Rural Domestic Violence and Child Victimization Enforcement Program Victim Data Sheet

The numbering of the questions on this form does not correspond to the question numbers on the Quarterly Report Form. This form is to be completed only on a victim who receives services from the Family Violence Services Coordinator. This form is a data collection tool for the Family Violence Services Coordinator. DO NOT SUBMIT THIS FORM TO DCJS.

1. **Name of Victim:**_____

2. **County of Residence:**_____

3. **Date of First Contact:**_____

4. **Indicate the following:**

Sex	**Race**	**Age In Years**	**Disability**
_____ (A) Male	_____ (A) White	_____ (A) Under 13	_____ (A) Physically disabled
_____ (B) Female	_____ (B) African-American	_____ (B) 13 - 17	_____ (B) Mentally disabled
_____ (C) Unknown	_____ (C) Hispanic	_____ (C) 18 - 29	_____ (C) Non-disabled
	_____ (D) Asian	_____ (D) 30 - 44	_____(D) Unknown
	_____ (E) Native American	_____ (E) 45 – 64	
	_____ (F) Other	_____ (F) 65 or older	
	_____(G) Unknown	_____ (G) Unknown	

5. **Referral Source**

_____Domestic Violence Program(s) _____Police _____Magistrate

_____Commonwealth's Attorney _____Sheriff's Department _____Mental Health

_____Department of Social Services _____Victim/Witness _____Clergy

_____Probation/Parole _____Court Services _____School

_____Other (Please list):_____

6. **Was the victim arrested at the same time the offender was arrested (dual arrest)? YES NO**

7. **Did the client seek shelter from the domestic violence program? YES NO**

8. **Has the victim previously sought and/or obtained any type of protective order against this perpetrator at any time before this quarter? YES NO**

9. Please report the type of crime against this victim. If a victim suffered multiple types of crime, include her/him in each appropriate category.

CRIME TYPE

_____ (A) Domestic Violence

_____ (B) Stalking

_____ (C) Violation of a Protective Order

_____ (D) Child Abuse by a family or household member (includes emotional, physical, and/or sexual)

_____ (E) Other, please specify:_____

10. Please report by the relationship between the victim and the offender. If the victim was victimized by perpetrators in multiple categories, please include her/him in each category.

_____ (A) Victim is related by marriage or former marriage to offender

_____ (B) Victim is currently or formerly in an intimate relationship with offender

_____ (C) Victim is related to the offender by blood (but is neither the offender's child or parent)

_____ (D) Victim is child of offender

_____ (E) Victim is stepchild of offender

_____ (F) Victim is parent of offender

_____ (G) Type of relationship unknown

_____ (H) Other type of relationship, please specify_____

The next page is for your records, only. DO NOT submit it to DCJS.

Victim Name:_____

11. List the number of protective orders this client has requested this quarter. _____

12. List the date of service, and then total the number of times each service was provided in this quarter to this client. (Please note, not every victim will receive every service

SERVICE	DATE OF SERVICE	NUMBER OF TIMES CLIENT RECEIVED THIS SERVICE THIS QUARTER
(A) Safety Planning		
(B) Crisis Intervention		
(C) Follow-up Counseling		
(D) Referral for shelter/safe house		
(E) Referral for financial assistance		
(F) Protection Information		
(G) Information and Referral to Other Services		
(H) Court Accompaniment		
(I) Companion Service		
(J) Liaison with other services/service providers		
(K) Criminal Justice Process-options explanation		
(L) Other services		