REPORT #

Lethality Assessment Questions

1. Has the suspect ever used physical violence against you? ☐ Yes ☐ No ☐ Refused
   a. If yes, have you ever been hospitalized because of the violence? ☐ Yes ☐ No ☐ Refused
   (Document past injuries hospitalized for and which hospital victim was at)
2. Has the suspect ever strangled you? ☐ Yes ☐ No ☐ Refused (If yes, document in narrative)
3. Has the suspect ever assaulted you with a firearm? ☐ Yes ☐ No ☐ Refused
   (If yes, document incident and what types of firearms the suspect has access to in narrative)
4. Has the suspect recently become unemployed? ☐ Yes ☐ No ☐ Refused
   (If yes, document known circumstances, date, and suspect behavior(s) since unemployment in narrative)
5. Has the suspect ever threatened to kill you? ☐ Yes ☐ No ☐ Refused (If yes, document in narrative)
6. Has the suspect ever attempted to kill you? ☐ Yes ☐ No ☐ Refused (If yes, document in narrative)
7. Have there been physical assaults or assaults with weapons in the past by the suspect that you did not report to police because you were afraid of violent repercussions or death? ☐ Yes ☐ No ☐ Refused (If yes, document in narrative)
8. Has the suspect ever threatened you, your family or themselves with physical violence or death if you ever left them? ☐ Yes ☐ No ☐ Refused (If yes, document in narrative)
9. Do you feel like the violence against you has been escalating in severity and/or frequency?
   ☐ Yes ☐ No ☐ Refused (If yes, document in narrative)
10. What is the worst incident that has happened between you and the suspect? (Document in narrative)
11. Has the suspect ever assaulted or threatened you with any other weapons? ☐Yes ☐No ☐ Refused (If yes, document in narrative)

Coercive Control Assessment Questions

1. Has the suspect ever used or threatened violence against your children? ☐ Yes ☐ No ☐ Refused
2. Has the suspect ever used or threatened violence against family pets? ☐ Yes ☐ No ☐ Refused
3. Has the suspect ever accidentally injured children or pets during a fight or argument with you?
   ☐ Yes ☐ No ☐ Refused
4. Has the suspect ever made you have sex or perform a sexual act when you didn't want to? ☐ Yes ☐ No ☐ Refused
5. Does the suspect control your access to money? ☐ Yes ☐ No ☐ Refused
6. Does the suspect make it difficult for you to visit with friends and/or family? ☐ Yes ☐ No ☐ Refused
7. Has the suspect ever threatened you with violence or a negative consequence for not complying with their demands? ☐ Yes ☐ No ☐ Refused
   a. If yes, have they followed through with their threats? ☐ Yes ☐ No ☐ Refused
8. Does the suspect monitor your correspondence such as phone calls, text messages, emails, letters, social media?
   ☐ Yes ☐ No ☐ Refused
9. Does the suspect use physical size or past incidents of violence to intimidate you? ☐ Yes ☐ No ☐ Refused
10. Does the suspect use access or harm to your children or pets as a way to control you? ☐ Yes ☐ No ☐ Refused
11. When you are away from the suspect do they check up on you and who you are with? ☐ Yes ☐ No ☐ Refused
12. Have you ever felt like the suspect was following or stalking you? ☐ Yes ☐ No ☐ Refused
13. Has the suspect ever made up impossible rules for you to follow with harsh consequences for breaking them?
    ☐ Yes ☐ No ☐ Refused
14. Does the suspect restrict your access to vehicles or check your mileage if you use one? ☐ Yes ☐ No ☐ Refused
15. Does the suspect make humiliating remarks, use name calling, swearing, or criticizing statements towards you and/or about you to others? ☐ Yes ☐ No ☐ Refused
16. Does the suspect damage your property or search through your private things? ☐ Yes ☐ No ☐ Refused
17. Have you ever attempted to leave the suspect? ☐ Yes ☐ No ☐ Refused
    a. If so, how many times? ☐ 1x ☐ 2x ☐ 3x ☐ or more
18. If you had left the relationship with the suspect in the past, was there a negative result after leaving?
    ☐ Yes ☐ No ☐ Refused (If yes, document in narrative)