## COMMISSION CASE REFERRAL FORM



## DOMESTIC VIOLENCE FATALITY REFERRAL FORM

Domestic Violence Fatality Review Commission
Office of the Attorney General - Criminal Division
109 State Street - Montpelier, VT 05609

| OFFICIAL USE<br>ONLY |    |  |  |  |
|----------------------|----|--|--|--|
| Received             | Ву |  |  |  |

## **INSTRUCTIONS**

Please answer the questions below as completely as possible to assist the Commission in determining whether we are able to review this death. Please note that you can refer this case to the Commission but, by statute, we cannot review a case until the court proceedings are over and the investigation is closed. In the meantime, we can include the case for statistical purposes. But depending upon the legal status of your referred case there may be a significant delay before the Commission could consider it for review.

| information in a different Division, at (802) 82                                                                                                                                                                                                                                                                                                                       | need assistance completing<br>erent manner please call the<br>28-5512. This form is also<br>www.ago.vermont.gov. | ne Office of Attorn<br>available on the C       | ey Gener<br>Office of A        | al, Crim | inal  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------|----------|-------|--|--|
| PLEASE PRINT ALL INFORMATION                                                                                                                                                                                                                                                                                                                                           |                                                                                                                  |                                                 |                                |          |       |  |  |
| Name of Victim (inc                                                                                                                                                                                                                                                                                                                                                    | Name of Parent/Guardian (if under 18)                                                                            |                                                 |                                |          |       |  |  |
| Date of Birth (or approximate age)                                                                                                                                                                                                                                                                                                                                     |                                                                                                                  | Date of Death                                   | Town/City where death occurred |          |       |  |  |
| Address of Victim (if known)                                                                                                                                                                                                                                                                                                                                           | Street                                                                                                           | City                                            |                                |          | State |  |  |
| Describe how death occurred including any history of domestic violence or abuse (please note that the abuse does not have to be documented through official sources such as the police or courts):                                                                                                                                                                     |                                                                                                                  |                                                 |                                |          |       |  |  |
| Person you believe is responsible for this death (including aliases)                                                                                                                                                                                                                                                                                                   |                                                                                                                  |                                                 |                                |          |       |  |  |
| Date of Birth or app<br>you believe is response                                                                                                                                                                                                                                                                                                                        | believe is resp                                                                                                  | hip of the victim to the person you responsible |                                |          |       |  |  |
| Other people having information about this death: (use another sheet if necessary)                                                                                                                                                                                                                                                                                     |                                                                                                                  |                                                 |                                |          |       |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                   | Address                                                                                                          |                                                 |                                |          | Phone |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                   | Address                                                                                                          |                                                 |                                |          | Phone |  |  |
| Was this death investigated and if so by whom:                                                                                                                                                                                                                                                                                                                         |                                                                                                                  |                                                 |                                |          |       |  |  |
| A short explanation why you want the death reviewed (use additional pages if necessary.)                                                                                                                                                                                                                                                                               |                                                                                                                  |                                                 |                                |          |       |  |  |
| The Commission welcomes any other information you may wish to provide which would help us understand the history and circumstances of the fatality. Anonymous referrals can be made as long as there is sufficient information to be able to identify the fatality; however, if possible, contact information for the person making the referral would be appreciated. |                                                                                                                  |                                                 |                                |          |       |  |  |
|                                                                                                                                                                                                                                                                                                                                                                        | SUBMI                                                                                                            | ITED BY                                         |                                |          |       |  |  |
| Name                                                                                                                                                                                                                                                                                                                                                                   | -                                                                                                                |                                                 |                                |          |       |  |  |
| Address                                                                                                                                                                                                                                                                                                                                                                | Town/City                                                                                                        |                                                 | State                          |          |       |  |  |
| Contact Phone 1                                                                                                                                                                                                                                                                                                                                                        | •                                                                                                                | Contact Phone 2                                 |                                |          |       |  |  |

Send completed forms to: Office of Attorney General, 109 State Street, Montpelier, VT

05609 ATT: Criminal Division/Domestic Violence Fatality Review Commission



## STATE OF VERMONT OFFICE OF THE ATTORNEY GENERAL DOMESTIC VIOLENCE FATALITY REVIEW COMMISSION

The Domestic Violence Fatality (Death) Review Commission is established in the Office of Attorney General in consultation with the Council on Domestic Violence under 15 V.S.A. § 1140.

The purposes of the Commission are (A) to examine the trends and patterns of domestic violence-related deaths in Vermont; (B) to identify barriers to safety, and strengths and weaknesses in communities and systemic responses to domestic violence; (C) to educate the public, service providers and policymakers about domestic violence deaths and strategies for intervention and prevention; and (D) to recommend policies, practices and services that will encourage collaboration and reduce fatalities due to domestic violence.

All proceedings and records of the Commission are confidential and are not subject to subpoena, discovery or introduction into evidence in a civil or criminal action. Records include oral and written communications.

The Commission shall report its findings and recommendations in a public report. The Report shall contain general statistical data regarding deaths as well as findings and recommendations related to case reviews but will not contain case specific information. The report shall examine general trends and patterns with the goal of reducing domestic violence related deaths.

Questions or comments concerning the Commission can be directed to:

Office of the Attorney General Criminal Division 109 State Street Montpelier, VT 05609-1001 Telephone 802-828-5512

On the Web - <a href="http://www.ago.vermont.gov">http://www.ago.vermont.gov</a>