 to 10,000 Population
_____ City 10,000 to 35,000 Population
_____ City Over 35,000 Population

8. PRIMARY REFERRAL SOURCE

_____ Self
_____ Law Enforcement
_____ Friend
_____ Family/Relative
_____ Legal Assistance
_____ Private Attorney
_____ Physician/Hospital
_____ County Social Services
_____ Human Service Center
_____ Church
_____ Mental Health Referral Line
_____ Private Help Agency
_____ Victim Witness Advocate
_____ Employer
_____ Tribal Social Services
_____ Tribal Court
_____ State's Attorney
_____ Court
_____ Other DV Project
_____ Other _____
_____ Unknown

9. FAMILY SIZE OF VICTIM (number of minor children living in home)

_____ None
_____ One
_____ Two
_____ Three
_____ Four
_____ Five
_____ Over Five (Specify)
_____ Unknown

*10. NUMBER OF NEW VICTIMS SEEN WHO WERE PREGNANT AT THE TIME OF THE ASSAULT.

11. PAST USE OF A DV PROJECT

_____ Yes
_____ No
_____ Unknown

12. PRIMARY ABUSER'S RELATIONSHIP TO VICTIM

_____ Spouse
_____ Former Spouse (Includes those legally separated or in divorce process)
_____ Cohabitating Partner
_____ Partner (Boyfriend/Girlfriend)
_____ Former Partner (Boyfriend/Girlfriend)
_____ Family Member/Relative
_____ Roommate
_____ Other _____
_____ Unknown

13. WAS LAW ENFORCEMENT CALLED AT TIME OF INCIDENT?

_____ Yes
_____ No (go to #14)
_____ Yes, but no officer responded
_____ Unknown

*13a. IF OFFICER RESPONDED, WAS THE ABUSER ARRESTED?

_____ Yes
_____ No
_____ Unknown

*13b. FOR YES ANSWERS IN 13A, ON WHAT CHARGE(S) WAS THE ABUSER ARRESTED?

_____ Aggravated Assault
_____ Assault
_____ Simple Assault
_____ Disorderly Conduct
_____ Terrorizing
_____ Stalking
_____ Domestic Abuse: Tribal Code
_____ Other (List) _____
_____
_____ Unknown

14. WAS A CRIMINAL COMPLAINT FILED?

_____ Yes
_____ No (go to #16)
_____ Unknown

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*14a. IF YES, WHO SIGNED THE COMPLAINT?

_____ Victim Signed
_____ Law Enforcement signed without victim's signature
_____ Other (Specify): _____
_____
_____ Unknown

*15. IF YES TO #14, WERE CRIMINAL CHARGES FILED?

_____ Yes
_____ No
_____ Unknown

16. LENGTH OF EXPOSURE TO VIOLENT RELATIONSHIP (Not number of years in relationship)

_____ Under 1 year
_____ 1-5 years
_____ 6-10 years
_____ 11-20 years
_____ Over 20 years
_____ Unknown

17. HAVE WEAPONS EVER BEEN USED DURING ANY INCIDENT OF ABUSE (actually used or visibly used as threats)?

_____ Yes
_____ Guns
_____ Knives
_____ Other (Specify) _____
_____
_____ No
_____ Unknown

18. TYPE OF ABUSE (Be sure to mark only one type of abuse/victim)

_____ Physical
_____ Psychological
_____ Unknown

18a. HAS THE ABUSE ALSO INCLUDED SEXUAL ASSAULT BY THIS ABUSER?

