

Incident No. \_\_\_\_\_

## LITTLE ROCK POLICE DEPARTMENT DOMESTIC VIOLENCE LETHALITY ASSESSMENT FORM

Officer:	Date:	Incident No.:
Victim:	Offender:	
<input type="checkbox"/> <b>Check here if victim did not answer any of the questions.</b>		
1.	Has he/she ever used a weapon against you or threatened you with a weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Answered
2.	Has he/she threatened to kill you or your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Answered
3.	Do you think he/she might try to kill you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Answered
<b>If "YES" response to ANY of the above 3 questions, contact and/or provide victim Domestic Violence Hotline 1-800-332-4443 and provide a LAURA's CARD.</b>		
4.	Has he/she ever tried to choke you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Answered
5.	Has he/she violently or constantly jealous?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Answered
6.	Does he/she control most of your daily activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Answered
7.	Have you left him/her or separated after living together or being married?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Answered
8.	Is he/she unemployed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Answered
9.	Has he/she ever tried to kill himself/herself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Answered
10.	Do you have a child that he/she believes is not his/hers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Answered
11.	Does he/she follow or spy on you or leave threatening messages?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Answered
12.	Is there anything else that worries you about your safety? (if "yes") What worries you?	
<b>If a victim answers "YES" to four or more questions #4 - #11, contact and/or provide victim the Domestic Violence Hotline 1-800-332-4443 and provide a LAURA's CARD.</b>		

**Note:** The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence.

\_\_\_\_\_  
Victim Signature

Victim refused to sign form

\_\_\_\_\_  
Supervisor Signature