

****WORK PRODUCT****
Triage Review Assessment

Triage Date: _____ Case # _____ Date of offense: _____

Defendant's name _____ DOB/Age _____ Gender _____

Charge(s) _____

Declined for prosecution

Concurrent case(s) pending; detail:

Status In-custody At large / warrant On bond Prosecutor refused case

Victim's name _____ DOB/Age _____ Gender _____

Address _____

Phone #s _____

Victim Contact

Contact attempted, message left Contacted; contact made by: _____

Victim concerns/safety issues: _____

Risk Factors

Abuse occurred in a public setting

Def alcohol/drug abuse indicated

Access to guns probable

Excessive jealousy/obsessiveness/controlling behavior

Animal abuse

History of depression (def).

Child abuse

Multiple pending legal actions

Child by previous partner

Obsessiveness controlling behavior

Child in household (More than 1)

Prior (non-DV) criminal history

Confinement prevents victim from leaving location

Prior DV History (reported)

Current/prior incident in violation of active P.O.

Recent separation

Current/prior stalking/monitoring behavior

Threats to kill victim and/or others

(Follows Monitors Repeatedly Contacts
(phone, email, etc))

Victim is pregnant

Current/prior strangulation

Victim very fearful of defendant

Current/prior suicidal ideation by def.

Other: _____

Current/prior use of a weapon indicated

Current Incident

Brief description:

Police called by: Victim

Medical TX: Ambulance Only Yes No

Transported for medical tx: Yes No

Injuries to victim:

Victim was strangled Strangulation involved (check all that apply)

Visible marks Victim lost consciousness Object used (belt, pillow, etc.)

Victim reports urination/defecation

Threats involved (check all that apply)

Harm to victim Death to victim Harm to others Threats to use a weapon

Use of or threats with a weapon Specify: _____

Children present

Use of alcohol/drugs by defendant

Use of alcohol/drugs by victim

Relationship/Abuse History

Length of relationship _____ When separated _____

Relationship status Ex/separated

Prior abuse reported by victim, not reported to CJS

Victim reports escalation of abuse (frequency and/or severity)

Prior use of weapons

Prior threats to use a weapon

Def gang-affiliated

Criminal History

Prior DV arrests How many? _____ How many convictions? _____

Of the DV arrests, did they include Prior VPO's? How many? _____ How many convictions? _____

Is defendant currently on probation/parole? No Yes

Has def previously violated probation or other court orders? No Yes

Is defendant ordered into batterer treatment? (currently) No Yes

Prior non-DV arrests (check all that apply)

Non-DV assaults

Felony

Misd / Muni

Child Abuse

DUI/Traffic

Action Steps

Issuance of Protection Order

Request GPS Monitoring

Home visit request

Flag for Warrant Pick-up

CLS Referral

Stalking Safety Kits

Weapons
violations

Drugs

Extensive Safety planning

Referral to Community Based Services

Coordination with CJS Partners:

Probation notified of new incident

CPS Notified

Cold call