

Initial Referral Form

Interagency Case Assessment Team

ATTENTION: ICAT (Intimate Partner Violence) POLICE COORDINATOR

Fax: _____ **| Phone:** _____

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: _____

<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? (Please list children under 18 years of age)

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

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

Victim	<input checked="" type="checkbox"/>	Offender	<input checked="" type="checkbox"/>
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

	POS	NEG		POS	NEG
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"/>

Police file number: _____

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	

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