



DOMESTIC / DATING VIOLENCE WORKSHEET

ORLANDO POLICE DEPARTMENT

VICTIM'S NAME (Last, First, Middle):		RACE:	SEX:	DATE OF BIRTH:	OPD Case #	District
HOME ADDRESS:					HOME/CELL PHONE:	
WILL VICTIM BE AT A TEMPORARY ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST ADDRESS:					EMAIL ADDRESS:	
VICTIM		SUSPECT		VICTIM/SUSPECT RELATIONSHIP		
<i>Demeanor</i> <input type="checkbox"/> ANGRY <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> CRYING <input type="checkbox"/> WITHDRAWN <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"/> ALCOHOL INTOX. <input type="checkbox"/> DRUG INTOX <input type="checkbox"/> OTHER (EXPLAIN)	<i>Injury</i> <input type="checkbox"/> COMP. OF PAIN <input type="checkbox"/> BRUISE(S) <input type="checkbox"/> ABRASIONS <input type="checkbox"/> MINOR CUT(S) <input type="checkbox"/> LACERATIONS <input type="checkbox"/> FRACTURES <input type="checkbox"/> GUNSHOT(S) <input type="checkbox"/> NONE OBSERVED <input type="checkbox"/> OTHER (EXPLAIN)	<i>Demeanor</i> <input type="checkbox"/> ANGRY <input type="checkbox"/> APOLOGETIC <input type="checkbox"/> CRYING <input type="checkbox"/> WITHDRAWN <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"/> ALCOHOL INTOX. <input type="checkbox"/> DRUG INTOX <input type="checkbox"/> OTHER (EXPLAIN)	<i>Injury</i> <input type="checkbox"/> COMP. OF PAIN <input type="checkbox"/> BRUISE(S) <input type="checkbox"/> ABRASIONS <input type="checkbox"/> MINOR CUT(S) <input type="checkbox"/> LACERATIONS <input type="checkbox"/> FRACTURES <input type="checkbox"/> GUNSHOT(S) <input type="checkbox"/> NONE OBSERVED <input type="checkbox"/> OTHER(EXPLAIN)	<input type="checkbox"/> SPOUSE <input type="checkbox"/> FORMER SPOUSE <input type="checkbox"/> COHABITANTS <input type="checkbox"/> DATING (PER STATUTE) <input type="checkbox"/> SAME SEX <input type="checkbox"/> OTHER FAMILY MEMBERS <input type="checkbox"/> PARENT OR CHILD FROM RELATIONSHIP <input type="checkbox"/> FORMERLY LIVED TOGETHER LENGTH OF RELATIONSHIP: YEAR(S) MONTHS IF APPLICABLE, DATE RELATIONSHIP		
UTTERANCE SAID (DETAIL IN REPORT):						
HOW NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VICTIM <input type="checkbox"/> CHILDREN <input type="checkbox"/> NEIGHBOR <input type="checkbox"/> ANONYMOUS <input type="checkbox"/> SUSPECT						
PRIOR HISTORY OF DOMESTIC VIOLENCE <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF CHILDREN PRESENT AGE DOB SCHOOL				
PRIOR HISTORY OF VIOLENCE DOCUMENTED <input type="checkbox"/> YES <input type="checkbox"/> NO		1.				
NUMBER OF PRIOR INCIDENTS		2.				
3.		MEDICAL TREATMENT OFD/OCFD STATION NUMBER: RURAL METRO UNIT NUMBER:				
<input type="checkbox"/> NONE <input type="checkbox"/> WILL SEEK OWN DOCTOR <input type="checkbox"/> REFUSED MEDICAL AID <input type="checkbox"/> HOSPITAL MEDICAL RELEASE OBTAINED: <input type="checkbox"/> YES <input type="checkbox"/> NO						
EVIDENCE COLLECTED		WEAPONS		MISCELLANEOUS		
CST: PHOTOS TAKEN: <input type="checkbox"/> YES <input type="checkbox"/> NO EVIDENCE NUMBER:		TYPE OF WEAPON(S) USED: WEAPON(S) RECOVERED: <input type="checkbox"/> YES <input type="checkbox"/> NO FIREARMS RECOVERED FOR SAFETY: <input type="checkbox"/> YES <input type="checkbox"/> NO		DCF: <input type="checkbox"/> YES <input type="checkbox"/> NO EXEMPT FROM PUBLIC RECORD: <input type="checkbox"/> YES <input type="checkbox"/> NO VICTIM NOTIFICATION FORM <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARREST: YES <input type="checkbox"/> NO <input type="checkbox"/>		FILED AT LARGE <input type="checkbox"/> YES <input type="checkbox"/> NO		WARRANT: <input type="checkbox"/> YES <input type="checkbox"/> NO		
STATEMENTS		INJUNCTION INFO.		VICTIM GIVEN:		
VICTIM STATEMENT OBTAINED: <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO WHY: PRIMARY AGGRESSOR STATEMENT OBTAINED: <input type="checkbox"/> YES <input type="checkbox"/> NO		SERVED: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CURRENT <input type="checkbox"/> EXPIRED COURT CASE (DR)#:		<input type="checkbox"/> DOMESTIC VIOLENCE PAMPHLET <input type="checkbox"/> VICTIM'S RIGHTS		
REPORTING OFFICER:				ID#:		DATE: