

**CASE DATA RECORD/  
INTERIM ASSESSMENT**

JD-FM-94 Rev. 4-18

**STATE OF CONNECTICUT  
SUPERIOR COURT C.S.S.D FAMILY SERVICES**  
[www.jud.ct.gov](http://www.jud.ct.gov)

Intake Date	Intake Counselor	CMIS Client Number	
<input type="checkbox"/> Defendant holds a permit to carry a pistol or revolver.		<input type="checkbox"/> The Defendant possesses one or more firearms.	<input type="checkbox"/> The Defendant possesses ammunition.

**Section I — Defendant Information**

Defendant's Name	Sex (at birth)	Date of Birth	Language	Race	Ethnicity
Defendant's Address					Social Security Number
Mailing Address					Telephone Number
Employment Status					Alternate Phone Number

**Section II — Case Information**

Scope of Referral	Arrest Date	Court Location ( <i>Geographical Area Number and address</i> )			
Charges			Docket Number		
Number of Children in Home	Children Present During Incident <input type="checkbox"/> Yes <input type="checkbox"/> No	Report Made To (Name)			
			<input type="checkbox"/> DCF	<input type="checkbox"/> Aging	<input type="checkbox"/> P&A
Considerations	Nature of violence				
<input type="checkbox"/> Alcohol: <input type="checkbox"/> Current <input type="checkbox"/> Past	<input type="checkbox"/> Harassment	<input type="checkbox"/> Use of Weapon	<input type="checkbox"/> Sexual Assault		
<input type="checkbox"/> Drug: <input type="checkbox"/> Current <input type="checkbox"/> Past	<input type="checkbox"/> PO/RO Violation	<input type="checkbox"/> Physical Violence	<input type="checkbox"/> Threatening		
<input type="checkbox"/> Mental Health: <input type="checkbox"/> Current <input type="checkbox"/> Past	<input type="checkbox"/> Restraint	<input type="checkbox"/> Property Damage	<input type="checkbox"/> Verbal Conflict		
	<input type="checkbox"/> Stalking	<input type="checkbox"/> Other			

Prior Family Services Involvement

 No     Yes (Specify): \_\_\_\_\_**Section III — Complainant Information**

Nature of Relationship	Description of Relationship				
Complainant's Name	Sex (at birth)	Date of Birth	Language	Race	Ethnicity
Complainant's Mailing Address					Telephone Number
Complainant's address ( <i>If different from mailing address</i> )					Alternate Phone Number
Employer's Address					

Victim Contacted <input type="checkbox"/> Yes <input type="checkbox"/> No	Dual Arrest <input type="checkbox"/> Yes <input type="checkbox"/> No	F.V.V.A. Referral <input type="checkbox"/> Yes <input type="checkbox"/> No	P.O. In Effect <input type="checkbox"/> Yes <input type="checkbox"/> No	R.O. In Effect <input type="checkbox"/> Yes <input type="checkbox"/> No	S.C.P.O. In Effect <input type="checkbox"/> Yes <input type="checkbox"/> No
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**Section IV — Assessment/Recommendations**

Assessment

Recommendations

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