

# Initial Referral Form

## Interagency Case Assessment Team

**ATTENTION: ICAT (Intimate Partner Violence) POLICE COORDINATOR**

**Fax: 250-555-5555 | Phone: 250-555-5555**

*This document is intended for the use of the addressee. Disclosure of document content may breach one or more laws. If you have received this communication in error, notify the sender immediately by telephone.*

Referred by: \_\_\_\_\_ Agency name: \_\_\_\_\_

Contact telephone: \_\_\_\_\_ Date of referral: \_\_\_\_\_

<u>Attempted</u> death or grievous bodily harm	✓
Explain:	
Weapons used:	
<u>Threatened</u> death or grievous bodily harm	✓
Explain:	
Weapons used:	

**Victim name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

Victim vulnerability factors:

**Offender name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

Offender risk factors:

**Children?**    **YES**    **NO**   (Please list children under 18 years of age)

Name	Date of Birth (MMDDYY)	Exposed to Violence (✓)

Relationship status:	✓	Living status:	✓	Orders:	Past/Present
Prior		Joint residence		Child custody	<input type="radio"/> PAST <input type="radio"/> PRESENT
Current		Independent residence		Civil restraining	<input type="radio"/> PAST <input type="radio"/> PRESENT
Married		Transition house		Peace bond	<input type="radio"/> PAST <input type="radio"/> PRESENT
Common law		Other:		Undertaking	<input type="radio"/> PAST <input type="radio"/> PRESENT
Dating				Other:	<input type="radio"/> PAST <input type="radio"/> PRESENT
Separated					
Legal separation					
Divorced					

Victim	✓	Offender	✓
Drug(s) abuse		Drug(s) abuse	
Alcohol abuse		Alcohol abuse	
Mental health concerns		Mental health concerns	

**Comments:** *(Please explain and elaborate on why this case should be considered highest risk. Include details on the offenders' attitudes/behaviours. Example: violence against others or domestic pets; stalking or controlling behaviours; criminal record; access to firearms or other weapons; violation of previous court orders).*

**Other considerations:** *(Please include any other factors that you feel may complicate or increase the risk to the victim/survivor or their children. Example: is the victim/survivor socially or physically isolated; unwilling to leave the home; facing cultural barriers; pregnant; is the victim/survivor or offender involved in organized crime, etc.?)*

**Witnesses:** \_\_\_\_\_

**Other persons at risk:** \_\_\_\_\_

## Interagency Case Assessment Team Initial Case Referral Checklist

Date file received: \_\_\_\_\_ Received by: \_\_\_\_\_

	<b>POS</b>	<b>NEG</b>		<b>POS</b>	<b>NEG</b>
POR	<input type="checkbox"/>	<input type="checkbox"/>	CPIC	<input type="checkbox"/>	<input type="checkbox"/>
CFRO	<input type="checkbox"/>	<input type="checkbox"/>	PRIME	<input type="checkbox"/>	<input type="checkbox"/>
BCDL: _____			BCRO: _____		

Police file number: \_\_\_\_\_

ICAT meeting date: \_\_\_\_\_

AGENCIES INVOLVED (select and list all that apply) (✓)			
Police domestic violence unit		Transition house	
Police-based victim services		Community-based victim services	
Ministry for Children and Family Development		Income assistance	
Youth probation		Parole	
Adult probation		Offender support and counselling	
Aboriginal family support		Crown Counsel	
Private practitioner		Mental health and substance use services	
Immigrant services		Community-based anti-violence services	

Risk classification:    **HIGHEST**    **NOT HIGHEST**

File review dates: \_\_\_\_\_

Decision record completed:    **YES**    **NO**

Comments: