

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



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"/> Spouse <input type="checkbox"/> Former spouse <input type="checkbox"/> Unmarried partner <input type="checkbox"/> Parent/child <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	<input type="checkbox"/> Partial P.O. <input type="checkbox"/> Residential stay-away P.O. <input type="checkbox"/> Full P.O.
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Current living arrangement <input type="checkbox"/> Same household <input type="checkbox"/> Separate residences	Length of relationship	Children's ages	Children witnessed violence Present <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Past <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	FS referral <input type="checkbox"/> DCF <input type="checkbox"/> Protection and Advocacy <input type="checkbox"/> Protective services for elderly
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Defendant history <input type="checkbox"/> Arrests for domestic violence <input type="checkbox"/> FVEP <input type="checkbox"/> Domestic violence, but no arrests <input type="checkbox"/> Explore <input type="checkbox"/> Other arrests <input type="checkbox"/> Evolve <input type="checkbox"/> Probation <input type="checkbox"/> Mental health <input type="checkbox"/> Substance abuse <input type="checkbox"/> Other	Description of defendant history:
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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
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Assessment

Recommendation

Submitted by (Sign)	Date
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