_____ Yes
_____ No
_____ Unknown

19. DOES THE ABUSER HAVE A HISTORY OF BEING ABUSIVE WITH OTHER ADULTS?

_____ Yes
_____ No
_____ Unknown

20. EMPLOYMENT STATUS

VICTIM	PRIMARY ABUSER	
_____	_____	Employed
_____	_____	Unemployed
_____	_____	Student
_____	_____	Self-employed
_____	_____	Homemaker
_____	_____	Other (Retired, Disability)
_____	_____	Unknown

21. IS THERE A HISTORY OF ALCOHOL USE ASSOCIATED WITH DOMESTIC VIOLENCE?

_____ Yes - By Abuser Only
_____ Yes - By Victim Only
_____ Yes - By Both
_____ No
_____ Unknown

22. IS THERE A HISTORY OF DRUG ABUSE ASSOCIATED WITH DOMESTIC VIOLENCE?

_____ Yes - By Abuser Only
_____ Yes - By Victim Only
_____ Yes - By Both
_____ No
_____ Unknown

* THE FOLLOWING INFORMATION REFERS TO ANY VICTIM YOU HAVE WORKED WITH THIS MONTH, WHETHER OR NOT THEY ARE NEW:

_____ *23. NUMBER OF VICTIMS WHO WERE GRANTED AN EX PARTE ORDER FOR PROTECTION.

_____ *24. NUMBER OF EX PARTE PROTECTION ORDERS DENIED.

_____ *25. NUMBER OF PROTECTION ORDERS DENIED AT FULL HEARING.

_____ *26. NUMBER OF ABUSERS WHO **ALLEGEDLY** VIOLATED AN ORDER FOR PROTECTION.

_____ *27. NUMBER OF ABUSERS ARRESTED FOR AN INITIAL VIOLATION OF A PROTECTION ORDER.

_____ *28. NUMBER OF ABUSERS ARRESTED FOR A SUBSEQUENT VIOLATION OF A PROTECTION ORDER.

_____ *29. NUMBER OF ABUSERS PROSECUTED IN CONNECTION WITH AN INITIAL VIOLATION OF A PROTECTION ORDER (MISDEMEANOR).

_____ *30. NUMBER OF ABUSERS PROSECUTED IN CONNECTION WITH A SUBSEQUENT VIOLATION OF A PROTECTION ORDER (FELONY).

_____ *31. TOTAL NUMBER OF CLIENTS REINITIATING SERVICES THIS MONTH AS A RESULT OF A NEW INCIDENT OF ABUSE (if victim was seen for the first time this year report on line 1 and not here).

_____ *32. NUMBER OF PRESENTATIONS TO PROFESSIONAL GROUPS WHO ALSO DEAL WITH VICTIMS. (Do not include your own inservice training)

_____ *32a. NUMBER OF PEOPLE WHO ATTENDED ABOVE PRESENTATIONS.

_____ *33. NUMBER OF PRESENTATIONS TO SCHOOL PERSONNEL AND STUDENTS.

_____ *33a. NUMBER OF PEOPLE WHO ATTENDED ABOVE PRESENTATIONS

_____ *34. NUMBER OF PRESENTATIONS TO GENERAL PUBLIC.

_____ *34a. NUMBER OF PEOPLE WHO ATTENDED ABOVE PRESENTATIONS.

_____ *35. NUMBER OF MEDIA CONTACTS.

SEND COPIES OF THIS FORM TO:

ND Department Health
Maternal and Child Health Division
600 E. Boulevard Avenue
Bismarck, ND 58505-0200

ND Council on Abused Women's Services
418 E. Rosser #320
Bismarck, ND 58501

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MATERNAL AND CHILD HEALTH DIVISION
SFN 19753 (Rev. 05-98)

Project Name	Month of 19
This Report Completed By	Telephone Number

1. Total Number of New Cases	2. Total Number of Secondary Victims Served For New Cases	3. Total Number of Calls to Hotline

NOTE: COMPLETE THE FOLLOWING FOR NEW CASES. A new case is defined as a person who has been sexually assaulted, and the program has provided services to the primary victim or secondary victim(s) (family or friend of victim) for the first time this month in the current year. (#1 only)

. CURRENT AGE OF PRIMARY VICTIM

_____ 0-5 years
_____ 6-12 years
_____ 13-17 years
_____ 18-29 years
_____ 30-44 years
_____ 45-64 years
_____ 65 and older
_____ Unknown

