Client ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Household ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_

First Contact Date\_\_\_\_\_\_\_\_\_\_\_ Case Close Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*All questions should be completed within \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of intake.*

**A. CLIENT DEMOGRAPHICS**

# 1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1. Phone intake 2. In-person intake

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2. Gender Identity:** | * Female
 | * Male
 | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Not Reported (Client declined)
 |
| * Transgender female (male to female): *Someone whose sex is or was male but identifies as female*
 |
| * Transgender male (female to male): *Someone whose sex is or was female but identifies as male*
 |
| * Genderqueer/Gender non-conforming: *Someone who does not identify exclusively as male or female, somewhere in between or neither gender identity*
 |
| **3. Age at First Contact: \_\_\_\_\_\_\_\_\_\_** |
| **4. Race/Ethnicity:**  | * American Indian orAlaska Native
 | * Asian
 | * **South Asian** (NEW in FY21 – Subgroup of Asian)
 | * Black/African American
 |
| *Client should self-identify.* | * Hispanic/Latinx
 | * Native Hawaiian/Other Pacific Islander
 | * White
 | * MENA (Middle Eastern North African) – Note federal agencies consider this a subgroup of White.
 |
| *Check as many as apply.* | * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |  |
| 1. **Sexual Orientation:**
 | * Heterosexual/Straight
 | * Homosexual/Gay/Lesbian
 | * Bisexual
 |
| * Queer: *Refers broadly to lesbians, gay, bisexual people and others who may NOT identify with the terms above but DO identify with this term.*
 |
| * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | * Not Reported: *Client declined or not collected)*
 |
| * Unknown: *Note: If client uses the term “Questioning” to describe their sexual orientation, please use the “Other” category above and write in this term.*
 |
| 1. **Veteran’s Status:**
 | * No
 | * Yes
 | * Unknown
 | * Not Reported (Client declined OR not collected)
 |
| 1. **Employment:**
 | * Full Time
 | * Not Employed
 | * Part Time
 | * Unknown
 |
| 1. **Education:**
 | * College Grad or More
 | * High School Grad
 | * No High School
 | * Some College
 |
|  | * Some High School
 | * Unknown
 |
| 1. **Marital Status:**
 | * Common Law
 | * Divorced
 | * Legally Separated
 | * Married
 | * Single
 | * Unknown
 | * Widowed
 |
| 1. **Pregnant:**
 | * No
 | * Not Reported
 | * Unknown
 | * Yes
 | * Not Applicable (male clients only)
 |
| 1. **Number of Children: \_\_\_\_\_\_**
 |
|  | **Name** | **Gender** | **Age** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| PRIMARY PRESENTING**ISSUE** (choose ONE)**:** | * Emotional DV
 | * Physical DV
 | * Sexual DV
 | Primary Offense Date: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ |
|  ***1. Offense Location:*** | * Car
 | * Internet/Social Media
 | * Offender’s Home
 | * Other Private Location
 | * Other Public Location
 |  |
|  | * Phone
 | * Park
 | * School
 | * Shared Home
 | * Street
 |
|  | * Victim’s Home
 | * Victim’s Work
 | * Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***2. Other Presenting Issues:***  | * Rape/Sexual Assault
 | * Adult survivor incest/ child sexual assault
 | * Stalking
 | * Harassment
 | * Child sexual assault
 | * Child abuse
 |
| *(Check as many as apply)* | * Child neglect
 | * Date rape
 | * Drugged
 | * Home invasion
 | * Hate crime
 | * Physical DV
 |
|  | * Sexual DV
 | * Emotional DV
 | * Domestic battery
 | * Aggravated dom. battery
 | * Violation of OP
 | * Elder abuse
 |
|  | * Financial Abuse
 | * Spiritual Abuse
 | * Human Labor Trafficking
 | * Human Sex Trafficking
 | * Homicide
 | * Attempted homicide
 |
|  | * DUI/DWI
 | * Other assault
 | * Battery
 | * Assault/battery
 | * Burglary
 | * Robbery
 |
|  | * Other offense against person
 | * Other offense
 | * Unknown offense
 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **CLIENT INCOME SOURCE(S):** *Check as many as apply AND indicate MONTHLY amount.*
 | * Earned Income $\_\_\_\_\_\_\_\_\_\_\_\_
 | * Worker compensation $\_\_\_\_\_\_\_\_\_\_\_\_
 | * Pension from former job $\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * Unemployment Insurance$\_\_\_\_\_\_\_\_\_\_\_\_
 | * TANF $\_\_\_\_\_\_\_\_\_\_\_\_
 | * Child Support $\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * SSI $\_\_\_\_\_\_\_\_\_\_\_\_
 | * Soc Sec Disability $\_\_\_\_\_\_\_\_\_\_\_
* General assistance $\_\_\_\_\_\_\_\_\_\_\_\_
 | * Alimony/other spouse income $\_\_\_\_\_\_\_\_\_
 |
| * Veterans disability pay $\_\_\_\_\_\_\_\_\_\_\_\_
 | * Retirement income/Soc. Security $\_\_\_\_\_\_\_\_
 | * Other Source\_\_\_\_\_\_\_\_\_\_\_\_\_\_$\_\_\_\_\_\_\_\_\_
 |
| *Note: You may use:* -1 unknown; -2 not reported for any value | * Private disability insurance$\_\_\_\_\_\_\_\_\_\_\_
 | * Veteran’s pension $\_\_\_\_\_\_\_\_\_\_\_\_
 | * No financial resources
 | * Unknown
 |

