### Domestic Violence Lethality Screen for First Responders

- **Officer:**
- **Date:**
- **Case#**

<table>
<thead>
<tr>
<th>Victim:</th>
<th>Offender:</th>
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- ☐ Check here if victim did not answer any of these questions.

**A “Yes” response to any of Questions #1-3 automatically triggers the protocol referral.**

1. Has the person ever used a weapon against the victim or threatened the victim with a weapon?  [Yes] [No] [Not Ans.]
2. Has the person threatened to kill the victim or children of the victim?  [Yes] [No] [Not Ans.]
3. Does the victim think the person will try to kill the victim?  [Yes] [No] [Not Ans.]

**Negative responses to Questions # 1-3 but positive responses to at least four of Questions # 4-11 trigger the protocol referral.**

4. Has the person ever tried to choke the victim?  [Yes] [No] [Not Ans.]
5. Is the person violently or constantly jealous or does the person control most of the daily activities of the victim?  [Yes] [No] [Not Ans.]
6. Has the victim left or separated from the person after living together or being married?  [Yes] [No] [Not Ans.]
7. Is the person unemployed?  [Yes] [No] [Not Ans.]
8. Has the person ever tried to kill himself or herself?  [Yes] [No] [Not Ans.]
9. Does the victim have a child that the person knows is not his or her own child?  [Yes] [No] [Not Ans.]
10. Does the person follow or spy on the victim or leave the victim threatening messages?  [Yes] [No] [Not Ans.]

**An officer may trigger the protocol referral, if not already triggered above, as a result of the victim’s response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.**

11. Is there anything else that worries the victim about his or her safety and if so, what worries the victim?

Check one:  ____ Victim screened in according to the protocol  
____ Victim screened in based on the belief of officer  
____ Victim did not screen in

If victim **screened in**: After advising the victim of high risk for danger/lethality, did the victim speak with the hotline advocate at this number (____ Insert local OAG Certified DVSA Program____).  [Yes] [No]

**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.