



OPTIONAL NOTIFICATION FORMS

***PROTOCOL FOR HIGHEST RISK DOMESTIC VIOLENCE CASES
(VAWIR POLICY)***



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Purpose

As part of the 2010 *Violence Against Women in Relationships* (VAWIR) policy, a *Protocol for Highest Risk Cases* has been developed. The protocol is intended to enhance the justice and child welfare system response to highest risk cases through heightened information sharing, comprehensive and collaborative safety planning and risk mitigation strategies.

The attached notification forms have been developed to assist in facilitating the work of partners under the protocol. They are not mandatory. Protocol partners within the community may decide to utilize other approaches to coordinate case management in these cases (e.g. in-person meetings, teleconferences, or alternate forms). The forms set out the kind of information that is important to communicate and who it should be shared with in these highest risk cases.

About the Forms

Two forms have been developed and are available for use:

- 1) **Designation Form** (For Police Completion Only) – This form is intended to be used by police to notify other protocol partners when they have designated a case as highest risk. Once a case has been designated as highest risk, the protocol is initiated and with it, enhanced information sharing and case management processes.
- 2) **Case Update Form** (For all Protocol Partners) – This form is intended for use by all protocol partners when they need to share information concerning some aspect of a highest risk domestic violence case that impacts on offender management or victim safety planning. Case updates include, but are not limited to, information around new offences, breaches of orders, trial information, court disposition, updates to victim and accused/offender information as well as child protection updates.

Copies of the forms, as well as instructions on how to complete them, begin on the next page.



DESIGNATION FORM – HIGHEST RISK DOMESTIC VIOLENCE CASE
NOTE: FOR POLICE COMPLETION ONLY

Accused/Offender Name: _____ Victim Name: _____
Current Police File #(s): _____ Current Court File #(s): _____

THIS CASE HAS BEEN DESIGNATED AS HIGHEST RISK ON _____ (INSERT DATE)

ATTACHMENTS Risk Factors/Assessment Findings: ☐ Yes ☐ No If no, explain: _____
Other Attachments: ☐ Yes ☐ No If yes, specify: _____

SENT TO ☐ Crown counsel ☐ Corrections Staff ☐ Victim Services ☐ MCFD/DAA Child Welfare Worker
(Only if there are children)

A. PARTNER CONTACT INFORMATION (Fill in all known fields)

Partner Agency	Contact Name	Phone	Fax	Email
Police (specify): _____				
Crown counsel				
Corrections (specify role): _____				
Victim Services (specify): _____				
MCFD/DAA (specify): _____				

B. CURRENT CASE INFORMATION

Incident Type (check all that apply):

☐ Assault ☐ Sexual Assault ☐ Criminal Harassment ☐ Threats
☐ Property Offence ☐ Breach ☐ Other: _____

Date of Incident: _____ Location of Incident: _____

Extent of Injuries: _____

Outcome of Response: ☐ Current Charge(s): _____

☐ Accused Remanded ☐ Accused Released ☐ Recognizance/Undertaking

If remanded: ☐ s. 516 Remand ☐ Consent to Remain in Custody ☐ Detained

Next Scheduled Appearance: _____

C. VICTIM INFORMATION

Name: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female

Address: _____ Victim relocated from address: ☐ Yes ☐ No

Home phone: _____ Cell phone: _____ Work phone: _____

Safe to call? ☐ Yes ☐ No Safe to call? ☐ Yes ☐ No Safe to call? ☐ Yes ☐ No

Safe to leave message? ☐ Yes ☐ No Safe to leave message? ☐ Yes ☐ No Safe to leave message? ☐ Yes ☐ No

D. ACCUSED/OFFENDER INFORMATION

Name: _____ Date of Birth: _____ Sex: ☐ Male ☐ Female
 Past DV Related Charge(s): ☐ Yes ☐ No Address: _____
 Home phone: _____ Cell phone: _____ Work phone: _____

E. CHILDREN

☐ Yes ☐ No If Yes, please list all children under 19 years of age

Name	Date of Birth	Exposed to Violence (v)

Primary Caregiver: _____ Contact Info: _____

F. ADDITIONAL BACKGROUND INFORMATION ON VICTIM AND ACCUSED/OFFENDER (Select all that apply)

Note: In addition to the details below, information on risk factors, including previous domestic violence incidents, should be provided to protocol partners.