|  |
| --- |
| **D. NON-CASH BENEFITS/HEALTH INSURANCE:** |
| **1. Non-Cash Benefits:** |
|  | * Food Stamps/food benefit card (Link Card)
 | * TANF Transportation
 | * Other Source
 |
|  | * Special Supplemental nutrition (WIC)
 | * Other TANF funded services
 | * **Receives NO Non-Cash Benefits**
 |
|  | * TANF Child Care services
 | * Section 8, public housing, rent assistance
 | * Unknown
 |
| **2. Health Insurance** |
|  | * Medicaid health insurance (18 & older only)
 | * State children’s health insurance (Children’s Medicaid)
 | * Private health insurance
 |
|  | * Medicare health insurance
 | * Veteran’s administration med services
 | * No health insurance
 |
|  |  |  | * Unknown
 |
| **E. REFERRALS:** |
| **1. Referred FROM (Client Referral Source):** |
| * Legal System
 | * Sexual Assault Program
 | * Housing Program
 | * Circuit Clerk
 | * Public Health
 | * Child Advocacy Center
 |
| * Hospital
 | * Medical Advocacy Program
 | * Private Attorney
 | * Clergy
 | * Relative
 | * Friend
 |
| * Medical
 | * Law Enforcement
 | * State’s Attorney
 | * Education System
 | * Media
 | * IL DV Helpline
 |
| * Self
 | * Social Service Program
 | * Other DV Program
 | * DCFS
 | * National DV Hotline
 | * Other Local Hotline
 |
| * Other Referral Source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |

|  |
| --- |
| **2. Referred TO:** |
| * State’s Attorney
 | * Clergy
 | * Other DV Program
 | * Legal System
 | * Medical
 |
| * Circuit Clerk
 | * Law Enforcement
 | * Social Service Program
 | * Private Attorney
 | * DCFS
 |
| * Hospital
 | * Public Health
 | * Sexual Assault Program
 | * Education System
 | * Housing Program
 |
| * Other Referrals: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| **F. SPECIAL NEEDS** (Check as many as apply)**:** | * No special needs indicated
 | * Unknown
 | * Not Reported
 |
| * Is hearing impaired
 | * Has limited English (Primary Language: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
 | * Requires special diet
 |
| * Requires assistance in feeding, dressing, or toileting
 | * Requires a wheelchair
 | * Other Special Needs:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| * Must have medications administered
 | * Has immobility
 |
| * Is visually impaired-requires assistance
 | * Has developmental disability
 |  |

