

**INDIVIDUAL CASE REPORT FAMILY
VIOLENCE VICTIM ADVOCATE**

JD-FM-102 Rev. 12-20
C.G.S. §§ 46b-38c, 52-146k, 54-220

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"/> Victim requests to have a copy of Protective Order also sent to police in (name of city/town): <input type="checkbox"/> Victim requests to be notified when the Protective Order terminates. <input type="checkbox"/> Victim requests to have a copy of Protective Order sent to the following school or institution of higher education (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			
Victim Contact	<input type="checkbox"/> Telephone <input type="checkbox"/> In-person <input type="checkbox"/> E-mail <input type="checkbox"/> Unable to contact <input type="checkbox"/> Left msg <input type="checkbox"/> No attempt	<input type="checkbox"/> Date of initial contact _____ <input type="checkbox"/> Date letter sent _____ <input type="checkbox"/> Date e-mail sent _____	<input type="checkbox"/> Accepted services <input type="checkbox"/> Refused services			
Victim Services	<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 <input type="checkbox"/> verbally or <input type="checkbox"/> 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		
<input type="checkbox"/> Victim is seeking restitution <input type="checkbox"/> 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				
Protective Order <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:						
<table border="1"> <tr> <td>Distribution: Original - Return to Family Violence Intervention Unit</td> <td>Copy - Retained by Victim Advocate</td> </tr> </table>					Distribution: Original - Return to Family Violence Intervention Unit	Copy - Retained by Victim Advocate
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