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

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?

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

If any of the above incidents were recent (within the past year) please explain: ____________________________________________________________
### Part 10: Resources

#### Crime Description / Evidence

<table>
<thead>
<tr>
<th>Victim</th>
<th>Suspect</th>
</tr>
</thead>
<tbody>
<tr>
<td>Angry</td>
<td>Complain of Pain</td>
</tr>
<tr>
<td>Apologetic</td>
<td>Bruise(s)</td>
</tr>
<tr>
<td>Crying</td>
<td>Abrasion(s)</td>
</tr>
<tr>
<td>Fearful</td>
<td>Minor Cut(s)</td>
</tr>
<tr>
<td>Hysteric</td>
<td>Laceration(s)</td>
</tr>
<tr>
<td>Calm</td>
<td>Fracture(s)</td>
</tr>
<tr>
<td>Afraid</td>
<td>Concussion(s)</td>
</tr>
<tr>
<td>Irrational</td>
<td>Other: Explain</td>
</tr>
<tr>
<td>Nervous</td>
<td>Strangulation (complete questions below)</td>
</tr>
<tr>
<td>Threatening</td>
<td></td>
</tr>
<tr>
<td>Other: Explain</td>
<td></td>
</tr>
</tbody>
</table>

#### Medical Treatment

<table>
<thead>
<tr>
<th>None</th>
<th>Refused Medical Aid</th>
<th>Paramedics / Unit Number</th>
<th>Name(s) / ID Numbers:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>______________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>______________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>______________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>______________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>______________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>______________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>______________________</td>
</tr>
</tbody>
</table>

- Taken to Hospital
- Hospital:
- Will Seek Own Doctor, Hospital or Clinic:
- Physician Attending:

#### Physical Evidence

- Photos of Scene: Yes / No
- Photos of Victim's Injuries: Yes / No
- Photos of Suspect's Injuries: Yes / No
- Weapon Used During Incident: Yes / No
- Type of Weapon Used: ______________________
- Weapon(s) Impounded: Yes / No
- Firearm(s) Impounded for Safety: Yes / No
- Drugs / Alcohol Involved: Yes / No
- Victim Drugs: Yes / No / Dk
- Suspect Drugs: Yes / No / Dk
- Reporting Person: Victim / Suspect
- 911 Recording Requested: Yes / No
- Other: ______________________

#### Strangulation Questions for Victim and/or Officer Observations

- Difficulty/Pain Swallowing
- Change in Normal Voice
- Uncontrolled Urination/Defecation
- Petechiae (eyes, cheeks, behind ears)
- Loss of Consciousness
- Difficulty Breathing afterwards
- Vision problems during or after
- Loss of Breath during or after
- Visible Injury to neck/throat/behind ears

#### Witnesses
<table>
<thead>
<tr>
<th>Witnesses Present During Domestic Violence?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Statement(s) Taken?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Elders Present During Domestic Violence</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Children Present During Domestic Violence?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Statement(s) Taken?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Witness Info. Listed In Report?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Did the neighbors hear anything?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

**RELATIONSHIP BETWEEN VICTIM AND SUSPECT**

Mark all that apply:
- Adult Relative
- Spouse
- Former Spouse
- Cohabitants
- Dating / Engaged
- Former Dating
- Same Sex
- Emancipated Minor
- Parent of Child from Relationship

Length of Relationship _________ Year(s), _________ Month(s)
If Applicable, Date Relationship Ended: _______________________

**PRIOR HISTORY**

Prior History of Domestic Violence? | Yes | No |
Prior History of Violence Documented? | Yes | No |
- Police Report(s)
- Medical Report(s)
- Other ________________________________

**COURT ORDERS:**

- Yes | No
- Current | Expired | Served | Pending Service
- Prior convictions for court order violations

**TYPE:**

- No Contact Order
- Restraining Order
- Protection Order

Issuing Jurisdiction: ____________________________________________
Order Number: ___________________________ Expiration Date: ____________

**VICTIM GIVEN:**

- Information for Domestic Violence Victims

**COMPLETED DOCUMENTS ATTACHED:**

- Smith Affidavit
- Medical Release Form

**CHILD PROTECTION SERVICES 1-800-562-5624 (Press 9 for Police)**

- Needed
- Notified

**ADULT PROTECTIVE SERVICES 1-866-221-4909**

- Needed
- 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 molestes, 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. 3rd 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.