|  |  |  |
| --- | --- | --- |
| **G. SERVICES NEEDED: Check all services needed by client at time of intake.** |  |  |
| * Shelter
 | * Emotional/Counseling
 | * Child Care
 | * Medical Advocacy
 |
| * Housing
 | * Individual Support (child)
 | * Legal Services
 | * Crisis Intervention
 |
| * Financial
 | * School Advocacy (child)
 | * Employment
 | * Transportation
 |
| * Referral
 | * Group Activity (child)
 | * Legal Advocacy
 | * Parent/Child Support
 |
| * Lock up/Board up
 | * Education
 | * Medical Services
 | * Community Advocacy (child)
 |
|  |  |  | * Therapy
 |
| **H. RESIDENCE:**  |  |  |
|  | **Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | City/Town Township County State Zip Code (*Enter UK for Unknown and NR for Not reported)* |
|  |  |
|  | Home Phone (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_\_ Work Phone (\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_\_ Emergency Contact: (\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ |
|  | **Type of Residence (IMMEDIATELY prior to coming to DV shelter/transitional housing program)** (Required for shelter clients; optional for others but some funders, e.g. Chicago DFSS, require this info for all clients.) |
|  | * Emergency shelter (other DV or homeless)
 | * Substance abuse treatment facility
 | * Staying/living w/ family member
 | * Place not meant for habitation
 |
| * Transitional housing-homeless
 | * Jail/prison/juvenile detention ctr
 | * Staying/living w/ friend
 | * Other
 |
| * Perm. housing for formerly homeless
 | * Room/apt/house rented
 | * Hotel/motel paid for w/o emergency shelter voucher
 | * Unknown
 |
| * Psychiatric hospital/facility
 | * Apt/house owned
 | * Foster care home/group home
 | * Not Reported
 |
|  | **Length of stay in previous place (place indicated above)** (Required for shelter clients; optional for others but some funders, e.g. Chicago DFSS, require this info for all clients.) |
|  | * 1 week or less
 | * 1 week to 1 month
 | * 1-3 months
 | * 3 months to 1 year
 | * 1 year or longer
 | * Unknown
 |
| **PREVIOUS SERVICE USE** (shelter/transitional housing clients only)**: In the Last Year….**  |
| **1--**Have you used another domestic violence shelter in this part of IL? **YES NO** If yes, about how long ago (approx. date): \_\_\_\_\_\_\_\_\_\_\_ |
| **2--**Have you used another homeless shelter in this part of IL? **YES NO** If yes, about how long ago (approx. date): \_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| OFFENDER INFORMATION: |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Birth Date: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  | Age (at victim intake): \_\_\_\_\_\_\_\_\_\_ | Case #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **DOC #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Race/Ethnicity:**Check ONLY ONE category for Offender. | * African American
 | * Asian/Pacific Islander
 | * **South Asian** (NEW in FY21 – Subgroup of Asian/Pacific Islander)
 | * Hispanic/Latinx
 | * Native American
 |
| * White
 | * MENA (Middle Eastern North African) – Note federal agencies consider this a subgroup of White.
 | * Multiracial
 | * Other

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | * Unknown
 |
|  |  |  |  |
| **Gender:** | * Female
 | * Male
 | * Other
 |

|  |
| --- |
| **Offender Relationship to Client –** Note order of categories has changed in FY21 form compared to earlier versions. |
| * Acquaintance - Female
 | * Acquaintance - Male
 | * Boyfriend
 | * Child/Grandchild - Female
 | * Child/Grandchild - Male
 |
| * Ex-Boyfriend
 | * Ex-Girlfriend
 | * Ex-Husband
 | * Ex-Wife
 | * Father
 |
| * Father’s Girlfriend
 | * Friend - Female
 | * Friend - Male
 | * Girlfriend
 | * Husband
 |
| * Mother
 | * Mother’s Boyfriend
 | * Same Sex Partner
 | * Wife
 |  |
| **Visitation:**  |  |  |  |  |
| * No Visitation Allowed
 | * Supervised Visitation
 | * Unsupervised Visitation
 | * Visitation Not an Issue
 | * Unknown
 |
| *If there are police and/or state’s attorney charges against the offender, document those on the Medical / Criminal Justice Information Form.* |

|  |  |  |
| --- | --- | --- |
| **J. ELIGIBILITY DETERMINATION/PROGRAM RESPONSE:** |  |  |
| Eligible for Services:1. Based on the circumstances documented above, it is reasonable to conclude that the individual identified herein and accompanying children, if any, is subject to, or at risk of, abuse and is eligible to receive domestic violence services on the basis for the need for protection.

Immediate Program Response:* + 1. Accepted as client in on-site residence
		2. Accepted as client in emergency shelter
		3. Accepted client as non-residential client
		4. Referred to another program (name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. Based on information received at the time of intake, I conclude this individual is not eligible for services.
 |
| Intake Worker: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| I understand that by my signature, I am verifying the above information and requesting service for \_\_\_\_myself; \_\_\_\_\_myself and family. I also understand that I have a right to appeal and have a fair hearing of any grievance.Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**MEDICAL/CRIMINAL JUSTICE -- VICTIM DOCUMENTATION INFORMATION**

