Colorado Domestic Violence Offender Management Board

CLIENT DATA COLLECTION FORM (revised 8-27-04)

To be completed by approved provider at termination of treatment

When complete fax or mail to : (fax) 303-239-4223 or DVOMB 700 Kipling, Suite 3000, Denver, CO 80215

OFFENDER INFORMATION

1. Offender ID

2. Agency ID

3. Gender 1. Male 2. Female

4. Race or Ethnicity
1. White 2. Black 3. Hispanic 4. Asian
5. Native American
6. Other_____

5. Date of Birth _____/____/_____

6. Sexual Orientation
1. Heterosexual 2. Gay/Lesbian 3. Bisexual

7. Was Client Using A Substance at Time of Offense?
□ Yes (Check all that apply):
□ Alcohol □ Illicit Use of Drugs
□ No □ Unknown

8. Relationship With Victim at Time of Offense
1. Living with Spouse
2. Living with Partner
3. Separated from Spouse
4. Separated from Partner
5. Divorced Not Living Together
6. Current Partner Not Living Together
7. Former Partner
8. Other_____

9. Primary Status at Time of Offense
1. Employed full time
2. Employed part time
3. Unemployed
4. Retired
5. On public assistance (i.e. SSI, TANF, GA, food stamps, or WIC)
6. Homemaker
7. Student
8. Active military duty

10. County of:
Residence (at time of offense) _____
Treatment _____

11. Offender's Legal Status. Check all that apply
□ Day Reporting
□ Deferred Sentence
□ Diversion
□ Diversion Community Corrections
□ Home Detention
□ Intensive Supervision (ISP) Probation
□ No Supervision
□ Parole
□ Intensive Supervision (ISP) Parole
□ Supervised Private Probation
□ Supervised State Probation
□ Transition Community Corrections
□ Unsupervised Probation
□ Work Release
□ Other_____

CASE INFORMATION

12. Court with Jurisdiction of Case: (Choose One)
□ Municipal (specify)_____
□ County (specify)_____
□ District (specify)_____

13. County Where Offense Was Committed
_____

14. Date of Sentencing Order ____/____/_____

15. Weapon Involved During Offense?
0. No 99. Unknown
1. Yes (please specify)_____

16. Children Present During Offense?
0. No 1. Yes 9. Unknown

17. Offense(s) of Record (Check all that apply)

□ Assault	M___	F___	O___
□ Criminal Intent at Assault	M___	F___	O___
□ Criminal Mischief	M___	F___	O___
□ Harassment	M___	F___	O___
□ Menacing	M___	F___	O___
□ Reckless Endangerment	M___	F___	O___
□ Violation Protection Order	M___	F___	O___
□ Wire tapping/phone obstruction	M___	F___	O___
□ Other (specify below)	M___	F___	O___

_____

18. Arrest Offense(s) (Check all that apply)

□ Assault □ Strangulation
□ Disturbance by Use of Telephone □ Stalking
□ Disturbing the Peace
□ Flourishing a Weapon
□ Harassment
□ Threat or Injury to a Person or Damage Property
□ Violation of Court Orders
□ Unknown
□ Other _____

19. Was there a plea to a lesser charge than filed?
0. No 1. Yes

LEGAL HISTORY AND PAST OFFENSE INFORMATION

20. Year of First DV Arrest Obtained from Criminal Justice.
□ Year_____
9999. Unknown

If this is first DV arrest check this box ☐

21. Number of Convictions Obtained from Criminal Justice (include current offense)
_____# Non-DV Misdemeanor
_____# Non-DV Felony
_____# DV Misdemeanor
_____# DV Felony
_____# Non-DV Municipal Ordinance Violation
_____# DV Municipal Ordinance Violation

22. Total Number of DV Arrests Obtained from Criminal Justice (include current offense)
_____

23. Has Client Previously Participated in Any DV Treatment in Colorado?
0. No 99. Unknown
□ Yes. Note how many times:_____
If Yes, Type of Discharge for All DV Treatments
Successful_____ Administrative_____
Unsuccessful____ Unknown_____
Other_____

TREATMENT INFORMATION FOR THIS OFFENSE

24. Treatment Modality
1. Group only
2. Individual only
3. Group & Individual
4. Other_____

Specialized Treatment (please specify)
_____

25. Additional Treatment
□ None
□ Drug & Alcohol
□ Parenting
□ Mental Health
□ Couples Counseling
□ Modified Intensity of Treatment (type)_____
□ Anger Management
□ Sex Offender
□ Other_____

26. Assessments Completed During and/or Immediately Prior to Treatment
□ DVSI □ Personality Inventory
□ SARA □ Substance Abuse
□ Other_____
□ Other_____
□ Other_____
□ Other_____

27. Treatment Program Intake Date
_____/_____/_____

DISCHARGE INFORMATION

28. Relationship With Victim At Time Of Discharge
1. Living with Spouse
2. Living with Partner
3. Separated from Spouse
4. Separated from Partner
5. Divorced Not Living Together
6. Current Partner Not Living Together
7. Former Partner
8. Other_____

29. At Time of Discharge, Was Offender in a New Relationship? 0. No 1. Yes 9. Unknown

30. Discharge Date from Treatment Program
__ __/__ __/__ __ __ __

31 Discharge Type

□ **Successful**
□ **Administrative**
1. Referred to Other Program
2. Moved out of State
3. Other

□ **Unsuccessful**
□ Never Attended Treatment □ Nonpayment
□ Sentence Completed □ Illness
□ Re-Offense
□ Nonparticipation
□ Violation of Protection Order
□ Use/Possession of Weapons
□ Drug Use
□ Excess Absences
□ Dropped Out
□ Other (specify)_____

VICTIM ADVOCACY INFORMATION

32. Victim Contacted by Your Victim Advocate?
1. Yes, Ongoing
2. Yes, Single Contact
3. Yes, Single Contact (Victim's Choice)
4. Attempted Contact, Not Successful
5. No (Reason)
_____

33. Victim Advocacy Agreement Completed Between Victim and Victim Advocate?
0. No
1. Yes

34. Information Given to Victims (check all that apply)
□ DV and Treatment
□ Safety Planning
□ Community Based Service Agencies
□ Status/Participation Notification
□ Well-being Checks
□ Duty to Warn