

# MNPD DOMESTIC VIOLENCE LETHALITY SCREEN FOR FIRST RESPONDERS

Officer:	Date Reported:	Time	MNPD Incident #
Offense(s):			
Victim:		Offender:	
Check here if victim declined to be screened: <input type="checkbox"/>		Check here if the officer could not administer LAP: <input type="checkbox"/>	
<i>A "Yes" response to any of Questions #1-3 is automatically high-risk &amp; triggers referral. (CALL THE YWCA ADVOCATE)</i>			
1. Have they ever used a weapon against you or threatened you with a weapon?		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NOT ANS.
2. Have they ever tried to choke/strangle you or cut off your breathing?		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NOT ANS.
3. Do you think they might try to kill you?		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NOT ANS.
<i>"Yes" responses to at least four of Questions #4-11 is also high-risk &amp; triggers a referral. (CALL THE YWCA ADVOCATE)</i>			
4. Do they have a gun, or can they get one easily?		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NOT ANS.
5. Have they threatened to kill you or your children?		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NOT ANS.
6. Are they violently or constantly jealous, or do they control most of your daily activities?		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NOT ANS.
7. Have you left them or separated after living together or being married?		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NOT ANS.
8. Are they unemployed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NOT ANS.
9. Have they ever tried to kill themselves?		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NOT ANS.
10. Do you have a child/children that they know are not theirs?		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NOT ANS.
11. Do they follow or spy on you, or leave threatening messages?		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NOT ANS.
<i>An officer may trigger the protocol referral, if not already triggered above, as a result of the victim's response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.</i>			
Is there anything else that worries you about your safety? (If yes) What worries you?		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NOT ANS.
Check one:	<input type="checkbox"/> Victim screened in as high-risk according to the screening tool score <input type="checkbox"/> Victim screened in as high-risk based on the belief of the officer <i>Reason for Officer Belief:</i> <input type="checkbox"/> Victim did not screen in		
<b>Additional Information:</b>			
➤ LAP presented to the night court commissioner? (confidentially, not in presence of offenders, or others?) <input type="checkbox"/> YES <input type="checkbox"/> NO			
➤ Child who witnessed or experienced the violence and/or strangulation? <input type="checkbox"/> YES <input type="checkbox"/> NO			
After advising them of a high-risk assessment & you calling & speaking with the YWCA hotline, did the victim also speak to the YWCA hotline advocate? <input type="checkbox"/> YES <input type="checkbox"/> NO Hotline Advocate ID: _____			
<b>Call YWCA to speak to a hotline advocate 1-800-334-4628</b>			