

INDIVIDUAL CASE REPORT FAMILY VIOLENCE VICTIM ADVOCATE

JD-FM-102 Rev. 12-20
C.G.S. §§ 46b-38c, 52-146k, 54-220

Instruction:

This form contains privileged information and is not to be placed in the court file.

STATE OF CONNECTICUT SUPERIOR COURT

www.jud.ct.gov

State v. (Last, first, middle)	Defendant date of birth	Court location (Geographic Area)	Docket number
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Criminal charges	Bond Amount
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Name of victim (Last, first, middle)	Was victim part of a dual arrest <input type="checkbox"/> Yes <input type="checkbox"/> No	Referral date
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Victim date of birth	Race/ethnicity <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian <input type="checkbox"/> Other <input type="checkbox"/> Unknown
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Victim gender <input type="checkbox"/> Female <input type="checkbox"/> Male	If limited English proficiency, write primary language spoken	Disability indicator <input type="checkbox"/> Yes <input type="checkbox"/> No
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Victim address <input type="checkbox"/> Safe at Home/ACP	Telephone number
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Alternate mailing address	Safe e-mail address	Alternate telephone
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Secondary victim name and address	Telephone number	SRI Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized release/positive response to
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<input type="checkbox"/> Victim requests to have a copy of Protective Order also sent to police in (name of city/town): _____ <input type="checkbox"/> Victim requests to be notified when the Protective Order terminates. <input type="checkbox"/> Victim requests to have a copy of Protective Order sent to the following school or institution of higher education (name, fax number, address): _____	Victim disclosed that the defendant holds a permit to carry a pistol or revolver? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available <input type="checkbox"/> Unknown Victim disclosed that the defendant possesses one or more firearms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available <input type="checkbox"/> Unknown Victim disclosed that the defendant possesses or has access to ammunition? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available <input type="checkbox"/> Unknown
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Name and address of Victim Advocate	Telephone number	Date
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The information below is privileged under section 52-146k of the Connecticut General Statutes

Messages may be left with (name of person)	Relationship to victim	Telephone
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Victim Contact	<input type="checkbox"/> Telephone <input type="checkbox"/> In-person <input type="checkbox"/> E-mail <input type="checkbox"/> Unable to contact <input type="checkbox"/> Left msg <input type="checkbox"/> No attempt	<input type="checkbox"/> Date of initial contact _____ <input type="checkbox"/> Date letter sent _____ <input type="checkbox"/> Date e-mail sent _____	<input type="checkbox"/> Accepted services <input type="checkbox"/> Refused services
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Victim Services	<input type="checkbox"/> Intake <input type="checkbox"/> Safety planning <input type="checkbox"/> SRI <input type="checkbox"/> Info/referral <input type="checkbox"/> Counseling <input type="checkbox"/> Court advocacy	<input type="checkbox"/> Advocacy - outside agency <input type="checkbox"/> Referral - DV program <input type="checkbox"/> Register CT SAVIN	<input type="checkbox"/> Victim compensation <input type="checkbox"/> PO modification <input type="checkbox"/> Sanctions	<input type="checkbox"/> TRO <input type="checkbox"/> OVS referral <input type="checkbox"/> Other _____
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Victim agrees to release the following privileged information to the court verbally or in writing

Relationship to defendant	Length of relationship	Living together at the time of incident <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of children in household	Children present during incident <input type="checkbox"/> Yes <input type="checkbox"/> No
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Victim is seeking restitution Victim received medical attention at _____

Defendant <input type="checkbox"/> mental health has history of <input type="checkbox"/> substance abuse	Describe
Defendant has prior history of violence <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe
Police have been involved previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe
DCF involved (Defendant) <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe
Any physical injuries in this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe

Protective Order <input type="checkbox"/> None <input type="checkbox"/> Limited <input type="checkbox"/> Residential Stay Away <input type="checkbox"/> No Contact <input type="checkbox"/> 100 Yards Stay Away	Continuance dates
Victim is requesting the court to:	