

# Appendix E: Domestic Violence Supplemental Form

## MOUNT VERNON POLICE DEPARTMENT

Case Number: \_\_\_\_\_

### DOMESTIC VIOLENCE SUPPLEMENTAL

Date/Time Occurred: \_\_\_\_\_ Time Reported: \_\_\_\_\_

Victim's Name: \_\_\_\_\_

Victim's Home # \_\_\_\_\_ Victim's Work # \_\_\_\_\_

Parent/Friend Contact Phone Number: \_\_\_\_\_

**First Person** told about incident (not 911/police) Name/phone \_\_\_\_\_

Suspect's Name: \_\_\_\_\_

Were you hit in ANY way / or was any physical force used against you ? YES NO

IF Yes, By Whom? \_\_\_\_\_

**How, where and/or with what were you hit / assaulted or threatened?**

Were you put in fear of being hurt during this incident?

(Circle one) YES NO By whom? \_\_\_\_\_

If a threat was made were you put in fear that the threat would be carried out? YES NO

Are you injured? (Circle one) YES NO

Do you have any marks and/or pain as a result of this incident? (Circle one) YES NO

If YES to either, describe injury, marks and/or pain: \_\_\_\_\_

Will you seek / need medical aid? YES NO If YES, where? \_\_\_\_\_

When did the incident occur? \_\_\_\_\_

Where did this incident occur? \_\_\_\_\_

Has this person done this type of thing to you before? YES NO If YES, When and Where? \_\_\_\_\_

Was a police report made? (Circle one) YES NO

What was occurring just prior to this incident? \_\_\_\_\_

### LETHALITY ASSESSMENT

Do any of the following apply to the suspect now or in the past?

- |  |  |
|--|--|
| <input type="checkbox"/> Guns Present in the home                                    | <input type="checkbox"/> Choked (strangled) you                    |
| <input type="checkbox"/> Threats to use the Weapon against you or another person     | <input type="checkbox"/> Abuses alcohol or drugs                   |
| <input type="checkbox"/> Recent or previous Assaults against you with weapons        | <input type="checkbox"/> Mental health history/diagnosis           |
| <input type="checkbox"/> Threats to kill you or others                               | <input type="checkbox"/> You have told suspect you're leaving      |
| <input type="checkbox"/> Recent Loss of job/family/member/stressors                  | <input type="checkbox"/> You are in the process of leaving suspect |
| <input type="checkbox"/> Have you contemplated/threatened/attempted suicide          | <input type="checkbox"/> Injured or killed pets                    |
| <input type="checkbox"/> Stalking/Controlling Behavior                               | <input type="checkbox"/> Violent towards children                  |
| <input type="checkbox"/> Said "If I can't have you, no one will"                     | <input type="checkbox"/> Recently Increased level of violence      |
| <input type="checkbox"/> Destroyed cherished items                                   | <input type="checkbox"/> Assaulted you while you were pregnant     |
| <input type="checkbox"/> Accused you of cheating                                     | <input type="checkbox"/> You are Currently Pregnant                |
| <input type="checkbox"/> Tried to control your daily activities                      | <input type="checkbox"/> Been Violent outside your relationship    |
| <input type="checkbox"/> Have either of you recently filed for divorce/child custody | <input type="checkbox"/> Forced or coerced you to have sex         |

If any of the above incidents were recent (within the past year) please explain: \_\_\_\_\_