. ETHNIC BACKGROUND OF PRIMARY VICTIM

_____ Caucasian/White
_____ American Indian/Alaskan Native
_____ African American/Black
_____ Asian/Pacific Islander
_____ Hispanic
_____ Other
_____ Unknown

ANY KNOWN DISABILITY OF PRIMARY VICTIM (Mark all that apply)

_____ Visually Impaired/Blind
_____ Hearing Impaired/Deaf
_____ Developmentally Delayed
_____ Physical/Medical Disability
_____ Mentally Ill
_____ Other (Specify)_____
_____ Unknown

REFERRAL SOURCE (Indicate for person making initial contact with program)

_____ Self
_____ Friend/Family Member
_____ Mental Health/Human Svcs (including Teachers, Clergy, etc.)
_____ Criminal Justice (Including Law Enf., Co. Atty., Court)
_____ Social Services/Child Protection
_____ Medical Services
_____ Other Victim Assistance Program
_____ Media Announcement (Public Service Announcement, etc.)
_____ Program Brochure(s)
_____ Other Program Outreach (Heard a Presentation, etc.)
_____ Other
_____ Unknown

8. VICTIM & ASSAILANT GENDER (Mark only one assault per case; if more than one, use presenting or most current)

_____ Male Assailant/Female Victim
_____ Male Assailant/Male Victim
_____ Female Assailant/Female Victim
_____ Female Assailant/Male Victim
_____ Assailant Gender Unknown/Female Victim
_____ Assailant Gender Unknown/Male Victim
_____ Male Assailant/Victim Gender Unknown
_____ Female Assailant/Victim Gender Unknown
_____ Both Assailant and Victim Gender Unknown

9. ASSAILANT'S RELATIONSHIP TO VICTIM (Mark only one assault per case; if more than one, use presenting or most current)

A ADULT VICTIM	B CHILD VICTIM	C AGE UNKNOWN	
			Parent*
			Stepparent*
			Other Cohabitating Adult in Parental Role*
			Sibling*
			Other Relative*
			Person in Position of Authority
			Friend/Acquaintance/Date
			Spouse/Cohabitating Adult
			Co-Worker/Employer
			Therapist/Counselor
			Other Professional _____
			Stranger
			Information Unknown
			TOTALS

9a. Of total adults served in column A, how many assaults were:

_____ Rape
_____ Attempted rape
_____ Other sexual contact
_____ Of total adults seen, how many were also victims of incest? (any first five categories of #9 marked with an asterisk.)
_____ Of total adults served, how many were also victims of child sexual abuse (not incest)?

9b. Of total children served in column B, how many assaults were:

_____ Rape
_____ Attempted rape
_____ Other sexual contact

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10. MULTIPLE ASSAULTS

_____ Number of cases in which the victim was known to have been assaulted more than once.

11. MULTIPLE ASSAILANTS

_____ Number of cases in which the victim was known to have been assaulted by more than one assailant.

12. ASSAULTS REPORTED

_____ Reported to Law Enforcement

_____ NOT Reported to Law Enforcement

_____ Unknown If Reported to Law Enforcement

13. LENGTH OF TIME BETWEEN ASSAULT AND CONTACT WITH PROGRAM

A ADULT VICTIM	B CHILD VICTIM	C AGE UNKNOWN	
			Same Day
			1 Day
			2 Days
			3-6 Days
			1 Week - 1 Month
			2 - 6 Months
			7 - 11 Months
			1 - 5 Years
			6 - 10 Years
			11 - 15 Years
			Over 15 Years
			Unknown

14. LOCATION OF ASSAULT

A. ADULT VICTIM	B CHILD VICTIM	C AGE UNKNOWN	
			Victim's Home
			Assailant's Home
			Victim's and Assailant's Home
			Assailant's Car
			Outside
			College Campus
			Workplace
			Institution
			Other (Specify)
			Unknown

NOTE: ALL PRIMARY AND SECONDARY/ (BOTH NEW AND CONTINUING).

15. NUMBER OF CONTACTS

PRIMARY VICTIM	SECONDARY VICTIMS

NOTE: Each time a person contacts your program for services, count that person as a contact (e.g., if both a primary and secondary victim are present, count as two contacts.

