

INDIVIDUAL CASE REPORT FAMILY VIOLENCE VICTIM ADVOCATE

STATE OF CONNECTICUT SUPERIOR COURT

JD-FM-102 Rev. 8-22
C.G.S. §§ 46b-38c, 52-146k, 54-220

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

www.jud.ct.gov

State v. (Last, first, middle) Defendant date of birth Court location (Geographic Area) Docket number

Criminal charges Bond Amount

Name of victim (Last, first, middle) Victim date of birth Was victim part of a dual arrest? Referral date

Race/ethnicity Alaska Native Asian American Black or African American American Indian Native American Native Hawaiian Other Pacific Islander White American Other

Victim gender If limited English proficiency, write primary language spoken Disability indicator

Victim address Safe at Home/ACP Telephone number

Alternate mailing address Safe e-mail address Alternate telephone

Secondary victim name and address Telephone number SRI Completed Authorized release/positive response to

Victim requests to have a copy of Protective Order also sent to police in: Victim requests to be notified when the Protective Order terminates. Victim requests to have a copy of Protective Order sent to the following school or institution of higher education: Victim disclosed that the defendant holds a permit to carry a pistol or revolver? Victim disclosed that the defendant possesses one or more firearms? Victim disclosed that the defendant possesses or has access to ammunition?

Name and address of Victim Advocate Telephone number Date

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

Victim Contact Telephone In-person Date of initial contact Accepted services E-mail Unable to contact Date letter sent Refused services Left msg No attempt Date e-mail sent

Victim Services Intake Safety planning Advocacy - outside agency Victim compensation TRO SRI Info/referral Referral - DV program PO modification OVS referral Counseling Court advocacy Register CT SAVIN Sanctions Other

Victim agrees to release the following privileged information (including any privileged information on Page 2) to the court verbally or in writing

Relationship to defendant Length of relationship Living together at the time of incident Number of children in household Children present during incident

Victim is seeking restitution Victim received medical attention at

Defendant has history of mental health substance abuse Describe

Defendant has prior history of violence Describe

Police have been involved previously? Describe

DCF involved (Defendant) Describe

Any physical injuries in this incident? Describe

Protective Order None Limited Residential Stay Away No Contact 100 Yards Stay Away Continuanance dates

Victim is requesting the court to:

State v. (<i>Last, first, middle</i>)	Docket number
Name of victim (<i>Last, first, middle</i>)	Referral date

Instruction:

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

Additional Privileged Information: