

**FAMILY SERVICES ASSESSMENT  
REPORT**

JD-FM-224 New 9-14  
C.G.S. § 46b-38c

STATE OF CONNECTICUT  
**Court Support Services Division**  
[www.jud.ct.gov](http://www.jud.ct.gov)



Docket number(s)	CMIS case number(s)	Geographical Area number	Arrest date	Referral date	Continuance date
Defendant		Complainant	Dual arrest <input type="checkbox"/> Yes <input type="checkbox"/> No		
Charges					
Nature of relationship			<input type="checkbox"/> Partial P.O. <input type="checkbox"/> Residential stay-away P.O. <input type="checkbox"/> Full P.O.		
<input type="checkbox"/> Spouse <input type="checkbox"/> Former spouse <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Parent/child <input type="checkbox"/> Relative <input type="checkbox"/> Other _____					
Current living arrangement	Length of relationship	Children's ages	Children witnessed violence	FS referral	
<input type="checkbox"/> Same household <input type="checkbox"/> Separate residences			Present <input type="checkbox"/> Yes <input type="checkbox"/> No Past <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Unknown <input type="checkbox"/> Unknown	<input type="checkbox"/> DCF <input type="checkbox"/> Protection and Advocacy <input type="checkbox"/> Protective services for elderly
Defendant history			Description of defendant history:		
<input type="checkbox"/> Arrests for domestic violence <input type="checkbox"/> Domestic violence, but no arrests <input type="checkbox"/> Other arrests <input type="checkbox"/> Probation <input type="checkbox"/> Substance abuse	<input type="checkbox"/> FVEP <input type="checkbox"/> Explore <input type="checkbox"/> Evolve <input type="checkbox"/> Mental health <input type="checkbox"/> Other				
Additional information:					
<input type="checkbox"/> Additional arrests <input type="checkbox"/> Active family civil case <input type="checkbox"/> Violation of P.O. <input type="checkbox"/> Active restraining order <input type="checkbox"/> Other _____		Defendant holds a permit to carry a pistol or revolver: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unavailable/Undisclosed Defendant possesses one or more firearms: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unavailable/Undisclosed Defendant possesses ammunition: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unavailable/Undisclosed			
Assessment					
Recommendation					
Submitted by (Sign)					Date