16. SERVICES PROVIDED (Include all services provided. More than one service may be provided during a contact).

PRIMARY VICTIMS	SECONDARY VICTIMS	
		Crisis Intervention
		Support Counseling (Indiv., Family, or Group
		Criminal Justice Information/Advocacy
		Medical Information/Advocacy
		Victim Compensation Claim Information/Advocacy
		Prevention/Safety Information/Advocacy
		Other Information/Advocacy
		Emergency Services (e.g., Housing, Transportation, Financial, Child Care)
		Other (specify)
		TOTAL SERVICES PROVIDED

17. REFERRALS MADE (Count all referrals made. More than one referral may be made during a contact.)

PRIMARY VICTIMS	SECONDARY VICTIMS	
		Criminal Justice/Legal
		Medical Service Provider
		Social Services/Child Protection
		Mental Health/Human Services Provider
		Other Victim Assistance Program
		Self-Help Group
		Other
		TOTAL REFERRALS MADE

NOTE: If more than one presentation to same group count each presentation, but # of participants only once.

18. TRAINING PROVIDED TO PROFESSIONALS

NUMBER OF PRESENTATIONS	NUMBER OF PARTICIPANTS	
		Law Enforcement
		Medical
		Legal
		Human Services
		Clergy
		Teachers/Educators
		Other Victim Services
		Multidisciplinary
		Other (Specify) _____
		TOTALS

19. PREVENTION/EDUCATION PRESENTATIONS MADE

NUMBER OF PRESENTATIONS	NUMBER OF PARTICIPANTS	
		Grades K-4
		Grades 5-9
		Grades 10-12
		4 Year College
		Post Graduate
		Parent Groups
		Disabled Groups
		Religious Groups
		Employee/Workplace Groups
		General
		Other (Specify) _____
		TOTALS

20. NUMBER OF SCHOOLS IN WHICH YOU GAVE SEXUAL ASSAULT PRESENTATIONS.

_____ Grades K-4

_____ Grades 5-9

_____ Grades 10-12

_____ 4 Years College

_____ Post Graduate

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PCAR TOTAL SEXUAL VIOLENCE SERVICE PROVISION

☐ Initial Report ☐ Revised Report

Contractor _____ Cnty Served _____ Code ☐

Please check appropriate box:

☐ Jul-96	☐ Oct-96	☐ Jan-97	☐ Apr-97
☐ Aug-96	☐ Nov-96	☐ Feb-97	☐ May-97
☐ Sep-96	☐ Dec-96	☐ Mar-97	☐ Jun-97

DIRECT SERVICES

Clients: UNDUPLICATED

- ☐ #of New Adult Victims
- ☐ #of New Child Victims
- ☐ #of New Significant Others
- ☐ - TOTAL NUMBER OF NEW CLIENTS

Hours:

- ☐ # of Hours to All Adult Victims
- ☐ # of Hours to All Child Victims
- ☐ # of Hours to All Significant Others
- ☐ - TOTAL NUMBER OF HOURS TO ALL CLIENTS (new& ongoing)

☐ Total#of Victim-Related Telephone Calls

SYSTEMSADVOCACY

- ☐ # of Contacts
- ☐ #of Hours

PREVENTION/EDUCATION

	In Class	Out Class
# of Pre-school Programs	☐	☐
# of Students Pre-school	☐	☐
# of Programs Grades K-5	☐	☐
# of Students Grades K-5	☐	☐
# of Programs Grades 6-8	☐	☐
# of Students Grades 6-8	☐	☐
# of Programs Grades 9-12	☐	☐
# of Students Grades 9-12	☐	☐
# of Programs Post-High Schl	☐	☐
# of Students Post-High Schl	☐	☐

- ☐ # of Programs to Community Groups
- ☐ # of Persons
- ☐ # Community-Wide Events

TRAININGS

- ☐ # of Sexual Assault CounselorTrainings
- ☐ # of PersonsTrained
- ☐ # of trainings provided to Staff/Volunteers
- ☐ # of Persons Trained
- ☐ # of Trainings provided to Professionals in the Community
- ☐ of Persons Trained