|  |
| --- |
| MEDICAL  |
| **Visit medical facility?** | * No
 | * Not Reported
 | * Unknown
 | * Yes
 |
| **Treated For Injuries?** | * No
 | * Not Reported
 | * Unknown
 | * Yes
 |
| **Seriousness Of Injuries:** | * Did not require hospital admission
 | * Required hospital admission
 | * Unknown
 |  |
| **Photos Taken:** | * No
 | * Not Reported
 | * Unknown
 | * Yes
 | Location of Photos:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Type of Medical Facility:** | * Clinic
 | * ER
 | * None
 | * Other
 | * Private Physician
 | * Trauma Ctr.
 | * Unknown
 |
| **Evidence Kit Used?** | * No
 | * Not Reported
 | * Unknown
 | * Yes
 |
| **Other Family Problems**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **The Offender (check all that apply):** | * Threw something at your victim
 | * Beat up your victim
 |
| * Pushed, grabbed or shoved your victim
 | * Choked your victim
 |
|  | * Slapped your victim
 | * Threatened your victim with a knife or gun
 |
|  | * Kicked, bit or hit your victim with a fist
 | * Used a knife or fired a gun
 |
|  | * Hit or tried to hit your victim with something
 |  |
| ORDERS OF PROTECTION  |
| Originally Sought Order: | * Granted
 | * Denied
 | * Pending
 | * Unknown
 | Date Filed:\_\_\_/\_\_\_/\_\_\_ |
| County:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date Issued:\_\_\_/\_\_\_/\_\_\_ |
| Type of Order: | * Emergency
 | * Interim
 | * Plenary
 | * Unknown
 | Date Vacated:\_\_\_/\_\_\_/\_\_\_ |
| Forum: | * Criminal
 | * Civil
 | * Unknown
 |  |
| Original Date Of Expiration:\_\_\_/\_\_\_/\_\_\_  | Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Activity 1 | Activity 2 |
| * EOP to IOP
* EOP to POP
* IOP to POP
* Extension
* Modification
 | * Violation W/Police Charge
* Violation W/O Police Charge

Activity Date: \_\_\_/\_\_\_/\_\_\_New Expiration Date:\_\_\_/\_\_\_/\_\_\_ | * EOP to IOP
* EOP to POP
* IOP to POP
* Extension
* Modification
 | * Violation W/Police Charge
* Violation W/O Police Charge

Activity Date: \_\_\_/\_\_\_/\_\_\_New Expiration Date:\_\_\_/\_\_\_/\_\_\_ |
| Activity 3 | Activity 4 |
| * EOP to IOP
* EOP to POP
* IOP to POP
* Extension
* Modification
 | * Violation W/Police Charge
* Violation W/O Police Charge

Activity Date: \_\_\_/\_\_\_/\_\_\_New Expiration Date:\_\_\_/\_\_\_/\_\_\_ | * EOP to IOP
* EOP to POP
* IOP to POP
* Extension
* Modification
 | * Violation W/Police Charge
* Violation W/O Police Charge

Activity Date: \_\_\_/\_\_\_/\_\_\_New Expiration Date:\_\_\_/\_\_\_/\_\_\_ |
| POLICE  |
|  | Date Reported to Police:\_\_\_/\_\_\_/\_\_\_ | * Patrol Interview
 | * Detective Interview
 |
| PROSECUTION  |
| * State’s Attorney Interview
 | * V/Witness
 | * Trial Scheduled
 | **Trial Type:** | * Bench
 | * Jury
 | * Unknown
 |
| **Court Appearance** \_\_\_/\_\_\_/\_\_\_ | **If results in continuance, which type?** | * Defense
 | * Prosecution
 | * Other
 |
| **Court Appearance** \_\_\_/\_\_\_/\_\_\_ | **If results in continuance, which type?** | * Defense
 | * Prosecution
 | * Other
 |
| **Court Appearance** \_\_\_/\_\_\_/\_\_\_ | **If results in continuance, which type?** | * Defense
 | * Prosecution
 | * Other
 |
| **Court Appearance** \_\_\_/\_\_\_/\_\_\_ | **If results in continuance, which type?** | * Defense
 | * Prosecution
 | * Other
 |
| **Court Appearance** \_\_\_/\_\_\_/\_\_\_ | **If results in continuance, which type?** | * Defense
 | * Prosecution
 | * Other
 |
| **V/W Participate:** | * Yes
 | * No
 | * Not Appropriate
 | * Unknown
 |

