Kane County Domestic Violence Supplemental Report
Police Department Report Number:

Note: The arresting officer is strongly encouraged to complete this form when a domestic violence arrest is made. The Pretrial Services Unit uses this information to complete an assessment to provide information to assist the Court in determining if the offender poses a real and present threat to the safety of a specific, identifiable person(s) or the community.

Victim's Name:	Location of Incident:	Date and Time of Incident:
Offender's Name:	Relationship to Victim:	Do the Victim and Offender reside together? Yes: ☐ No: ☐
Has there ever been an order of protection issued? Yes: ☐ No: ☐		Were Children Present? Yes: ☐ No: ☐
List Prior Incidents:		

The Victim is to be asked the following:

Has the offender previously:
☐Hit, slapped or kicked you? ☐Hit, slapped or kicked someone else? Relation:
☐Threatened to harm you if you called the police? ☐Strangled you? ☐Threatened to harm the police if you called them?
☐Threatened to kill you? ☐Threatened to kill him or herself? ☐Fantasized about harming or killing someone?
☐Threatened you with a weapon? ☐Prevented you from seeking assistance?
☐Harmed or threatened to harm pets or animals? ☐Other:

Does the offender have access to firearms? Yes: ☐ No: ☐	**Does the offender have a FOID card?** Yes: ☐ No: ☐
What type of firearms does the offender have access to and where are they located?	
Has the offender ever assaulted you while pregnant? Yes:☐ No: ☐	
Do you have children? If yes, what are their ages? Yes: ☐ No: ☐ Ages:	**How many of your children are with the offender?**
Have they ever witnessed the abuse? Yes: ☐ No: ☐	**Has your family ever had contact with DCFS?** Yes: ☐ No: ☐

Have any of the parties experienced any recent changes?
☐Separation/Divorce ☐Job Loss ☐Death of a family member or friend
☐Other

Does the offender abuse alcohol or drugs? Yes: ☐ No: ☐	**Please list type and frequency:**

Has their substance use increased recently?

Medical Treatment Provided to Victim:
☐None ☐Refused ☐Will see own doctor ☐Paramedics called/treated on scene
☐Paramedics transported to hospital ☐Hospital name:

Offender's Action (Check all that apply):
☐Injured Victim ☐Threatened Victim w/physical violence/kill ☐Threatened victim in other ways (custody, $, etc.)
☐Injured Child ☐Threatened Children ☐Threatened Witnesses ☐Disabled/removed telephone
☐Prevented Victim/Witness from seeking assistance ☐Forced Entry ☐Took Property ☐Damaged Property
☐Followed/Stalked ☐Threatened or attempted suicide ☐Other:

Victim concerns or barriers of support (Check all that apply):
☐Concern about future assaults ☐Young children in the home ☐No telephone or landline ☐Limited access to transportation
☐Geographical distance from support ☐Victim has history of alcohol/drug abuse
☐Victim consumed alcohol/drugs on date of incident ☐Victim is dependent on offender for care taking, or financial support

Comments:

Officer's Signature: _____ Officer's Badge #: _____

Supervisor's Signature: _____ Date: _____