PUBLIC RELATIONS/EDUCATIONAL MATERIALS

- ☐ # of Press Releases Developed
- ☐ # of Press Releases Distributed
- ☐ # of Public Service Announcements Developed
- ☐ # of Public Service Announcements Distributed
- ☐ # of Media Presentations
- ☐ # of Materials Developed (2 copies must be included with the report)
- ☐ # of Materials Printed

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VICTIM PROFILE

AGE:	F	M	U
0 - 5 years			
6 - 11 years			
12 - 17 years			
Unknown - 17 years and under			
18 - 21 years			
22 - 34 years			
35 - 54 years			
55 year's and up			
Unknown - 18 years and over			

Victim ETHNICITY:	Child Victim	Adult Victim
Caucasian		
African-American		
Spanish Origin		
Asian & Pacific Islander		
Native American		
Bi-Racial		
Other		
Unknown		

DISABILITY:		
Physical		
Mental/Emotional		
Other Impairments ...		

VICTIM/OFFENDER RELATIONSHIP:		
Strangers		
Acquaintances		
Friends		
Authority Figures		
Lover/Boyfriend		
Spouse/Ex Spouse . .		
Parent		
Step-Parent		
Siblings		
Other Relatives		
Clergy		
Other		
Unknown		

REPORTED TO POLICE:		
No		
Yes		
Not Applicable		
Unknown		

MEDICAL CARE OBTAINED:		
No		
Yes		
Not Applicable		
Unknown		

	Child Victim	Adult Victim
TYPE OF ASSAULT: (as understood by the sexual assault counselor, may be more than one)		
Rape		
Sexual Assault		
Aggrevated Indecent Assault		
Involuntary Deviate Sexual Intercourse. .		
Sexual Abuse of Children		
Incest		
Statutory Sexual Assit.		
Conspiracy (Rape)		
Attempted Rape		
Indecent Assault		
Indecent Exposure		
Sexual Harassment		
Other (Specify)		
Unknown		

REFERRALS RECEIVED FROM:		
Criminal Justice Systm		
Human Services (not C&Y) ...		
Medical Facility/Hosp. .		
Domestic Violence Ctr		
Children & Youth		
Friends, Relatives, Others		
Mental Health		
Clergy		
Other Professionals . .		
Self Referral		
Unknown		

REFERRALS TO:		
Criminal Justice Systm		
Human Services (not C&Y)		
Medical Facility/Hosp. .		
Domestic Violence Ctr		
Children& Youth		
Friends, Relatives, Other's		
Mental Health		
Other Professional		
No Referral		

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SIGNIFICANT OTHER PROFILE

AGE:

- 0 - 5 years
- 6 - 11 years
- 12 - 17 year's
- Unknown - 17 years and under
- .1 8 - 21 years
- 22 - 34 years
- 35 - 54 years
- 55 years and up
- Unknown - IS years and over

SEX:

- Female
- Male
- Unknown

ETHNICITY:

- Caucasian
- African-American
- Spanish Origin
- Asian & Pacific Islander
- Native American
- Bi-Racial
- Other
- Unknown

RELATIONSHIP TO VICTIM:

- Acquaintance, Friend, Date
- Spouse
- Mother
- Father
- Sibling
- Relative
- S.O. to Parent
- Authority Figure
- Child of Victim
- Other
- Unknown

ADDITIONAL PHHS INFORMATION

Assaults:

Number of women aged 12 and up raped

Number of women aged 12 and up aftemped rape

Number of sexual assault on college campuses

Trainings:

Number of Trainings to Law Enforcement Personnel

Number of Persons Trained

Name and Job Title of Person Completing the Report:

If you have questions, please call the PCAR Contract Liaison: Dick Price at 1-800-692-7445.