**MEDICAL/CRIMINAL JUSTICE -- OFFENDER CRIMINAL JUSTICE DOCUMENTATION**

|  |
| --- |
| POLICE  |
| Police Department:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Report Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Arrest Made?** | * No
 | * Not Reported
 | * Unknown
 | * Yes
 | Date of Arrest:\_\_\_/\_\_\_/\_\_\_ |
| **Police Charge** **Date of Charges**: \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Charge Type:** | * Felony
 | * Misdemeanor
 | * Unknown
 |  |
| **Police Charge** **Date of Charges**: \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Charge Type:** | * Felony
 | * Misdemeanor
 | * Unknown
 |  |
| PROSECUTION  |
| **Charges Filed?** | * No
 | * Not Reported
 | * Unknown
 | * Yes
 |  |
| **Charge Type:** | * Felony
 | * Misdemeanor
 | * Unknown
 |  |
| State’s Attorney Charge: Charge Date:\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Disposition:**  | * Acquitted
 | * Convicted, Lesser Charge
 | * Dismissed, Victim Didn’t Show
 | * Mistrial
 | * Pled Guilty, Original Charge
 |
| * Charges Dropped
 | * Dismissed, Fines
 | * Dismissed, Want Of Prosecution
 | * Other:\_\_\_\_\_\_\_\_\_\_
 | * Stricken On Leave
 |
| * Convicted
 | * Dismissed, Other Reason
 | * Hung Jury
 | * Pled Guilty, Lesser Charge
 | * Unknown
 |
| **Sentence 1:** |  | * Conditional Discharge
 | * Juvenile Detention
 | * Not Sentenced
 | * Probation
 |
| Sentence Date:\_\_\_/\_\_\_/\_\_\_ |  | * Fines
 | * Juvenile Probation
 | * Other
 | * Restitution
 |
| Sentenced for: | Yrs\_\_\_\_\_Mo\_\_\_\_\_Days\_\_\_\_ | * Jail
 | * Mandated Couns.
 | * Prison
 | * Supervision
 | * Unknown
 |
| **Sentence 2:** |  | * Conditional Discharge
 | * Juvenile Detention
 | * Not Sentenced
 | * Probation
 |
| Sentence Date:\_\_\_/\_\_\_/\_\_\_ |  | * Fines
 | * Juvenile Probation
 | * Other
 | * Restitution
 |
| Sentenced for: | Yrs\_\_\_\_\_Mo\_\_\_\_\_Days\_\_\_\_ | * Jail
 | * Mandated Couns.
 | * Prison
 | * Supervision
 | * Unknown
 |
| **Sentence 3:** |  | * Conditional Discharge
 | * Juvenile Detention
 | * Not Sentenced
 | * Probation
 |
| Sentence Date:\_\_\_/\_\_\_/\_\_\_ |  | * Fines
 | * Juvenile Probation
 | * Other
 | * Restitution
 |
| Sentenced for: | Yrs\_\_\_\_\_Mo\_\_\_\_\_Days\_\_\_\_ | * Jail
 | * Mandated Couns.
 | * Prison
 | * Supervision
 | * Unknown
 |
| **Charge Type:** | * Felony
 | * Misdemeanor
 | * Unknown
 |  |
| State’s Attorney Charge: Charge Date:\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Disposition:**  | * Acquitted
 | * Convicted, Lesser Charge
 | * Dismissed, Victim Didn’t Show
 | * Mistrial
 | * Pled Guilty, Original Charge
 |
| * Charges Dropped
 | * Dismissed, Fines
 | * Dismissed, Want Of Prosecution
 | * Other:\_\_\_\_\_\_\_\_\_\_
 | * Stricken On Leave
 |
| * Convicted
 | * Dismissed, Other Reason
 | * Hung Jury
 | * Pled Guilty, Lesser Charge
 | * Unknown
 |
| **Sentence 1:** |  | * Conditional Discharge
 | * Juvenile Detention
 | * Not Sentenced
 | * Probation
 |
| Sentence Date:\_\_\_/\_\_\_/\_\_\_ |  | * Fines
 | * Juvenile Probation
 | * Other
 | * Restitution
 |
| Sentenced for: | Yrs\_\_\_\_\_Mo\_\_\_\_\_Days\_\_\_\_ | * Jail
 | * Mandated Couns.
 | * Prison
 | * Supervision
 | * Unknown
 |
| **Sentence 2:** |  | * Conditional Discharge
 | * Juvenile Detention
 | * Not Sentenced
 | * Probation
 |
| Sentence Date:\_\_\_/\_\_\_/\_\_\_ |  | * Fines
 | * Juvenile Probation
 | * Other
 | * Restitution
 |
| Sentenced for: | Yrs\_\_\_\_\_Mo\_\_\_\_\_Days\_\_\_\_ | * Jail
 | * Mandated Couns.
 | * Prison
 | * Supervision
 | * Unknown
 |
| **Sentence 3:** |  | * Conditional Discharge
 | * Juvenile Detention
 | * Not Sentenced
 | * Probation
 |
| Sentence Date:\_\_\_/\_\_\_/\_\_\_ |  | * Fines
 | * Juvenile Probation
 | * Other
 | * Restitution
 |
| Sentenced for: | Yrs\_\_\_\_\_Mo\_\_\_\_\_Days\_\_\_\_ | * Jail
 | * Mandated Couns.
 | * Prison
 | * Supervision
 | * Unknown
 |