



**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):<br>_____           |              |       |     |       |
| Crown counsel                        |              |       |     |       |
| Corrections (specify role):<br>_____ |              |       |     |       |
| Victim Services (specify):<br>_____  |              |       |     |       |
| MCFD/DAA (specify):<br>_____         |              |       |     |       |

**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: | v                        | Living Status:   | v                        | 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<br>If yes, <input type="checkbox"/> Same Victim <input type="checkbox"/> Different Victim |                          |                   |                          |
| Legally Separated    | <input type="checkbox"/> |  |                          |                   |                          |
| Divorced             | <input type="checkbox"/> |  |                          |                   |                          |

| Victim:                           | v                        | Accused/Offender:                 | v                        |
|-----------------------------------|--------------------------|-----------------------------------|--------------------------|
| 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.*