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WEST VIRGINIA

AGENCY NAME _____ MONTH _____ for QUARTER 1___2___3___4___ YEAR 19____ FRIS

Complete one (1) sheet (or more) for EACH month. Only put a check in each column, except for the last column, which is to be the total amount spent on each case number (in increments of 0.25, 0.50, 0.75, 1.00, etc.). The subtotal(s) for each page/month will be total on the SUMMARY SHEET .

I. CLIENT ID	II STATUS		III TYPE				IV CATEGORY/SEX/AGE											V. SERVICES								VI CHARGES				VII REFERRALS					VIII AMT OF TIME
F=FEMALE M=MALE C=CHILD SA=SEXUAL ASSAULT DV=DOMESTIC VIOLENCE	NEW	CONTINUED	VICTIMS	FAMILY	NON-FAMILY/COLLA	OFFENDERS	SEXUAL ASS. F A	SEXUAL ASS. F C	SEXUAL ASS. M A	SEXUAL ASS. M C	INCEST F A	INCEST F C	INCEST M A	INCEST M C	SURV CHILD AS F	SURV CHILD AS M	SA/DV	P/P COUNSELING	PHONE COUNSELING	GROUP COUNSELING	MEDICAL ADVOCACY	LEGAL ADVOCACY	POLICE ADVOCACY	COURT ADVOCACY	PROTECT SERV ADV	FILED	PENDING	CONVICTIONS	OTHER RESOLUTIONS	MEDICAL	LEGAL	POLICE	PSYCHOLOGICAL	PROTECTIVE SERVICES	
Sub-Total(s) Cases	2		3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	

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SUMMARY SHEET

DIRECTIONS: Add the column sub-totals from monthly reports for the quarter & put into matching Roman numeral category, making sure the numbers match the column totals.

			TOTAL
I. CASE NUMBERS			1.
II. STATUS (NEW Cases)	a.victim____	b.non-victim___	2.
III. TYPE (ALL clients/collateral contacts): Victims			3.
FAMILY MEMBERS			4.
NON-FAMILY MEMBERS/COLLATERAL			5.
OFFENDERS			6.
		TOTAL 3-6	
IV. CATEGORY/SEX/AGE of NEW VICTIMS: Please put number in victim category if contact was DIRECT; put # in non-victim category if contact was other than w/victim, but NOT with offenders; you will NOT include non-victim contacts if you had contact w/ the victim.	a.victim	b.non-victim	
SEXUAL ASSAULT (F) (A)			7.
SEXUAL ASSAULT (F) (C)			8.
SEXUAL ASSAULT (M) (A)			9.
SEXUAL ASSAULT (M) (C)			10.
INCEST (F) (A)			11.
INCEST (F) (C)			12.
INCEST (M) (A)			13.
INCEST (M) (C)			14.
SURVIVOR/CHILD SA (F)			15.
SURVIVOR/CHILD SA (M)			16.
SA/DOMESTIC VIOLENCE			17.
MULTIPLE CATEGORIES			18.
OFFENDERS (NEW)			18a.
		TOTAL 7 -18a	
V. SERVICES (All new/con't clients/collateral contacts: P/P Counseling			19.
Telephone Counseling			20.
Group Counseling			21.
Medical Advocacy			22.
Legal Advocacy			23.
Police Advocacy			24.
Court Advocacy			25.
Protective Services Advocacy			26.
		TOTAL 19 - 26	

(OVER)

PROPERTY OF
National Criminal Justice Reference Service (NCJRS)
Box 6000
Rockville, MD 20849-6000

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	TOTAL
VI. CHARGES Filed	27.
Pending/Con't	28.
Convictions	29.
Other Resolutions	30.
VIII. Referrals: Medical	31.
Legal	32.
Police	33.
Psychological	34.
Protective Services	35.
TOTAL 31 -35	
VIII. TOTAL AMOUNT OF TIME SPENT (ALL Cases)	36.

Please complete the following for any Group(s) held during the quarter. You will be including groups held for victims (rape/incest sirvivors, other sexual abuse groups) and any offender groups. You DO NOT include support groups held for domestic violence victims.

