

# **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><b>Southern District Court</b></u> 220 East 3 <sup>rd</sup> Street. Uhrichsville, Ohio 44683 Phone (740) 922-4795	_____	<u><b>New Philadelphia Municipal Court</b></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:

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(Name) (Address) (Phone No.)

**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.