

****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

- | | |
|---|--|
| <input type="checkbox"/> Abuse occurred in a public setting | <input type="checkbox"/> Def alcohol/drug abuse indicated |
| <input type="checkbox"/> Access to guns probable | <input type="checkbox"/> Excessive jealousy/obsessiveness/controlling behavior |
| <input type="checkbox"/> Animal abuse | <input type="checkbox"/> History of depression (def). |
| <input type="checkbox"/> Child abuse | <input type="checkbox"/> Multiple pending legal actions |
| <input type="checkbox"/> Child by previous partner | <input type="checkbox"/> Obsessiveness controlling behavior |
| <input type="checkbox"/> Child in household (More than 1) | <input type="checkbox"/> Prior (non-DV) criminal history |
| <input type="checkbox"/> Confinement prevents victim from leaving location | <input type="checkbox"/> Prior DV History (reported) |
| <input type="checkbox"/> Current/prior incident in violation of active P.O. | <input type="checkbox"/> Recent separation |
| <input type="checkbox"/> Current/prior stalking/monitoring behavior | <input type="checkbox"/> Threats to kill victim and/or others |
| <input type="checkbox"/> (<input type="checkbox"/> Follows <input type="checkbox"/> Monitors <input type="checkbox"/> Repeatedly Contacts
(phone, email, etc)) | <input type="checkbox"/> Victim is pregnant |
| <input type="checkbox"/> Current/prior strangulation | <input type="checkbox"/> Victim very fearful of defendant |
| <input type="checkbox"/> Current/prior suicidal ideation by def. | Other: _____ |
| <input type="checkbox"/> Current/prior use of a weapon indicated | |

Current Incident

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