

Program Participant ID: _____

Incident Date: ____/____/____
MM / DD / YY

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

Perpetrator Race/Ethnicity (Select all that apply):		Relationship of Perpetrator to Program Participant (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

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

Perpetrator Race/Ethnicity (Select all that apply):		Relationship of Perpetrator to Program Participant (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: _____