

Has this person done this type of thing to you before? (circle one) YES NO If YES, when and where: _____

Was a police report made? (circle one) YES NO. Agency Name: _____

What was occurring just prior to this incident: _____

Any of the Following Currently Occurring or Have Occurred?	
<input type="checkbox"/> Guns presently in the home	<input type="checkbox"/> Choked (strangled) you
<input type="checkbox"/> Threats to use a weapon against you or another person	<input type="checkbox"/> Abuses alcohol or drugs
<input type="checkbox"/> Recently assaulted you with weapons	<input type="checkbox"/> Mental health history/diagnosis
<input type="checkbox"/> Assaulted you while you were pregnant	<input type="checkbox"/> Injured or killed pets
<input type="checkbox"/> Threatened to kill you or others	<input type="checkbox"/> Violent towards children
<input type="checkbox"/> Recent Loss of job/family/member/stressors	<input type="checkbox"/> Recently increased level / frequency of violence
<input type="checkbox"/> Contemplated, threatened or attempted suicide	<input type="checkbox"/> Been Violent outside your relationship
<input type="checkbox"/> Controlled or restricted your freedom	<input type="checkbox"/> You are Currently Pregnant
<input type="checkbox"/> Said "If I can't have you, no one will"	<input type="checkbox"/> You have told suspect you're leaving
<input type="checkbox"/> Destroyed cherished items	<input type="checkbox"/> You are in the process of leaving suspect
<input type="checkbox"/> Accused you of cheating	<input type="checkbox"/> Have either of you recently filed for divorce/ child custody
<input type="checkbox"/> Tried to control your daily activities	<input type="checkbox"/> Threatened to take the children permanently
<input type="checkbox"/> Stalked, Repeatedly Harassing causing fear	<input type="checkbox"/> Forced you to have sex

If the incidents checked in the above table occurred within the past 12 months, please explain. _____

Additional comments (list possible witnesses, the presence of CHILDREN or any other pertinent information) _____

Were you given a Domestic Violence Information Pamphlet? YES NO. If NO, why not? _____

I, _____, have written or had this statement written for me and this statement, including any additional referenced pages, truly and accurately reflects my recollection of this incident. I, _____, certify, or declare, under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:

SIGNED: _____ PLACE: _____ County of Clark

Date: _____ Time: _____

I, _____, confirm that _____ authored or dictated this entire statement without input from any other person or myself. I also confirm that I read the above perjury clause to _____ before this statement was signed.

Date: _____ Time: _____

Witnessed by: _____ Agency _____ PSN _____