

Sample Domestic Violence Intake Evaluation Summary

Agency:

Address:

Phone:/fax number:

Offender Name:

Referral Agent:

Adult Probation Officer:

Case Number:

D.O.B:

Initial Level of Treatment: A B C (Level's not in effect until September 2010)

Interview date:

Class assigned:

Start date:

On _____ defendant enrolled in the following:

Individual domestic violence counseling Anger Management

Alcohol & Drug Treatment

XX Domestic Violence Treatment (36 weeks per court order
or unspecified)

Instruments Used:

Domestic Violence Risk And Needs Assessment (DVRNA)

Spousal Assault Risk Assessment Guide (SARA)

Spousal Assault Risk Assessment Guide

Mini Mental Health Status

Random UA-none Positive or negative sent to Lab for confirmation

Domestic Violence Clinical Interview

Alcohol and Drug Use Inventory

Lethality Checklist

Learning styles Inventory

Violence Risk Inventory

Other Collateral sources:

Victim Advocacy

Discovery (police ticket, police narrative and sentencing order)

Criminal Justice Reports/other Criminal Justice Referral Agents

Multi-disciplinary Treatment Team (MTT) consensus pending

MTT override using written documentation for no consensus using core competencies, risk markers

DHS involvement-none reported

Casa caseworker: none reported

Previous Offender Evaluations (Psychiatric, psychological, substance abuse, medical etc)

Client is pending:

Client is pending:

Other(s):

Level of Placement In Treatment:

Current Charge:

Domestic Violence Offender report:

Offender in a new relationship:

Brief Psychosocial History:

Pro-Social Support System:

Biological Children:

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Paying/not paying child support

Owes back child support to:

Children present @ time of offense?

Alcohol or drug Involved (schedule II):

Other Criminal History:

Weapons used

Weapons owned

Weapons pawned

Restraining order violations Protection Order Violations Restraining Order in Effect

Employment and Financial History:

Housing Evictions/Apartment:

Medical/Mental Problems:

medications

dose

physician name

Client reported

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Owes traffic fines to

in the amount of \$

paying \$ a month

Pets present @ time of incident:

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Offender Accountability:

Motivation for and Amenability for Treatment

Risk Principle and Needs Principle

Offender Criminogenic Needs:

Individual Offender Criminogenic needs that were identified at intake were the following:

Assessment Of Offender Responsivity.

Offender Strengths:

Domestic Violence Risk Assessment:

Treatment Report: Once month a monthly progress report will be sent to the referral agent. It will include the following:

- a. Results from most recent required Treatment Plan Review.
- b. Offender Progress regarding competencies.
- c. Any recommendation related to discharge.
- d. Offender's level of treatment.
- e. Evidence of new risk factors.
- f. Offender degree of compliance such as fee's attendance, and level of participation.

Therapist Signature: _____ Date: _____

TREATMENT PLAN AT INTAKE EVALUATION

7/19/2010

5.05 I DVOMB Standard: Treatment Goals shall be based on Offender Criminogenic needs, offender competencies and identified risk factors. (shall be in effect 09/01/2010.)

5.07 III DVOMB Standard: 1st Treatments Plan Review after completion of two to three months of treatment. It shall be scheduled and identified in the Offender's Initial Treatment Plan.

A. Purpose of this Treatment Plan Review is to reevaluate whether the offender is in the appropriate level of treatment, refine the treatment plan in accordance with the next Treatment Plan Review period, and measure progress. (Shall be in effect in 09/01/2010. I will consult with the referring agent and gather any new information upon consultation.

Identified Criminogenic Needs (see intake evaluation)

Offender Competencies (refer to client contract)

Identified Risk: