

DOMESTIC VIOLENCE SCREENING INSTRUMENT

Defendant Last		Defendant First		DOB (M/D/Y)		Case No.		Court Location	
Offense Date		Current Offense		Screeener Name				Date Completed	

1. Prior non-domestic violence convictions?	<input type="checkbox"/> Unknown	0 <input type="checkbox"/> None	1 <input type="checkbox"/> 2 or fewer	2 <input type="checkbox"/> 3 or More							
2. Prior arrests for assault, harassment or menacing?	<input type="checkbox"/> Unknown	0 <input type="checkbox"/> None	1 <input type="checkbox"/> Once	2 <input type="checkbox"/> 2 or More							
3. Prior domestic violence treatment?	<input type="checkbox"/> Unknown	0 <input type="checkbox"/> None	1 <input type="checkbox"/> Once	2 <input type="checkbox"/> 2 or More							
4. Prior drug or alcohol treatment?	<input type="checkbox"/> Unknown	0 <input type="checkbox"/> None	1 <input type="checkbox"/> Once	2 <input type="checkbox"/> 2 or More							
5. Any history of domestic violence related protection orders?	<input type="checkbox"/> Unknown	0 <input type="checkbox"/> None	1 <input type="checkbox"/> Once		3 <input type="checkbox"/> 2 or More						
6. Any history of violation(s) of domestic violence restraining orders?	<input type="checkbox"/> Unknown	0 <input type="checkbox"/> None	1 <input type="checkbox"/> In the Past	2 <input type="checkbox"/> Current Offense	3 <input type="checkbox"/> Past & Current						
7. Any evidence of object used as a weapon in commission of a crime?	<input type="checkbox"/> Unknown	0 <input type="checkbox"/> None	1 <input type="checkbox"/> Prior Offense	2 <input type="checkbox"/> Current Offense	3 <input type="checkbox"/> Past & Current						
8. Were children present during the domestic violence incident?	<input type="checkbox"/> Unknown	0 <input type="checkbox"/> None	1 <input type="checkbox"/> Prior Offense	2 <input type="checkbox"/> Current Offense	3 <input type="checkbox"/> Past & Current						
9. Current employment status.	<input type="checkbox"/> Unknown	0 <input type="checkbox"/> Employed		2 <input type="checkbox"/> Unemployed							
10. Has victim separated from defendant within last 6 months?	<input type="checkbox"/> Unknown	0 <input type="checkbox"/> No		2 <input type="checkbox"/> Yes							
11. Did victim have a protection order in place against defendant at time of offense?	<input type="checkbox"/> Unknown	0 <input type="checkbox"/> No			3 <input type="checkbox"/> Yes						
12. Was defendant under any form of community supervision at time of offense?	<input type="checkbox"/> Unknown	0 <input type="checkbox"/> No			3 <input type="checkbox"/> Yes						
				+	+	+ =					
Sentencing Date		Final Disposition	<input type="checkbox"/> Acquittal	<input type="checkbox"/> Conviction	<input type="checkbox"/> Deferred	<input type="checkbox"/> Dismissal	<input type="checkbox"/> Diversion	Victim Last		Victim First	
Dispo. Reason											