Relationship Status:	√	Living Status:	√	Orders:	Past/Present
Prior	<input type="checkbox"/>	Joint Residence	<input type="checkbox"/>	Child Custody	<input type="checkbox"/>
Current	<input type="checkbox"/>	Independent Residence	<input type="checkbox"/>	Civil Restraining	<input type="checkbox"/>
Married	<input type="checkbox"/>	Residence Under Dispute	<input type="checkbox"/>	Peace Bond	<input type="checkbox"/>
Common Law	<input type="checkbox"/>	Transition House Program	<input type="checkbox"/>	UTA/PTA	<input type="checkbox"/>
Dating	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Separated	<input type="checkbox"/>	History of Domestic Violence? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, <input type="checkbox"/> Same Victim <input type="checkbox"/> Different Victim			
Legally Separated	<input type="checkbox"/>				
Divorced	<input type="checkbox"/>				

Victim:	√	Accused/Offender:	√
Drug Abuse	<input type="checkbox"/>	Drug Abuse	<input type="checkbox"/>
Alcohol Abuse	<input type="checkbox"/>	Alcohol Abuse	<input type="checkbox"/>
Mental Health Concerns	<input type="checkbox"/>	Mental Health Concerns	<input type="checkbox"/>
Language Barriers – Specify _____	<input type="checkbox"/>	Language Barriers – Specify _____	<input type="checkbox"/>
Disability Issues – Specify _____	<input type="checkbox"/>	Disability Issues – Specify _____	<input type="checkbox"/>
Family Support – Specify _____	<input type="checkbox"/>	Family Support – Specify _____	<input type="checkbox"/>

G. ADDITIONAL COMMENTS

DISCLOSURE AND COLLECTION OF PERSONAL INFORMATION

Information disclosed and collected through the use of this form is strictly confidential and should be stored and retained in an appropriately restricted manner. Subject to constitutional and legislative obligations to disclose where these obligations exist, recipients of this information agree to only use or disclose this information for the purposes of protecting the health and safety of the victim or potential victims. Information that is disclosed and collected may be subject to the provincial Freedom of Information and Protection of Privacy Act (FOIPPA), the provincial Personal Information Protection Act (PIPA), and the federal Privacy Act.

INSTRUCTIONS: DESIGNATION FORM (For Police Completion Only)

Purpose: Optional – Use to notify protocol partners when a case is designated by police as highest risk.

The designation form has several sections:

Shaded box: Provides key information at a glance. Fill out all fields including current police and court file #s (if known).

Date: Fill in the date the case was designated highest risk.

Attachments: Additional information concerning the incident(s), accused/offender history and victim vulnerability factors should be provided. Information on risk factors and risk assessment results, if a risk assessment has been conducted, should be attached. Other attachments could include information on protective conditions/orders, background case documents, or more detailed information on a particular section of the form that cannot fit on the form. Specify in the space provided what attachments are included.

Sent to: Identifies key protocol partners for distribution. Note that MCFD/DAA should only be contacted if either the victim or accused/offender has children or if children reside with them.

A. Partner Contact Information: When filling out the partner agency column, provide additional details on each of the partner agencies as follows:

- Police: Enter the department/detachment name.
- Crown counsel: Direct the form to the administrative Crown counsel.
- Corrections: Enter either bail supervisor or probation officer.
- Victim services: Enter the agency name.
- MCFD/DAA: Specify whether it is MCFD or a DAA that is involved.

Fill out the other columns with as much information as you have available.

B. Current Case Information: For information from the current incident. Additional information pertaining to the current incident that is not captured in this section can be added in section G or as a separate attachment.

C. Victim Information: Complete in full.

D. Accused/Offender Information: Complete in full.

E. Children: Fill in this section only if the victim or accused/offender have their own children or have children residing with them. Identify the primary caregiver and any contact information for the primary caregiver (e.g. address or phone number).

F. Additional Background Information on the Victim and Accused/Offender: This section identifies additional relevant information about the parties involved including relationship status, living status and any orders (both historic and current) as well as important information about the parties that may influence service provision. Note that this section is not intended to replace the provision of more comprehensive information surrounding the risk factors present in a case.

G. Additional Comments: Use this space to write any additional comments about the case that you think may be relevant or to provide further clarification on any of the above sections that would assist in managing the offender or facilitating safety planning.



CASE UPDATE FORM – HIGHEST RISK DOMESTIC VIOLENCE CASE

Accused/Offender Name: _____ Victim Name: _____
Current Police File #(s): _____ Current Court File #(s): _____

PURPOSE OF FORM Highest Risk Case Update/Ongoing Information Sharing **DATE** _____

ATTACHMENTS ☐ Yes ☐ No If yes, specify: _____

SENT BY	<input type="checkbox"/> Police	SENT TO	<input type="checkbox"/> Police
	<input type="checkbox"/> Crown counsel		<input type="checkbox"/> Crown counsel
	<input type="checkbox"/> Corrections Staff		<input type="checkbox"/> Corrections Staff
	<input type="checkbox"/> Victim Services		<input type="checkbox"/> Victim Services
	<input type="checkbox"/> MCFD/DAA Child Welfare Worker		<input type="checkbox"/> MCFD/DAA Child Welfare Worker
			(Only if there are children)

A. PARTNER CONTACT INFORMATION (Fill in all known fields)

Partner Agency	Contact Name	Phone	Fax	Email
Police (specify): _____				
Crown counsel				
Corrections (specify role): _____				
Victim Services (specify): _____				
MCFD/DAA (specify): _____				

Are any of these contacts new? ☐ Yes ☐ No If yes, specify: _____

B. REASON FOR CASE UPDATE (Check all that apply)

☐ Breach of Order ☐ Bail Update ☐ Trial Information ☐ Court Disposition
☐ New Offence ☐ End of Sentence Release ☐ Family Law Proceedings ☐ Child Protection Update
☐ Update to Victim or Accused/Offender Information (e.g. New Relationship, Relocation or Other Major Change)
☐ Other: _____

Details (attach additional pages if needed): _____

DISCLOSURE AND COLLECTION OF PERSONAL INFORMATION

Information disclosed and collected through the use of this form is strictly confidential and should be stored and retained in an appropriately restricted manner. Subject to constitutional and legislative obligations to disclose where these obligations exist, recipients of this information agree to only use or disclose this information for the purposes of protecting the health and safety of the victim or potential victims. Information that is disclosed and collected may be subject to the provincial Freedom of Information and Protection of Privacy Act (FOIPPA), the provincial Personal Information Protection Act (PIPA), and the federal Privacy Act.

INSTRUCTIONS: CASE UPDATE FORM

Purpose: Optional – Use to notify protocol partners of an update to a highest risk domestic violence case and for ongoing information sharing.

The case update form has several sections:

Shaded box: Provides key information at a glance. Fill out all fields including current police and court file #s (if known).

Date: Fill in the current date.

Attachments: Specify in the space provided what attachments are included. Examples of attachments include, but are not limited to, any new/revised protection orders, information on victim safety planning, child protection reports, or more detailed risk assessment documents.

Sent by: Identifies which protocol partner is sending the case update.

Sent to: Identifies key protocol partners who are receiving the case update form. Note that MCFD/DAA should only be contacted if either the victim or accused/offender has children or if children reside with them.

A. Partner Contact Information: When filling out the partner agency column, provide additional details on each of the partner agencies as follows:

- Police: Enter the department/detachment name.
- Crown counsel: Direct the form to the administrative Crown counsel.
- Corrections: Enter either bail supervisor or probation officer.
- Victim services: Enter the agency name.
- MCFD/DAA: Specify whether it is MCFD or a DAA that is involved.

Fill out the other columns with as much information as you have available.

Also specify whether any of the contacts are new and, if so, who the new contact is.

B. Reason for Case Update: Articulate why a case update is being provided by selecting one or more of the boxes and provide details to include some additional context to the update.