



# Marlborough Police Department Domestic Violence Incident Worksheet

*Submit this form with your report*

Suspects Name: \_\_\_\_\_

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

Report Number: \_\_\_\_\_

Officer/Date: \_\_\_\_\_

Has he/she been physically abusing you or has he/she ever abused you?	Yes <input type="checkbox"/> : (Explain)
	No <input type="checkbox"/> Unable to answer <input type="checkbox"/> Did not ask <input type="checkbox"/>
Has he/she ever used a weapon against you, or threatened you with a weapon?	Yes <input type="checkbox"/> : (Explain)
	No <input type="checkbox"/> Unable to answer <input type="checkbox"/> Did not ask <input type="checkbox"/>
Has he/she ever threatened to kill you or your children?	Yes <input type="checkbox"/> : (Explain)
	No <input type="checkbox"/> Unable to answer <input type="checkbox"/> Did not ask <input type="checkbox"/>
Do you think he/she might try to kill you?	Yes <input type="checkbox"/> : (Explain)
	No <input type="checkbox"/> Unable to answer <input type="checkbox"/> Did not ask <input type="checkbox"/>
Has he/she ever tried to strangle or choke you?	Yes <input type="checkbox"/> : (If yes, fill out strangulation form)
	No <input type="checkbox"/> Unable to answer <input type="checkbox"/> Did not ask <input type="checkbox"/>
Does he/she have a gun or can he/she get one?	Yes <input type="checkbox"/> : (Explain)
	No <input type="checkbox"/> Unable to answer <input type="checkbox"/> Did not ask <input type="checkbox"/>
Has he/she ever talked about committing suicide?	Yes <input type="checkbox"/> : (Explain)
	No <input type="checkbox"/> Unable to answer <input type="checkbox"/> Did not ask <input type="checkbox"/>
Has the abuse escalated or become more frequent or violent?	Yes <input type="checkbox"/> : (Explain)
	No <input type="checkbox"/> Unable to answer <input type="checkbox"/> Did not ask <input type="checkbox"/>
Has he/she ever prevented you from getting or calling for help?	Yes <input type="checkbox"/> : (Explain)
	No <input type="checkbox"/> Unable to answer <input type="checkbox"/> Did not ask <input type="checkbox"/>
Has he/she ever abused or attempted to abuse any pets or animals?	Yes <input type="checkbox"/> : (Explain)
	No <input type="checkbox"/> Unable to answer <input type="checkbox"/> Did not ask <input type="checkbox"/>
Does he/she use alcohol or drugs?	Yes <input type="checkbox"/> : (Explain)
	No <input type="checkbox"/> Unable to answer <input type="checkbox"/> Did not ask <input type="checkbox"/>
Does he/she force you to have sex?	Yes <input type="checkbox"/> : (Explain) If yes, have you ever told someone? Yes <input type="checkbox"/> No <input type="checkbox"/>
	No <input type="checkbox"/> Unable to answer <input type="checkbox"/> Did not ask <input type="checkbox"/>
Is he/she violently and constantly jealous and control most of your daily activities?	Yes <input type="checkbox"/> : (Explain)
	No <input type="checkbox"/> Unable to answer <input type="checkbox"/> Did not ask <input type="checkbox"/>
Does he/she follow or spy on you?	Yes <input type="checkbox"/> : (Explain)
	No <input type="checkbox"/> Unable to answer <input type="checkbox"/> Did not ask <input type="checkbox"/>

Victim Pregnant? Yes <input type="checkbox"/> No <input type="checkbox"/>	Suspect Employed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Officer unable to ask questions? (ie medical transport) Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, explain.