NUMBER OF GROUPS HELD FOR: a.victims___ b.non-victims___	TOTAL #
NUMBER OF INDIVIDUAL (Unduplicated) CLIENTS SERVED: a.victims___ b.non-victims___	TOTAL #
TOTAL AMOUNT OF TIME SPENT FOR GROUPS:	

EXAMPLE: If you have a group each week that meets for 1 1/2 hours, & there were 12 weeks in the quarter, then multiple 1 1/2 X 12 = 18 hours.

COMMUNITY EDUCATION STATISTICS

I. MEDIA:	TOTAL
Radio/TV interviews	
Newspaper/magazine articles	
Public information displays	
II. TRAINING:	
Volunteer training/in-service	
Agency/professional in-service	
III. COMMUNITY:	
Speaking engagements	
Workshops/panels	
IV. PREVENTION:	
School programs	
College programs	

Other major accomplishments/achievments:

REVISED 4/89

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Kentucky's Central Register

Kentucky

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DSS-292
(R. 7-93)

Report #_____

COMMONWEALTH OF KENTUCKY
Cabinet for Human Resources
Department for Social Services
ADULT PROTECTIVE SERVICES INVESTIGATION

I. DSS INFORMATION

Vendor Number_____

Worker SSN _____

County Code _____

Date Report Received __ __/__ __/__ __

Date Sent to Law Enforcement __ __/__ __/__ __

Date of Investigation __ __/__ __/__ __

Child Abuse report made? [ ] 1 - yes 2 - no

If "yes," date report made __ __/__ __/__ __

II. ADULT REPORTED

Name _____ Date of Birth __ __/__ __/__ __
(last) (first) (m.i.)

Client SSN _____

Race [ ]
1. White
2. Hispanic
3. Black
4. Asian or Pacific Islander
5. Am. Indian or Alaskan
6. Biracial
7. Not reported

Sex [ ]
1. Male
2. Female
3. Unknown

Marital Status [ ]
1. Single
2. Married
3. Widowed
4. Separated
5. Divorced
6. Unknown

Living Arrangement of Adult [ ]
1. Alone
2. Own home; with others
3. With spouse
4. With children
5. With parents
6. With other relatives
7. Non-relatives
8. Caretaker home
9. Boarding Home
10. Family Care Home
11. Personal Care Home
12. ICF
13. SNF
14. Hospital or MH-MR
15. Homeless
16. Unknown

III. INITIAL REPORTING SOURCE [ ]

1. Relative
2. Non-relative
3. Dept. Social Services
4. Other public social service agency
5. Home health agency
6. Hospital personnel
7. Law enforcement
8. Community MH/MR Center
9. Private social service agency
10. County or district health department
11. Physician
12. Long term care staff
13. Self
14. Spouse abuse shelter
15 Anonymous
16. Other

IV. RESULTS OF INVESTIGATION

TYPE	Adult Abuse [ ]	Spouse Abuse [ ]	Neglect by Caretaker [ ]	Self Neglect [ ]	Exploitation [ ]
STATUS	1. Substantiated	1. Substantiated	1. Substantiated	1. Substantiated	1. Substantiated
	2. Some indication	2. Some indication	2. Some indication	2. Some indication	2. Some indication
	3. Unsubstantiated	3. Unsubstantiated	3. Unsubstantiated	3. Unsubstantiated	3. Unsubstantiated
	4. Unable to locate	4. Unable to locate	4. Unable to locate	4. Unable to locate	4. Unable to locate
	5. Found, substantiated	5. Found, substantiated	5. Found, substantiated	5. Found, substantiated	5. Found, substantiated

If "Unable to locate", complete sections VII & X only. If "Unsubstantiated", omit section V and complete sections VI - X

V. (A) ALLEGED PERPETRATOR

Name _____ Age _____
(last) (first) (m.i.)

