

**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
--------------------------------	-------------------------	----------------------------------	---------------

Criminal charges	Bond Amount
------------------	-------------

Name of victim (Last, first, middle)	Was victim part of a dual arrest <input type="checkbox"/> Yes <input type="checkbox"/> No	Referral date
--------------------------------------	--	---------------

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
----------------------	--

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
--	---	--

Victim address <input type="checkbox"/> Safe at Home/ACP	Telephone number
--	------------------

Alternate mailing address	Safe e-mail address	Alternate telephone
---------------------------	---------------------	---------------------

Secondary victim name and address	Telephone number	SRI Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Authorized release/positive response to
-----------------------------------	------------------	---	---

<input type="checkbox"/> <b>Victim requests to have a copy of Protective Order also sent to police in</b> (name of city/town): _____  <input type="checkbox"/> <b>Victim requests to be notified when the Protective Order terminates.</b>  <input type="checkbox"/> <b>Victim requests to have a copy of Protective Order sent to the following school or institution of higher education</b> (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

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
--	------------------------	-----------

<b>Victim Contact</b>	<input type="checkbox"/> Telephone	<input type="checkbox"/> In-person	<input type="checkbox"/> Date of initial contact _____	<input type="checkbox"/> Accepted services <input type="checkbox"/> Refused services
	<input type="checkbox"/> E-mail	<input type="checkbox"/> Unable to contact	<input type="checkbox"/> Date letter sent _____	
	<input type="checkbox"/> Left msg	<input type="checkbox"/> No attempt	<input type="checkbox"/> Date e-mail sent _____	

<b>Victim Services</b>	<input type="checkbox"/> Intake	<input type="checkbox"/> Safety planning	<input type="checkbox"/> Advocacy - outside agency	<input type="checkbox"/> Victim compensation	<input type="checkbox"/> TRO
	<input type="checkbox"/> SRI	<input type="checkbox"/> Info/referral	<input type="checkbox"/> Referral - DV program	<input type="checkbox"/> PO modification	<input type="checkbox"/> OVS referral
	<input type="checkbox"/> Counseling	<input type="checkbox"/> Court advocacy	<input type="checkbox"/> Register CT SAVIN	<input type="checkbox"/> Sanctions	<input type="checkbox"/> Other _____

**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
---------------------------	------------------------	---	---------------------------------	--

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
--	----------

<b>Protective Order</b> <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:	