

## Domestic Violence Threat Level Assessment Checklist/ Missed Advocacy

Petitioner (LAST NAME, FIRST NAME, MIDDLE INITIAL)	DATE
Respondent (LAST NAME, FIRST NAME, MIDDLE INITIAL)	IFP Case Number:

Following are risk factors that are associated with domestic homicides. Several “yes” answers will indicate that the level of violence may be escalating, and particular notice and care should be taken when dealing with the batterer and the victim.

		Yes	No	UK	N/A
	Is this a current or previous intimate relationship? (Example married, divorced, lived together, child in common, current or former boyfriend/girlfriend) <b>If NO, completion of the checklist and referral to INVEST is inappropriate.</b>				
1	Has your partner ever physically harmed you? If yes, how often? <input type="checkbox"/> 1-5 times, <input type="checkbox"/> 6-10 times, <input type="checkbox"/> 11 or more times				
2	Has the physical harm become more serious over the past year?				
3	Has the physical harm been happening more often during the last year?				
4	Have you recently separated from or talked about leaving your partner?				
5	Has your partner ever threatened or attempted suicide?				
6	Is there a firearm in the house or accessible to your partner?				
7	Do you believe your partner will kill you?				
8	Has your partner ever told you <i>how</i> they plan to kill you?				
9	Has your partner ever tried to strangle you?				
10	Has your partner ever been diagnosed with a mental illness?				
11	Has your partner ever been Baker Acted or committed to a mental health facility?				
12	Has your partner ever threatened you with a weapon? If yes, please circle which type: Knife, Gun, Other _____				
13	Has your partner ever used a weapon to harm you?				
14	Has your partner been stalking, following, or watching you?				
15	Has your partner been violent toward or threaten harm to your children?				
16	Does your partner control most or all of your daily activities (e.g. who you see, what you wear, how long you can be gone?)				
17	Does your partner have a history of domestic violence against other partners?				
18	Has your partner been violent toward or threaten harm to your pets?				
19	Does your partner act out violently in front of others?				
20	Does your partner get drunk or high on a regular basis?				
21	Has your partner been significantly stressed lately? (job loss, loss of a loved one, recent arrest, etc.)?				
22	Is your partner violently and constantly jealous of you? (i.e. Does your partner say, “If I can’t have you, no one will?”)				

**Please check all actions taken against you by the suspect:**

	In the Past	Last 6 months		In the Past	Last 6 months
a. Attempted to hit with car	_____	_____	f. Hit in the stomach while pregnant	_____	_____
b. Burned	_____	_____	g. Thrown down Steps	_____	_____
c. Received broken bones	_____	_____	h. Held against your will	_____	_____
d. Put you in the hospital	_____	_____	i. Stabbed or cut	_____	_____
e. Shot	_____	_____	j. Forced to have sex	_____	_____

The above responses are true to the best of my knowledge. \_\_\_\_\_

Victim’s Signature

**In Case We Miss You!**

**For Additional Information and Service, Please Provide a Safe Time and Number for a Hubbard House advocate to Contact You:**