

DOMESTIC VIOLENCE COURT RISK ASSESSMENT

PLEASE NOTE: COMPLETION OF THIS FORM IS *OPTIONAL*. THIS FORM WILL BE SERVED TO THE RESPONDENT WITH YOUR ORDER OF PROTECTION PETITION

I elect not to complete the Domestic Violence Court Risk Assessment at this time. (check box)

Estimate whether or not these behaviors have occurred in your relationship with the person against whom you are seeking an Order of Protection (Respondent). Indicate the frequency of which they occurred by placing an "X" in the box that ***best corresponds*** with your response.

HAS THE RESPONDENT:	Daily	Weekly	Monthly	Yearly	Never
Called you names and/or criticized you					
Controlled most or all of your daily activities, including keeping you away from friends and family, not allowing you to have access to money, etc.					
Been possessive of you or inappropriately jealous					
Destroyed your property and/or personal belongings					
Made threats to scare and/or intimidate you, including threats to harm himself/herself					
Stalked or harassed you by phone, text, email or in other ways					
Used physical violence against you, including slapping, hitting, pushing, kicking, choking, biting, restraining, etc.					
Used physical violence against you while you were pregnant or while holding your child(ren)					
Physically forced you to have sex or forced you to engage in a sexual act that you did not want to.					
Used or threatened to use a weapon such as a gun, knife or other object against you					
Driven recklessly when you and/or your children were in the car					
Been diagnosed with a mental illness and/or abused drugs or alcohol					
Been arrested or avoided arrest for assault or battery against you and/or former partners					
Been unemployed for any length of time while in a relationship with you					

What was the worst thing he/she has ever done to you? When were you most in fear?
