

# South Okanagan Similkameen Violence in Relationships High Risk Team

## Initial Case Referral

### Completed Document Protected A

**ATTENTION: RCMP HIGH RISK TEAM COORDINATOR**

**Fax: 250-492-4851**

**Phone: 250-492-4300**

*Fax referral and phone the HRT Coordinator to ensure it has been received.*

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**Referral By:** \_\_\_\_\_ **Agency Name:** \_\_\_\_\_

**Contact Tele. No:** \_\_\_\_\_ **Date of Referral:** \_\_\_\_\_

**Name of Victim:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

(also known as): \_\_\_\_\_ **Preferred language:** \_\_\_\_\_

**Name of Accused:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

(also known as): \_\_\_\_\_ **Preferred language:** \_\_\_\_\_

**Relation to the Victim:** \_\_\_\_\_

### Risk Factors of the Victim:

	Y	N		Y	N
<b>Attempted Death:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Grievous Bodily Harm:</b>	<input type="checkbox"/>	<input type="checkbox"/>

Comments \_\_\_\_\_

<b>Threats with weapon:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Threats without Weapon:</b>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments \_\_\_\_\_

<b>Children Under 18 yrs:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>History of Abuse:</b>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments \_\_\_\_\_

<b>Any Current Court Orders:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Financially dependent:</b>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments \_\_\_\_\_

	<b>Y</b>	<b>N</b>		<b>Y</b>	<b>N</b>
<b>Language barriers:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Cultural barriers:</b>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____					

<b>Mental Health issues:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Addictions:</b>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____					

<b>Age concerns:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Family related abuse:</b>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____					

<b>Does victim have a disability:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Is victim pregnant:</b>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					

<b>Recent life changes:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Recent financial changes:</b>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____					

**RISK FACTORS OF THE ACCUSED:**

	<b>Y</b>	<b>N</b>		<b>Y</b>	<b>N</b>
<b>History of Violent Behaviour:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Has Access to Weapons:</b>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					

<b>Previous attempted Death:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Previous Grievous Bodily Harm:</b>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					

<b>Violence to Others or Pets:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Involved in Organized Crime/Gang:</b>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					

<b>Any Mental Health Issues:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Addictions:</b>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					

<b>Court Orders:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Has a Criminal Record:</b>	<input type="checkbox"/>	<input type="checkbox"/>
Comments: _____					

<b>Language Barriers:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Cultural Barriers:</b>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____					

<b>Mental Health Issues:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Addictions:</b>	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____					

<b>Age Concerns:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Family Related Abuse:</b>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments \_\_\_\_\_

**Other Persons at Risk:**

**Other Considerations:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name (printed):** \_\_\_\_\_