

**SAMPLE VICTIM ADVOCATE CONTACT FORM**

Colorado Springs, CO 80910  
719-459-6710

Client Name: \_\_\_\_\_ Date of Initial Treatment Review (intake date): \_\_\_\_\_

Date Treatment Program Started: \_\_\_\_\_

Victim's Name: \_\_\_\_\_

**Relationship Status:** Relationship of approx. \_\_\_\_ dated fro approx. \_\_\_\_ prior to \_\_\_\_ before he/she moved in with he/she.

Pending divorce \_\_\_\_\_ Common Law for \_\_\_\_ separated for approx. \_\_\_\_\_ Single \_\_\_\_\_

Name(s) and Age(s) of biological children: \_\_\_\_\_  
\_\_\_\_\_

Name(s) and Age(s) of stepchildren: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Cell ph. #: \_\_\_\_\_ Home ph.#: \_\_\_\_\_ Work ph. #: \_\_\_\_\_

Domestic Violence Story as reported by the perpetrator:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consulted with Victim Advocate on: \_\_\_\_\_ Probation consultation on \_\_\_\_\_  
MTT consensus: Yes No Override & Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Level of Treatment:      A                      B                      C

DV Charge: \_\_\_\_\_ Alcohol/drug: \_\_\_\_\_  
Children present: \_\_\_\_\_ Prior DUI/DWAI/Possession of schedule II \_\_\_\_\_  
Weapons used: \_\_\_\_\_ Weapons owned: \_\_\_\_\_ weapons pawned: \_\_\_\_\_  
V.O.R: \_\_\_\_\_ R.O. In effect: \_\_\_\_\_ Perm. R. O in effect: \_\_\_\_\_ V.P.O: \_\_\_\_\_  
Violated restraining orders in the past: \_\_\_\_\_ Mental Health issues: \_\_\_\_\_  
Prior Suicide threats/attempts: \_\_\_\_\_ Past or present animal cruelty: \_\_\_\_\_

- Threats to kill
- Animals in the home
- Previous child abuse charges
- Strangulation
- Prior assault stalking
- Medical treatment needed
- Other information: \_\_\_\_\_

- Allegations of spousal rape
- Not paying child support
- Owes back child support

**\*Attached is a signed release of information from client to contact the victim**

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