<b>CRIME DESCRIPTION / EVIDENCE</b>	
<b><i>VICTIM</i></b>	<b><i>SUSPECT</i></b>
<input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Hysterical <input type="checkbox"/> Calm <input type="checkbox"/> Afraid <input type="checkbox"/> Irrational <input type="checkbox"/> Nervous <input type="checkbox"/> Threatening <input type="checkbox"/> Other: Explain	<input type="checkbox"/> Complain of Pain <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasion(s) <input type="checkbox"/> Minor Cut(s) <input type="checkbox"/> Laceration(s) <input type="checkbox"/> Fracture(s) <input type="checkbox"/> Concussion(s) <input type="checkbox"/> Other: Explain <input type="checkbox"/> Strangulation (complete questions below)
<input type="checkbox"/> Angry <input type="checkbox"/> Apologetic <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Hysterical <input type="checkbox"/> Calm <input type="checkbox"/> Afraid <input type="checkbox"/> Irrational <input type="checkbox"/> Nervous <input type="checkbox"/> On Probation/Parole <input type="checkbox"/> Other: Explain	<input type="checkbox"/> Complain of Pain <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Abrasion(s) <input type="checkbox"/> Minor Cut(s) <input type="checkbox"/> Laceration(s) <input type="checkbox"/> Fracture(s) <input type="checkbox"/> Concussion(s) <input type="checkbox"/> Other: Explain <input type="checkbox"/> Threatening
<b>MEDICAL TREATMENT</b>	<b>PHYSICAL EVIDENCE</b>
<input type="checkbox"/> None <input type="checkbox"/> Refused Medical Aid <input type="checkbox"/> Paramedics / Unit Number _____ <input type="checkbox"/> Name(s) / ID Numbers: _____ <input type="checkbox"/> Taken to Hospital <input type="checkbox"/> Hospital: _____ <input type="checkbox"/> Will Seek Own Doctor, Hospital or Clinic: _____ <input type="checkbox"/> Physician Attending: _____	Photos of Scene <input type="checkbox"/> Yes <input type="checkbox"/> No Photos of Victim's Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Referred for Follow-up Photos of Suspect's Injuries <input type="checkbox"/> Yes <input type="checkbox"/> No Weapon Used During Incident <input type="checkbox"/> Yes <input type="checkbox"/> No Type of Weapon Used _____ Weapon(s) Impounded <input type="checkbox"/> Yes <input type="checkbox"/> No Firearm(s) Impounded for Safety <input type="checkbox"/> Yes <input type="checkbox"/> No Drugs / Alcohol Involved <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Victim</u> Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No / Dk <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Suspect</u> Drugs <input type="checkbox"/> Yes <input type="checkbox"/> No / Dk <input type="checkbox"/> Yes <input type="checkbox"/> No Reporting Person: <input type="checkbox"/> Victim <input type="checkbox"/> Suspect 911 Recording Requested <input type="checkbox"/> Other _____
<b>STRANGULATION QUESTIONS FOR VICTIM AND/OR OFFICER OBSERVATIONS</b>	
<input type="checkbox"/> Difficulty/Pain Swallowing <input type="checkbox"/> Change in Normal Voice <input type="checkbox"/> Uncontrolled Urination/Defecation <input type="checkbox"/> Petechiae (eyes, cheeks, behind ears) <input type="checkbox"/> Loss of Consciousness	<input type="checkbox"/> Difficulty Breathing afterwards <input type="checkbox"/> Vision problems during or after <input type="checkbox"/> Loss of Breath during or after <input type="checkbox"/> Visible Injury to neck/throat/behind ears
<b>WITNESSES</b>	

Witnesses Present During Domestic Violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement(s) Taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Elders Present During Domestic Violence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Children Present During Domestic Violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement(s) Taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Witness Info. Listed In Report?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the neighbors hear anything?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Number Present ___ Ages _____

<b>RELATIONSHIP BETWEEN VICTIM AND SUSPECT</b>	
<b>Mark all that apply:</b>	
<input type="checkbox"/> Adult Relative	<input type="checkbox"/> Spouse
<input type="checkbox"/> Dating / Engaged	<input type="checkbox"/> Former Spouse
<input type="checkbox"/> Parent of Child from Relationship	<input type="checkbox"/> Cohabitants
	<input type="checkbox"/> Former Dating
	<input type="checkbox"/> Same Sex
	<input type="checkbox"/> Emancipated Minor
Length of Relationship _____Year(s), _____Month(s)	
If Applicable, Date Relationship Ended: _____	
<b>PRIOR HISTORY</b>	
Prior History of Domestic Violence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior History of Violence Documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Police Report(s)	
<input type="checkbox"/> Medical Report(s)	
<input type="checkbox"/> Other _____	
<b>COURT ORDERS:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Current	<input type="checkbox"/> Expired
<input type="checkbox"/> Prior convictions for court order violations	<input type="checkbox"/> Served <input type="checkbox"/> Pending Service
<b>TYPE:</b>	<input type="checkbox"/> No Contact Order <input type="checkbox"/> Restraining Order <input type="checkbox"/> Protection Order
Issuing Jurisdiction: _____	
Order Number: _____ Expiration Date: _____	
<b>VICTIM GIVEN:</b> <input type="checkbox"/> Information for Domestic Violence Victims	
<b>COMPLETED DOCUMENTS ATTACHED:</b>	
<input type="checkbox"/> Smith Affidavit	<input type="checkbox"/> Medical Release Form
<b>CHILD PROTECTION SERVICES 1-800-562-5624 (Press 9 for Police)</b>	
<input type="checkbox"/> Needed	<input type="checkbox"/> Notified
<b>ADULT PROTECTIVE SERVICES 1-866-221-4909</b>	
<input type="checkbox"/> Needed	<input type="checkbox"/> Notified



## ***DOMESTIC VIOLENCE VICTIM NOTIFICATION***

IF YOU ARE THE VICTIM OF DOMESTIC VIOLENCE, you can ask the city or county prosecuting attorney to file a criminal complaint.

You also have the right to file a petition in superior, district, or municipal court requesting an order for protection from domestic abuse which could include any of the following:

- (a) An order restraining your abuser from further acts of abuse;
- (b) An order directing your abuser to leave your household;
- (c) An order preventing your abuser from entering your residence, school, business, or place of employment;
- (d) An order awarding you or the other parent custody of or visitation with your minor child or children; and (e) An order restraining your abuser from molesting or interfering with minor children in your custody. The forms you need to obtain a protection order are available in any municipal, district, or superior court.

The forms you need to obtain an Order for Protection are available at:

**Skagit County District Court**  
Ground Floor, Courthouse  
600 S. 3rd Street,  
Mount Vernon, Washington 98273

### **AN ORDER FOR PROTECTION IS IMPORTANT!**

It lets the Respondent and the Police know that you are serious in your determination to be safe. **Violation of an Order is a crime.** If the Respondent threatens or harms you, or comes to a place the Court has ordered him or her to stay away from, call 9-1-1.

#### **WHAT DOES AN ORDER FOR PROTECTION DO?**

---

A Protection Order may allow law enforcement officers to arrest the Respondent if:

- Respondent causes you or your minor children physical or sexual harm.
- Respondent molests, harasses or threatens you or your children.
- Respondent interferes with child custody.
- Respondent takes your children out of state.

An Order may remove the Respondent from the family home. An Order **CANNOT**:

- Set or order child support
- Assign property to either party
- Establish permanent child custody
- Grant permanent use of the family home

The issues must be decided in separate court actions. Violation of the terms of the Order for Protection may result in the filing of criminal charges against the Respondent.

#### **WHAT WILL IT COST?**

---

The forms are free. Ask for the forms at the Skagit County District Court Office, 600 S. 3<sup>rd</sup> St, Mount Vernon, Washington 98273. Check with the court for the current filing fee.

For Assistance and filing information, call:

**Victim Witness Assistance: (360) 336-9591**

The Respondent must be served with copies of the legal papers. An Officer (or anyone who is at least 18) must personally give (serve) a copy of the Protection Order to the Respondent. You cannot serve the order yourself.

You may change or end a Temporary or Permanent protection Order if you go back to the Court. Until a Judge modifies (changes) or terminates (ends) your order, it will be enforced.

## HOW DO YOU GET A PROTECTION ORDER IN SKAGIT COUNTY?

---

### **STEP ONE – GET PROTECTION ORDER FORMS**

You may obtain free forms from the Skagit County Superior or District court in the Courthouse. Business hours are 8:30 a.m. to noon, 1 p.m. to 4:30 p.m. The telephone number is 336-9319.

### **STEP TWO – COMPLETE THE FORMS**

### **STEP THREE – JUDGE'S SIGNATURE**

Return to the Court Clerk's Office at 1 p.m. for Judge assignment. You will be told which Judge is signing Temporary Orders that day. File the signed forms with the Court Clerk.

### **STEP FOUR – RESPONDENT NOTIFIED**

The Respondent must be served with a copy of the Protection Order and a notice of hearing.

### **STEP FIVE – HEARING**

Protection Order hearings are on Wednesdays at 3 p.m. Your hearing will be about two weeks from the time the Judge signs the Temporary Order. PLEASE READ YOUR COURT PAPERS FOR THE EXACT DATE, TIME AND DEPARTMENT FOR YOUR HEARING.

**NOTE: Criminal charges resulting from an arrest for Domestic Violence are heard in District Court. Victim Witness (360- 336-9460) has information on the criminal process.**

---

### **YOU ARE NOT ALONE!**

If you are the victim of domestic violence you have a right to legal protection. Because of the different situations victims face, criminal prosecution is not always the answer...SOMETIMES IT IS NOT ENOUGH. For this reason, Washington State created a civil action that victims can use. It is known as the Domestic Violence Protection Order.

### **WHO CAN BE PROTECTED?**

If you or your children are the victims of physical or sexual abuse, or threatened abuse, you can be protected under the Domestic Violence Protection Act. This applies if you are related to the abuser as a family member, are or were married, have ever lived together or have a child together.

### **WHERE TO GO FOR HELP**

Go to the Superior Court Clerk's Office to obtain a packet of forms necessary to file for a Protection Order. For help completing the forms, please call the **Skagit Domestic Violence and Sexual Assault Services at (360) 336-9591**.

### **WHAT WILL HAPPEN?**

You fill out forms that ask (petition) the Court for a Temporary Order of Protection. In the forms the victim is called the "Petitioner" and the abuser is called the "Respondent". The forms ask for information such as the date of birth of the Respondent and a place to serve the Respondent with legal papers. The Judge reads the information on the papers and signs the Order if appropriate. The Court Clerk files the approved papers and gives you a certified copy.

### **YOU WILL NEED TO ARRANGE TO HAVE THE RESPONDENT SERVED A COPY OF THE ORDER.**

Obtaining an order takes two steps:

- A temporary Order for Protection is issued immediately at the time the Judge signs the forms. You will have protection until a Court hearing is held in about two weeks.
- In about two weeks, a full Order for Protection - lasting for one year – may be issued at a Court hearing. This would be after the Respondent was served with the Temporary Order and notice of the Court hearing. You must attend this hearing.

**For Notification of when the offender is released from jail, please see the Vinelink website and phone number listed above. This is a FREE service for victims.**

[www.Vinelink.com](http://www.Vinelink.com) for Notification of Offender Release from jail/prison (1-877-846-3492)