Victim DOB	
Victim Phone #	

City of Phoenix

Form IV(C) Release Questionnaire

Intimate Partner Risk Assessment *

Defendant's Name:_____ DOB_____ Booking No._____

Law Enforcement Agency:_____ Report No._____

Victim's Name: _____ Incident Date_____

Questions are to be asked on scene.

Victim MUST be advised their participation is voluntary and their answers are discoverable during court proceedings.	**Yes**	**No**	**Decline**
Tier 1			
1. Has physical violence **increased in frequency or severity** over the past six months? Alternate wording: Is the pushing, grabbing, hitting, or other violence happening more often?	☐	☐	☐
2. Is he/she violently and constantly **jealous** of you?	☐	☐	☐
3. Do you believe he/she is **capable of killing** you?	☐	☐	☐
4. Has he/she ever beaten you while you were **pregnant**? (for example: hit, kicked, shoved, pushed, thrown, or physically hurt with a weapon or object)	☐	☐	☐
5. Has he/she ever used a **weapon** or object to hurt or threaten you?	☐	☐	☐
6. Has he/she ever **tried to kill** you?	☐	☐	☐
7. Has he/she ever choked/strangled/suffocated you?	☐	☐	☐
7a. If "Yes" to Question 7, has this happened more than once?	☐	☐	☐
"Yes" to two (2) or three (3) **Tier 1** questions = **"Elevated Risk"** **"Yes"** to four (4) or more **Tier 1** questions = "**High Risk"**	Total "Yes" _____ Elevated☐ High☐ N/A☐		
Tier 2			
8. Does he/she **control** most or all of your daily activities?	☐	☐	☐
9. Is he/she known to carry or possess a **gun**?	☐	☐	☐
10. Has he/she ever **forced you to have sex** when you did not wish to do so?	☐	☐	☐
11. Does he/she use **illegal drugs or misuse prescription drugs**? (for example: meth, cocaine, painkillers)	☐	☐	☐
12. Has he/she threatened to **harm people you care about**?	☐	☐	☐
13. Did you **end your relationship** with him/her within the past six months?	☐	☐	☐
13a. If "No" to Question 13, does he/she know or sense you are planning on ending your relationship?	☐	☐	☐
14. Has he/she experienced **significant financial loss** in the last six months?	☐	☐	☐
15. Is he/she **unemployed**?	☐	☐	☐
16. Has he/she ever threatened or tried to commit **suicide**?	☐	☐	☐
17. Has he/she **threatened to kill** you?	☐	☐	☐
18. Has he/she threatened or abused your **pets**?	☐	☐	☐

"Elevated Risk" and **"High Risk"** scores trigger law enforcement officers to offer follow up responses in the form of providing or connecting victims to supportive resources or resource information.

ACTION: ☐ Victim referred for follow up based on responses to the assessment
☐ Victim referred for follow up based on the officer's professional judgment
☐ No referral

* To be considered at initial appearance [see Arizona Revised Statute (ARS) § 13-3967(B)].

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Law Enforcement Agency:_____ Report No._____

Victim's Name: _____ Incident Date_____

Questions are to be asked on scene.

Se DEBE informar a la víctima que su participación es voluntaria y que sus respuestas pueden ser descubribles durante un proceso judicial.	**Sí**	**No**	**SE NIEGA A RESPONDER**
Tier 1			
1. ¿Ha **incrementado en frecuencia o gravedad** la violencia física durante los últimos seis meses? Estilo alterno: ¿Ocurren con más frecuencia los empujones, agarrar con fuerza, los golpes u otras formas de violencia?	☐	☐	☐
2. ¿Él/ella siente **celos** de usted violenta y constantemente?	☐	☐	☐
3. ¿Cree que él/ella sea **capaz de matarla/o**?	☐	☐	☐
4. ¿Alguna vez la ha golpeado mientras estaba **embarazada**? (por ejemplo: pegarle, patearla, darle empujones, aventarla, arrojarla o herirla físicamente con un arma u objeto)	☐	☐	☐
5. ¿Alguna vez él/ella usó un **arma** u objeto para herirla/o amenazarla/o?	☐	☐	☐
6. ¿Alguna vez ha tratado de **matarla/o**?	☐	☐	☐
7. ¿Alguna vez lo/la ha ahogado/estrangulado/sofocado?	☐	☐	☐
7a. Si respondió "Sí" a la pregunta 7, ¿ha sucedido esto más de una vez?	☐	☐	☐
"Sí" to two (2) or three (3) **Tier 1** questions = **"Elevated Risk"** **"Sí"** to four (4) or more **Tier 1** questions = "**High Risk"**	Total "Sí" _____ Elevated☐ High☐ N/A☐		
Tier 2			
8. ¿Él/ella **controla** la mayoría o todas sus actividades cotidianas?	☐	☐	☐
9. ¿Se sabe si él/ella tiene o posee un **arma de fuego**?	☐	☐	☐
10. ¿Alguna vez la/lo ha **forzado a tener relaciones sexuales** cuando usted no deseaba hacerlo?	☐	☐	☐
11. ¿Él/ella usa **drogas ilegales o hace mal uso de medicamentos con receta**? (p. ej. metanfetamina, cocaína, analgésicos)	☐	☐	☐
12. ¿Lo/la ha amenazado con **dañar a las personas que le importan a usted**?	☐	☐	☐
13. ¿**Terminó su relación** con él/ella en los últimos seis meses?	☐	☐	☐
13a. Si respondió "No" a la pregunta 13, ¿él/ella sabe o percibe que usted está planificando finalizar su relación?	☐	☐	☐
14. ¿Él/ella ha experimentado una **pérdida financiera significativa** en los últimos seis meses?	☐	☐	☐
15. ¿Él/ella está **desempleado/a**?	☐	☐	☐
16. ¿Alguna vez él/ella ha hecho amenazas o ha tratado de cometer **suicidio**?	☐	☐	☐
17. ¿Él/ella la/lo ha **amenazado con matarla/o**?	☐	☐	☐
18. ¿Él/ella ha hecho amenazas o ha abusado de sus **mascotas**?	☐	☐	☐

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