

TUSCARAWAS COUNTY LAW ENFORCEMENT AGENCIES

Coordinated Domestic Violence Protocol

- 1:** All Law Enforcement Agencies in Tuscarawas County are advocates for victims of Domestic Abuse and Violence.

- 2:** All Law Enforcement Agencies will use the coordinated Domestic Violence recording form in conjunction with their department's standard operating policies.

- 3:** Law Enforcement Agencies will provide a list of the resources and alternatives available to all victims of Domestic Violence and Abuse so that they may seek support after a crisis situation or incident.

- 4:** Law Enforcement Agencies will assist victims in contacting these resource agencies and will also arrange transportation to Harbor House when needed.

RELIEF FROM DOMESTIC VIOLENCE

There are two means of relief available under the law for victims of Domestic Violence.

Courts

1: If charges are being filed against the person who assaulted you (or your child), and once charges are filed, you may apply to Municipal Court or Southern District Court for a temporary protection order. Forms for this are available in the clerk of court's office at the below indicated court. This order will only be effective until the court case is disposed of. You must be prepared to appear at the hearing within 24 hours after you have filed a request for the order. If the subject was arrested, contact the appropriate court on the next business day to apply for a protection order.

2: You may also at any time file a motion with the court of Common Pleas seeking the issuance of a civil protection order under certain circumstances. To do this you should contact your attorney, the legal aid office, Tuscarawas County Victim's Assistance or Harbor House. Please note that this order is much broader in certain respects than the one that may be issued by the Municipal Court or Southern District Court. It may last longer, the court may order temporary alimony, support and custody in addition to the protective order.

Your case will be filed in the below checked Court:

_____ <u>Southern District Court</u> 220 East 3 rd Street. Uhrichsville, Ohio 44683 Phone (740) 922-4795	_____ <u>New Philadelphia Municipal Court</u> 166 East High Avenue New Philadelphia, Ohio 44663 Phone (330) 364-4491
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SUPPORT AND COUNSELING RESOURCES

For an emergency	Dial 911
Tuscarawas County Sheriff Department	(330) 339-2000
Harbor House	(330) 364-1374 or Toll free 888-214-3927
Tuscarawas County Prosecutor	(330) 364-8811 (Ext. 3214)
Legal Aid	(330) 339-3998
Municipal Court Prosecutor's Office	(330) 364-4491 (Ext. 244)
Tuscarawas Co. Southern District Court	(740) 922-4795
Common Pleas Court	(330) 364-8811
Children's Services	(330) 339-7791
Cornerstone Support Services	(330) 339-7850
Crisis Hot Line	(330) 343-1811
Alcohol Services	(330) 343-5555
Salvation Army	(330) 364-3811
Compass Rape Crisis	(330) 339-1427
Tuscarawas County Victim Assistance	(330) 364-8811 (Ext. 3258)
Mental Health/Uhrichsville	(740) 922-3801
Adult protective/elderly agency (D.H.S.)	(330) 339-7791
Solicitor _____ for Village of _____	_____
_____	_____

Officers Name & Unit No.

Date

**TUSCARAWAS COUNTY LAW ENFORCEMENT
AGENCIES**

Coordinated Domestic Violence Reporting Form

This report form is to be used by all Tuscarawas County Law Enforcement Agencies

ACKNOWLEDGMENT – DOMESTIC VIOLENCE

I hereby acknowledge receipt of the information relating to the relief available to me under the Domestic Violence Laws of the State of Ohio.

Complainant's Signature

Dated this _____ day of _____, _____

Officer

Law Enforcement Agency

TUSCARAWAS COUNTY LAW ENFORCEMENT
Domestic Violence Supplement

Officer _____ Report No. _____

Date of Incident _____ Officer No. _____

Victim's Name _____ Address _____

Victim's Soc. Sec. _____ D.O.B. _____

Home Phone _____ Work Phone _____ Other _____

Offender's Name _____ Address _____

Offender's Soc. Sec. _____ D.O.B. _____

If Property Damage – List Owner of property below:

(Name)	(Address)	(Phone No.)
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VICTIM:

OBTAINED MEDICAL TREATMENT

_____ Complaints of pain
_____ Bruise(s)
_____ Abrasions
_____ Minor cut(s)
_____ Laceration(s)
_____ Concussion

_____ (YES) _____ (NO)

Where? _____

Were injuries visible? ____ YES ____ NO

Describe _____

Photos taken _____ Yes _____ No Follow up photos recommended _____ Yes _____ No

How did victim act? _____ Angry _____ Apologetic _____ Crying
_____ Fearful _____ Hysterical _____ Calm
_____ Afraid _____ Nervous _____ Threatening
_____ Other

How did offender act: _____ Angry _____ Apologetic _____ Threatening
_____ Other

RELATIONSHIP BETWEEN VICTIM AND SUSPECT:

_____ Spouse
_____ Child
_____ Former Spouse
_____ Cohabitants
_____ Child in common
_____ Dating/Engaged

SUSPECT:

Known History of Abuse ____ Yes ____ No

Name of Victims(s) _____ Age _____

_____ Dating Prior To _____
_____ Same Sex _____
_____ Parent _____
_____ Any former cohabitant within past five (5) years _____
_____ Other _____

Is there an existing protection order: _____ Yes _____ No

Have there been past protection orders: _____ Yes _____ No If so, when: _____

INCIDENT:

_____ Alcohol involved? _____ By Suspect _____ By Victim
_____ Other Drugs? _____ By Suspect _____ By Victim

Children Present? _____ (YES) _____ (NO)
Did children witness incident? _____ (YES) _____ (NO)

Name(s) _____ Age _____
_____ Age _____
_____ Age _____

What Occurred?

_____ Struck W/Fist	_____ Verbal Threat	_____ Pet Injured
_____ Struck W/Object	_____ Threaten to kill victim	_____ Phone Damaged
_____ Pushing/Shoving	_____ Threaten to kill others	_____ Property Damaged
_____ Slapping	_____ Threaten to hurt others	What? _____
_____ Grabbing	_____ Threaten to damage Prop.	Value? _____
_____ Biting	_____ Threaten to burn residence	_____ Vehicle Damage
_____ Weapon Used	_____ Threaten to take children	What? _____
_____ Gun	_____ Other	_____ Household items Damaged
_____ Knife _____ Other Weapon		What? _____

EVIDENCE COLLECTED

_____ Photos of victims injuries
_____ Photos of suspect's injuries
_____ Bloody or torn clothing
_____ Photos of scene
_____ Weapon used during incident
_____ Weapon Impounded
_____ Medical Release signed
_____ Copy of prior DVs
_____ Copy of 911 Tape
_____ Copy of EMS Run Sheet / List Squad _____

HISTORY

Length of relationship _____ Date Ended _____
Prior History of D.V. _____ No. of Incidents _____
Prior History Documented _____ Last Incident _____
Prior Case Numbers _____ Agency _____

Is there an existing protection order? _____
Jurisdiction _____

VICTIM'S STATEMENT

Did you call or speak to anyone about the assault? _____
Who? _____

Address _____

Does victim want to file charges?

Yes _____ Signature

No _____ Signature

Note: Officer must advise victim that charges may still be filed and victim may be called as a witness.

Did you describe injuries to officer? _____

Did you identify a suspect? _____

Suspect's Name _____

Will you be at a temporary Address? _____

List address _____

Was victim referred to Harbor House? _____

Other Agency? _____

List at least one person who has frequent contact with you.

Name

Address

Phone

1. _____

2. _____

VICTIM

SUSPECT

Mark Visible Injuries with an "X" and circle complained of injuries.