



HENRICO COUNTY POLICE DIVISION

Domestic Violence Supplement

HCPD-038 (06/13)



COMPLETE THIS FORM WHEN MAKING AN ARREST INVOLVING A FAMILY OR HOUSEHOLD MEMBER

ICR: _____ Officer's name: _____ Code #: _____

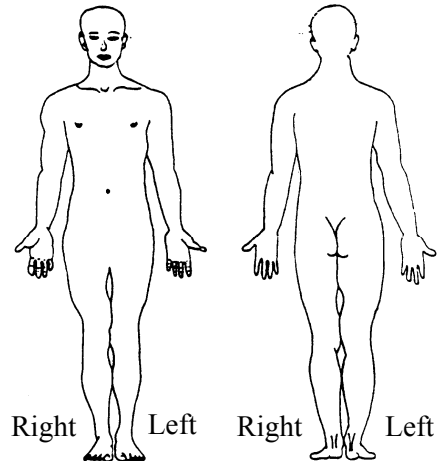
- | | YES | NO |
|--|--------------------------|--------------------------|
| Was a protective order issued? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a Lethality Screening Instrument (HCPD-035) submitted? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was APS notified? | <input type="checkbox"/> | <input type="checkbox"/> |
| Were children present? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, were the children interviewed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Was CPS notified? | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of children in household? _____ | | |

DEFENDANT'S INFORMATION

Defendant's name: _____
Obtain the defendant's statement (HCPD-037), to include a written description of the incident, and have them sign and date.

- | | YES | NO |
|---|--------------------------|--------------------------|
| Suspect at scene? | <input type="checkbox"/> | <input type="checkbox"/> |
| Arrested? | <input type="checkbox"/> | <input type="checkbox"/> |
| Interviewed? | <input type="checkbox"/> | <input type="checkbox"/> |
| Given Miranda warnings? | <input type="checkbox"/> | <input type="checkbox"/> |
| If placing charges, third or subsequent offense of 18.2-57.2? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are warrants outstanding? | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol usage? | <input type="checkbox"/> | <input type="checkbox"/> |
| Signs of intoxication present? | <input type="checkbox"/> | <input type="checkbox"/> |
| Complaining of injuries? | <input type="checkbox"/> | <input type="checkbox"/> |
| Visible injuries to defendant? | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, indicate with an "x" on the chart and describe below:



- | | | |
|--------------------------------------|--------------------------|--------------------------|
| Taken to hospital? | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of rescue squad? _____ | | |
| Name of paramedic? _____ | | |
| Treatment provider / hospital: _____ | | |

ASK THE DEFENDANT:

- Why did you assault the victim?
- What is your relationship to the victim?
- Where did the incident occur?

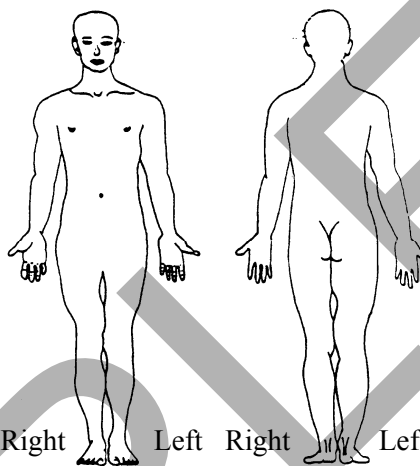
VICTIM'S INFORMATION

Victim's name: _____

Obtain the victim's statement (HCPD-037), to include a written description of the incident, and have them sign and date.

	YES	NO
Interviewed?	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol usage?	<input type="checkbox"/>	<input type="checkbox"/>
Signs of intoxication present?	<input type="checkbox"/>	<input type="checkbox"/>
Complaining of injuries?	<input type="checkbox"/>	<input type="checkbox"/>
Visible injuries to victim?	<input type="checkbox"/>	<input type="checkbox"/>

If yes, indicate with an "x" on the chart and describe below:



Taken to hospital? YES NO

Name of rescue squad? _____

Name of paramedic? _____

Treatment provider / hospital: _____

OTHER

	YES	NO
Was victim given Victim/Witness Information Sheet (HCPD-044)?	<input type="checkbox"/>	<input type="checkbox"/>
Were photographs taken and submitted to ADAMS?	<input type="checkbox"/>	<input type="checkbox"/>
Destroyed/disabled phone, interfering with summoning police?	<input type="checkbox"/>	<input type="checkbox"/>

List evidence and weapons taken:

Describe property damaged:

WITNESS INFORMATION

Use the HCPD-037 to obtain statements and signatures

Name: _____

Relationship to victim: _____

Address: _____

Phone #: _____

Work #: _____

Name: _____

Relationship to victim: _____

Address: _____

Phone #: _____

Work #: _____

REVIEWING SUPERVISOR: _____

CODE #: _____