TYPE: [ ] [ ] [ ]
1. Adult Abuse
2. Spouse Abuse
3. Neglect by Caretaker
4. Self Neglect
5. Exploitation

Sex [ ]
1. Male
2. Female
3. Unknown

Race [ ]
1. White
2. Hispanic
3. Black
4. Asian or Pacific Islander
5. Am. Indian or Alaskan
6. Biracial
7. Not reported

Relationship [ ]
1. Spouse
2. Ex-spouse
3. Paramour
4. Parent
5. Sibling
6. Adult child
7. Other relative
8. Long term care staff
9. Self
10. Other non-relative
11. Unknown

(B) ALLEGED PERPETRATOR

Name _____ Age _____
(last) (first) (m.i.)

TYPE: [ ] [ ] [ ]
1. Adult Abuse
2. Spouse Abuse
3. Neglect by Caretaker
4. Self Neglect
5. Exploitation

Sex [ ]
1. Male
2. Female
3. Unknown

Race [ ]
1. White
2. Hispanic
3. Black
4. Asian or Pacific Islander
5. Am. Indian or Alaskan
6. Biracial
7. Not reported

Relationship [ ]
1. Spouse
2. Ex-spouse
3. Paramour
4. Parent
5. Sibling
6. Adult child
7. Other relative
8. Long term care staff
9. Self
10. Other non-relative
11. Unknown

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ADULT PROTECTIVE SERVICES INVESTIGATION

VI. DETERMINATION OF SERVICE NEED [ ]

1. No services needed
2. General adult services needed or requested
3. Adult understands the need for protective services and accepts services
4. Adult understands the need for protective services and refuses services
5. Adult does not appear to understand the need for protective services but accepts services
6. Adult does not appear to understand the need for protective services and refuses services, but is not in an emergency situation
7. Adult does not appear to understand the need for protective services; lacks capacity to accept or refuse services and needs emergency protection
8. Adult deceased
9. Adult refused to be interviewed

VII. CASE DATA

A. Status [ ]

1. Case opened for protective services
2. Case opened for general adult services
3. Already active DSS case
4. Case not opened; referrals made or short-term services provided
5. Case not opened; no services provided

B. Case # _____ C. Case Name _____
(last) (first) (m.i.)

VIII. LEGAL ACTION INITIATED/PLANNED [ ] [ ] [ ]

1. Emergency Protective Services Petition - KRS 209.110
2. Ex Parte Order - KRS 209.130
3. Involuntary Hospitalization, MH - KRS 202A
4. Involuntary Hospitalization, MR - KRS 202B
5. Disability Determination Petition - KRS 387.530
6. Emergency Protective Order - KRS 403.740
7. Domestic Violence Order - KRS 403.750
8. Criminal Complaint
9. Divorce Action - KRS 403
10. Other
11. None

IX. SERVICES (Enter appropriate code in box preceding each service below, if applicable. Otherwise, leave service blank.)

Enter an "X" in this block if no services are needed [ ]

[ ] A. Social work counseling
[ ] B. Individual or group therapy
[ ] C. Family counseling
[ ] D. Marriage counseling
[ ] E. Self-help or support group
[ ] F. Substance abuse services
[ ] G. Psychological testing or evaluation
[ ] H. Health, medical services
[ ] I. Homemaker, home management services
[ ] J. Adult day care or sheltered workshops
[ ] K. Employment or educational services
[ ] L. Legal or court services
[ ] M. Housing assistance
[ ] N. Placement with relative
[ ] O. Emergency shelter
[ ] P. Spouse abuse shelter
[ ] Q. Emergency food
[ ] R. Home-delivered or congregate meals
[ ] S. Transportation
[ ] T. Financial assistance
[ ] U. Payee, curator or power-of-attorney
[ ] V. Guardian
[ ] W. Respite Services
[ ] X. Attendant or Sitter services
[ ] Y. Alternate care services

CODES

1 - PROVIDED / PLANNED / RECEIVES
2 - REFERRED; AWAITING SERVICES
3 - NEEDED; NOT OFFERED IN COMMUNITY
4 - OFFERED, BUT REFUSED

X. The findings of this investigation are not a judicial determination, but are a professional determination based on Departmental policy and procedure.

Family Services Worker _____ Date _____

Family Services Office Supervisor _____ Date _____

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