SOUTHERN GULF ISLANDS HIGH RISK DOMESTIC VIOLENCE TEAM
INITIAL CASE REFERRAL
Completed Document Protected A

ATTENTION: FAMILY VIOLENCE COMMUNITY COORDINATOR
Phone: (250) 537-5555 (weekday hours)
Fax Referrals Forms: (250) 537-1631
Email Scanned Forms to: victimservices@ssics.ca

If the person you are referring is in a dangerous situation, call 911 prior to making a referral to the High Risk Domestic Team

This document is intended for the use of the addressee. Disclosure of document content may breach one or more laws. If you have received this communication in error, notify the sender immediately by telephone.

Referred By: _____ **Agency Name:** _____

Contact Telephone: _____ **Date of Referral:** _____

Attempted Death or Grievous Bodily Harm	**YES / NO**
Explain:	
Weapons Used:	
Threatened Death or Grievous Bodily Harm	**YES / NO**
Explain:	
Weapons Used:	

VICTIM NAME: _____

Date of Birth: _____

Victim Vulnerability Factors: _____

_____

OFFENDER NAME:_____

Date of Birth: _____

Offender Risk Factors: _____

_____

CHILDREN YES / NO (Please list children under 18 years of age)

Name:	Date of Birth	Exposed to Violence (✓)

Relationship Status:	✓	Living Status:	✓	Orders:	Past/Present
Prior		Joint Residence		Child Custody	
Current		Independent Residence		Civil Restraining	
Married		Transition House		Peacebond	
Common Law		Other: _____		Undertaking	
Dating				Other: _____	
Separated					
Legal Separated					
Divorced					

VICTIM:	✓	OFFENDER:	✓
Drug(s) Abuse		Drug(s) Abuse	
Alcohol Abuse		Alcohol Abuse	
Mental Health Concerns		Mental Health Concerns	

COMMENTS: *(Please explain and elaborate on why this case should be considered High Risk. Include details on the offenders' attitudes/behaviours. Example: Violence against others or domestic pets, stalking or controlling behaviours, criminal record, access to firearms or other weapons, violation of previous court orders).*

_____
_____
_____
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_____

OTHER CONSIDERATIONS: *(Please include any other factors that you feel may complicate or increase the risk to the victim or their children. Example: Is the victim socially or physically isolated; unwilling to leave the home; cultural barriers, pregnancy; is the victim or offender involved in organized crime, etc.?*

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Witness(es):_____

Other Persons at Risk: _____

SOUTHERN GULF ISLANDS HIGH RISK DOMESTIC VIOLENCE TEAM

INITIAL CASE REFERRAL CHECKLIST

POLICE USE ONLY

Date File Received:_____

Received By: _____

	POS	**NEG**		**POS**	**NEG**
PORS	☐	☐	CPIC	☐	☐
CFRO	☐	☐	PRIME	☐	☐
BCDL:	_____		BCRO:	_____	

Police File Number: _____

ICAT Meeting Date: _____

AGENCIES INVOLVED (Select & List All That Apply)			
RCMP		Island Women Against Violence (IWAV) Transition House	
RCMP Victim's Assistance (SSI)		Specialized Victim's Assistance:	
RCMP Victim's Assistance (OGI)		Ministry of Housing and Social Development (EAW)	
Ministry for Children & Family Development		Parole	
Youth Probation		Crown Counsel	
Adult Probation		Vancouver Island Health Authority (VIHA)	
Private Practitioner:		School (Identify):	
Salt Spring and Southern Gulf Islands Community Services Society (SSICS)			

Risk Classification: **HIGH** **MEDIUM** **LOW**

File Review Dates: _____ Decision Record Completed: **YES / NO**

_____

_____

COMMENTS: _____

_____

_____

_____