DOMESTIC VIOLENCE REPORT

Date: ________________ Time: ________________ Case No: ______________________

Incident Location (911 address): _____________________________________________

Weapon: __________________ Prior History of Domestic Abuse: __________________

EPO ISSUED: _____ Expiration Date: ______________ Current Protective Order: ______

List minor children regardless if present or not:

1. ______________________________________ Age _____ Injured _____ Natural/adopted/stepchild
2. ______________________________________ Age _____ Injured _____ Natural/adopted/stepchild
3. ______________________________________ Age _____ Injured _____ Natural/adopted/stepchild
4. ______________________________________ Age _____ Injured _____ Natural/adopted/stepchild

VICTIM INFORMATION:

Name __________________________________________________________

DOB: ________ SSN: ______________________ Race/Gender: __________ Injured: _________

Address: ___________________________________________________________________________________

Mailing address ________________________________________________________________

(If different) ___________________________________________________________________________________

Phone Numbers: ____________________________ ____________________________ Alcohol/Drugs _______

SUSPECT INFORMATION:

Name ________________________________________________________

DOB: ________ SSN: ____________________ Race/Gender: __________ Injured: _________

Address: ___________________________________________________________________________________

Phone Number: ____________________________ Relationship to Victim: ______________

Alcohol/Drugs ____________________________ Arrested/Charge ____________________________

NARRATIVE:

____________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

_____________________________________________________________________________________________

The victim’s personal information concerning this incident is confidential and will not be released to any non-law enforcement agency without the victim’s signed consent. I give my consent to the __________________ Sheriff’s Office to provide my personal identifying information concerning this incident to __________________________, which works with the Sheriff’s Office to provide services to victims of domestic and sexual violence.

Victim’s Signature ________________________________ (If not abuser):

Date: __________________________ (This release of information expires 14 days from the executed date.)

I acknowledge that I was given a copy of this report. I was also informed that on the back of the report is the Domestic Violence Victim’s Advice Information and contact information for various agencies that offer services to victims of domestic and sexual abuse. Victim’s Signature __________________________ Date ________________

Reporting Officer: __________________________ Badge # ________________ Date ________________ Time ________________

Distribution: Original – V-Stop Officer
Yellow - Victim