

# ALASKA COUNCIL ON DOMESTIC VIOLENCE AND SEXUAL ASSAULT INCIDENT INFORMATION

Program Name: \_\_\_\_\_

Client ID: \_\_\_\_\_

Date of Contact: \_\_\_\_\_ (Must occur on or after incident date)

**Client Type**

- Primary Victim – Adult ( V )
- Secondary Victim – Adult ( C )
- Victim – Minor ( M )

**Client Status**

- New Client "N"
- Current Client "C"
- Anonymous Contact

<p><b>CLIENT ISSUE</b></p> <p><input type="checkbox"/> Domestic Violence</p> <p><input type="checkbox"/> Sexual Assault (Adult)</p> <p><input type="checkbox"/> Child Sexual Abuse</p> <p><input type="checkbox"/> Child Physical Abuse</p>	<p><input type="checkbox"/> Survivors of Homicide Victims</p> <p><input type="checkbox"/> Assault</p> <p><input type="checkbox"/> Elder Abuse (victim 60+ years of age)</p> <p><input type="checkbox"/> DWI/DUI Crashes</p> <p><input type="checkbox"/> Stalking</p>	<p><input type="checkbox"/> Survivor of Child Sexual Abuse</p> <p><input type="checkbox"/> Robbery</p> <p><input type="checkbox"/> Other Violent Crime</p> <p>If Other Please Specify: _____</p>
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<b>CLIENT INFORMATION</b>		
Date of Birth: (MM,DD,YY) _____	Gender: _____	Race/Ethnicity: <u>see key below</u>
Community of Residence: _____		Is English a Second Language (ESL): <input type="checkbox"/> Yes <input type="checkbox"/> No
Is client an immigrant, refugee or seeking asylum? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has client ever been the victim of physical or sexual violence by any intimate partner in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Special Needs:</b> (Clients with disabilities that limit daily activities)		
Hearing Impaired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Developmentally Impaired: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vision Impaired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Physically Impaired: <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>PERPETRATOR INFORMATION</b> (Please use another sheet of paper for additional perpetrators if necessary)			
Number of Perpetrators: _____			
Approximate Age: _____	Gender: _____	Race/Ethnicity: <u>see key below</u>	Relationship to Victim: <u>see key below</u>
Approximate Age: _____	Gender: _____	Race/Ethnicity: <u>see key below</u>	Relationship to Victim: <u>see key below</u>
Approximate Age: _____	Gender: _____	Race/Ethnicity: <u>see key below</u>	Relationship to Victim: <u>see key below</u>

<b>INCIDENT INFORMATION</b>	
How many children were present to witness the incident? _____	Has the incident been reported to Law Enforcement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Community where incident occurred: _____	Has a Protective Order been filed for this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Incident: (MM,DD,YY) _____	Was the perpetrator under the influence at the time of the incident? <input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> None
Was the victim physically injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the victim receive medical attention? <input type="checkbox"/> Yes <input type="checkbox"/> No
Geographic Location <input type="checkbox"/> Urban <input type="checkbox"/> Rural <input type="checkbox"/> Tribal (For geographic definitions see instruction guide)	

<b>Relationship Key</b>		
1- Spouse/Partner	6- Child	11- Employer
2- Ex-Spouse / Ex-Partner	7- Sibling	12- Co-Worker
3- Acquaintance	8- Other Relative	13- Teacher
4- Friend	9- Room Mate	14- Daycare Provider
5- Parent / Guardian	10- Stranger	

<b>Race/Ethnicity Key</b>	
A- Asian	M- Multiracial
B- Black/African American	N- Native (Alaskan)
C- Caucasian	O- Other
H- Hispanic	P- Pacific Islander
I- Indian (American)	U- Unknown

Prepared By: \_\_\_\_\_ (Print Legibly)      Reviewed By: \_\_\_\_\_ (Print Legibly)      Date of Review: \_\_\_\_\_

<b>Confidential Client Information:</b> (FOR SERVICE PROVIDER USE ONLY)

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