

Program Participant ID: \_\_\_\_\_

VICTIMIZATION TYPE								
Primary Secondary			Primary Secondary			Primary Secondary		
<input type="checkbox"/>	<input type="checkbox"/>	Intimate Partner Violence	<input type="checkbox"/>	<input type="checkbox"/>	Bullying (Verbal, Cyber or Physical)	<input type="checkbox"/>	<input type="checkbox"/>	Child Pornography
<input type="checkbox"/>	<input type="checkbox"/>	Family Violence	<input type="checkbox"/>	<input type="checkbox"/>	Human Trafficking: Labor	<input type="checkbox"/>	<input type="checkbox"/>	Other Vehicular Victimization (e.g., Hit and Run)
<input type="checkbox"/>	<input type="checkbox"/>	Adult Sexual Assault	<input type="checkbox"/>	<input type="checkbox"/>	Human Trafficking: Sex	<input type="checkbox"/>	<input type="checkbox"/>	Survivors of Homicide Victims
<input type="checkbox"/>	<input type="checkbox"/>	Stalking/Harassment	<input type="checkbox"/>	<input type="checkbox"/>	Arson	<input type="checkbox"/>	<input type="checkbox"/>	Robbery
<input type="checkbox"/>	<input type="checkbox"/>	Teen Dating Victimization	<input type="checkbox"/>	<input type="checkbox"/>	Burglary	<input type="checkbox"/>	<input type="checkbox"/>	DUI/DWI Incidents
<input type="checkbox"/>	<input type="checkbox"/>	Child Sexual Abuse/Assault	<input type="checkbox"/>	<input type="checkbox"/>	Kidnapping, Custodial	<input type="checkbox"/>	<input type="checkbox"/>	Elder Abuse or Neglect
<input type="checkbox"/>	<input type="checkbox"/>	Child Physical Abuse or Neglect	<input type="checkbox"/>	<input type="checkbox"/>	Kidnapping, Non-Custodial	<input type="checkbox"/>	<input type="checkbox"/>	Terrorism (Domestic/International)
<input type="checkbox"/>	<input type="checkbox"/>	Adults Sexually Abused/Assaulted as Children	<input type="checkbox"/>	<input type="checkbox"/>	Identity Theft/Fraud /Financial Crime	<input type="checkbox"/>	<input type="checkbox"/>	Mass Violence (Domestic/International)
<input type="checkbox"/>	<input type="checkbox"/>	Adult Physical Assault (Includes Aggravated and Simple Assault)	<input type="checkbox"/>	<input type="checkbox"/>	Hate Crime: <i>please circle one</i> Racial / Religious / Gender / Sexual Orientation / Other _____	<input type="checkbox"/>	<input type="checkbox"/>	Other, please explain _____ _____
Date of Incident: ___/___/___ MM / DD / YY			Reported to Law Enforcement: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			Location of Incident (town, village, or city): _____		

**PERPETRATOR INFORMATION** (For additional perpetrators, attach the additional perpetrators form)

Name: \_\_\_\_\_ Gender:  Male  Female  Unknown  
First Middle Last Date of Birth (Probably available on Courtview): \_\_\_\_\_

Was the perpetrator under the influence at the time of the incident?  Yes  No  Unknown  
 If yes, which substances?  Alcohol  Drugs  Both  Unknown

<b>Perpetrator Race/Ethnicity</b> (Select all that apply):		<b>Relationship of Perpetrator to Program Participant</b> (Select One):
<input type="checkbox"/> Asian	<input type="checkbox"/> Pacific Islander/Native Hawaiian	<input type="checkbox"/> Current or Former Spouse or Intimate Partner
<input type="checkbox"/> American Indian	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Other Family or Household Member (In-law, Sibling, Grandparent, Roommate, etc.)
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Other Race	<input type="checkbox"/> Dating Relationship
<input type="checkbox"/> Native Alaskan	<input type="checkbox"/> Race is Unknown /Not Disclosed	<input type="checkbox"/> Acquaintance (Friend, Neighbor, Co-worker, Schoolmate, etc.)
<input type="checkbox"/> Caucasian/White		<input type="checkbox"/> Stranger
		<input type="checkbox"/> Unknown

The information contained on this form is protected by state and federal confidentiality laws and cannot be released from Program records without informed written consent of the program participant or a court order. Contact the Program Executive Director or the ANDVSA Legal Advocacy Project before releasing this information.

Completed By: \_\_\_\_\_ on Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ on Date: \_\_\_\_\_