

# HIGH RISK CASE REVIEW TEAM REFERRAL FORM

HRCRT Case #

## Referring Person

Name: _____	Date: _____
Agency/Relationship: _____	
Phone: _____	Best time to reach you: _____

### Victim

Name/AKA Last, First, MI \_\_\_\_\_

DOB \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

SS# \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Employer \_\_\_\_\_

Previous addresses \_\_\_\_\_

Safe/message \_\_\_\_\_

### Offender

Name/AKA Last, First, MI \_\_\_\_\_

DOB \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

SS# \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Employer \_\_\_\_\_

Previous addresses \_\_\_\_\_

Relationship to Victim \_\_\_\_\_

### Children (Information on ALL children required. Please continue information on reverse if needed.)

Name <small>Last, First, MI</small>	DOB	Sex	Race	School/district/daycare	Lives with?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

### DOMESTIC VIOLENCE HISTORY

Have the police ever been called? **Yes** **No**

Charges? **Yes** **No** What? \_\_\_\_\_

Is there an active restraining order? **Yes** **No**

Any other court orders? \_\_\_\_\_

Date of most recent violation \_\_\_\_\_

Length of relationship? \_\_\_\_\_

When did domestic violence start? \_\_\_\_\_

Are they still together? **Yes** **No** Divorce filed? **Yes** **No**

How often does violence occur? \_\_\_\_\_

Severity of violence increased over time? **Yes** **No**

List threats of violence and when (to anyone involved)

Substance use/abuse involved? **Yes** **No**  
What: \_\_\_\_\_

Is the offender incarcerated? **Yes** **No**  
Where? \_\_\_\_\_ Date of release: \_\_\_\_\_

Is the offender on probation? **Yes** **No**

Abuse to children? **Yes** **No**  
Injuries? \_\_\_\_\_

Abuse to others? **Yes** **No**  
Injuries? \_\_\_\_\_

Abuse to pets or threats? **Yes** **No**

Does the offender have access to weapons? **Yes** **No**  
Types: \_\_\_\_\_

### INJURIES/BEHAVIORS in the last 12 months (Check all that apply):

- |  |                                       |  |   |
|--|---------------------------------------|--|---|
| <input type="checkbox"/> strangulation             | <input type="checkbox"/> concussion   | <input type="checkbox"/> restrain from leaving | <input type="checkbox"/> harassment                               |
| <input type="checkbox"/> strangled to unconscious  | <input type="checkbox"/> cuts         | <input type="checkbox"/> threats of suicide    | <input type="checkbox"/> unexpected appearances                   |
| <input type="checkbox"/> sexual assault            | <input type="checkbox"/> bruises      | <input type="checkbox"/> false imprisonment    | <input type="checkbox"/> 3 <sup>rd</sup> party contact            |
| <input type="checkbox"/> threats of sexual assault | <input type="checkbox"/> stitches     | <input type="checkbox"/> kidnapping            | <input type="checkbox"/> repeated phone calls                     |
| <input type="checkbox"/> use of weapons            | <input type="checkbox"/> fractures    | <input type="checkbox"/> burglary              | <input type="checkbox"/> driving by                               |
| <input type="checkbox"/> threats of weapons        | <input type="checkbox"/> other injury | <input type="checkbox"/> property damage       | <input type="checkbox"/> following                                |
| <input type="checkbox"/> extreme jealousy/control  | <input type="checkbox"/> hospitalized | <input type="checkbox"/> threats of homicide   | <input type="checkbox"/> repeated violations of restraining order |

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