



NISQUALLY POLICE DEPARTMENT

DOMESTIC VIOLENCE STATEMENT

DATE _____ CASE # _____

VICTIM _____ D.O.B. _____

ADDRESS _____

PHONE # HOME _____ WORK/OTHER _____

1. HAVE YOU ASSAULTED? _____

2. BY WHOM? WHAT IS YOUR
RELATIONSHIP? _____

3. HOW LONG HAVE YOU LIVED
TOGETHER? _____

4. HAS THIS HAPPENED IN THE PAST? _____

5. HOW OFTEN? _____

6. HOW DID THE ASSAULT OCCUR?
DESCRIBE _____

7. WHAT CAUSED THE SITUATION?
DESCRIBE _____