

Domestic Violence Case Screening Checklist

Case No. _____
Suspect: _____ In custody __ NO __ Yes, as of _____

Victim: _____
Cell phone: _____ Other Phone: _____
Address: _____
Other contact person: _____
Email: _____
Initial Meeting Date: _____
Relationship to Perpetrator: _____

Protective Order Issued: _____
Terms: _____

Received and Reviewed:

- | | | |
|--|--|--|
| <input type="checkbox"/> Police Reports | <input type="checkbox"/> 9-1-1 call | <input type="checkbox"/> Recorded Statements |
| <input type="checkbox"/> Photos | <input type="checkbox"/> Witness Statements | <input type="checkbox"/> Court documents |
| <input type="checkbox"/> Medical Reports | <input type="checkbox"/> Defendant Interview | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Miranda form | <input type="checkbox"/> Search warrant | <input type="checkbox"/> Other: |

Brief description of victim's report:

Physical/Corroborating Evidence:

Suspect admissions:

Action to be taken:
 File Charge(s): _____
 Decline case: _____
 Further Investigation Requested:

