

Please answer the following questions in the chart -- about your relationship with your significant other whose name is \_\_\_\_\_

#	Questions	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand Told _____
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Note: Questions 1-9 are about you and your partner and then the remaining parts of pages 1-8 beginning at Question 10 on page 2, are about things that your partner has done or may have done to you. IF you consider yourself to have been a victim of your partner, questions 161-184 from pages 12-16 are for you to answer. The second set of questions (#'s 185-327) on pages 16-26 are about your own behavior towards your partner. Pages 27-28 are to be used to provide details about that which can be corroborated and space to include contact information for those who can corroborate any of the items in which the person has answered in the affirmative throughout the protocol. This is there for the person to provide the names of those who have firsthand knowledge of those things that are reported.

1	Do you and your partner have a particular way that you resolve differences, and if so, please describe?					
2	Do you and your partner argue, and if so, what happens when you and your partner argue? Describe what each of you does when you get angry.					
3	Can you and/or your partner tell when the other is about to get angry?					
4	Do you and your partner have a way that resolve fights and if so, how?					
5	Are there "trigger events" that trigger fights or disagreements between you and your partner, and if so, what are they?					
6	Do fights between the two of you ever "go wrong" and if so, what happens?					
7	Do you or your partner control some things in your relationship? If so, who controls what -- money, chores, children, social calendar, major decisions,					

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	etc.?					
8	Does one of you in your relationship have more power and if so, who does and over what?					
9	Have you felt controlled in this relationship? If yes, please describe.					
	Has your partner ever...					
10	Called you a name or made fun of you?					

<b>Has your partner ever .....</b>						
11	Insulted you/put you down					
12	Public humiliation					
13	Yelled at you/Shouted					
14	Teasing that includes insults					
15	Constant criticisms					
16	Made you think you were crazy					
17	Harassed you because of your gender					
18	Swearing					
19	Taunting					
20	Badgering					
21	Telling a person's secrets					
22	Extreme jealousy					
23	Isolated you from your family and friends					
24	Pouted when you spend time					

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#	Questions	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand Told _____
	with friends					
25	Told you that "family problems" should not be told to anyone outside of the immediate family					
26	Ignored you?					
27	Told you that you were a bad parent?					
28	Refused to do housework or childcare?					
29	Accused you of paying too much attention to someone or something else					
30	Made you beg for forgiveness?					
31	Demanded to be waited upon?					
32	Intimidated you through his tone of voice?					
33	Gave you angry looks or stares?					
34	Put down your family or friends?					
35	Put down your physical appearance?					
36	Tried to change your physical appearance?					
37	Not taken advantage of your strengths or accomplishments?					
38	Told you that no one else would want you?					
39	Accused you of cheating on the relationship?					
40	Harassed you for information on past relationships?					

# DVCC

Your name: \_\_\_\_\_ Date \_\_\_\_\_

Please answer the following questions in the chart -- about your relationship with your significant other whose name is \_\_\_\_\_

#	Questions	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand _____ Told _____
41	Put you down or yelled at you in front of your children?					
42	Bodily confined or held you against your will?					
43	Prevented you from leaving a room or your home?					
44	Prevented you from going to school or work?					
45	Prevented you from seeing your family or friends?					
46	Denied you the right to receive health care?					
47	Prevented you from taking any medications?					
48	Listened to your phone calls?					
49	Disabled your telephone?					
50	Opened your mail without your permission?					
51	Had you followed?					
52	Checked the mileage on your car?					
53	Taken away your keys?					
54	Phoned you repeatedly at work?					
55	Got you fired from work?					
56	Controlled your food intake?					
57	Tried to control what you do					
58	Controlled funds					
59	Put you on a monetary allowance?					

Please answer the following questions in the chart -- about your relationship with your significant other whose name is \_\_\_\_\_

#	Questions	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand _____ Told _____
60	Made you ask or beg for money?					
61	Made you explain how money was spent?					
62	Gave an insufficient "allowance" to manage household					
63	Financially deprived the children in retaliation for partner's behavior					
64	Used the Family Court system to drain funds					
65	Got angry if you were late getting home?					
66	Made you explain your whereabouts at all times?					
67	Insisted on having the final say in all decisions?					
68	Made you use drugs or alcohol against your will?					
69	Damaged a car, home, or other prized possessions					
70	Destroyed gifts, clothing, letters					
71	Threatened to physically take your children away?					
72	Threatened to make you lose custody of the children?					
73	Threatened to hit you?					
74	Threatened to throw objects at you?					
75	Threatened to use a weapon against you?					

Please answer the following questions in the chart -- about your relationship with your significant other whose name is \_\_\_\_\_

#	Questions	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand _____ Told _____
76	Threatened to leave you in an unsafe location					
77	Threatened to kill you?					
78	Threatened to harm or kill your family and/or friends?					
79	Threatened to harm or kill your children?					
80	Threatened to harm or kill himself/herself?					
81	Stalked you					
82	Thrown or smashed objects in your presence?					
83	Destroyed your personal property?					
84	Hit walls or pounded his/her fist when angry at you?					
85	Driven carelessly when you were in the car?					
86	Abused family pets to hurt you?					
87	Punished your children when he/she was angry with you?					
88	Hurt or mutilated himself/herself to scare you?					
89	Tried to run you over with a vehicle?					
90	Slapped you?					
91	Pushed or shoved you?					
92	Thrown you around (into walls, furniture, onto floor)?					
93	Hit you with an open hand?					

Please answer the following questions in the chart -- about your relationship with your significant other whose name is \_\_\_\_\_

#	Questions	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand _____ Told _____
94	Hit you with a fist?					
95	Hit you with an object?					
96	Scratched you?					
97	Pinched you?					
98	Pulled your hair?					
99	Grabbed you?					
100	Tripped you?					
101	Pushed you?					
102	Punched you?					
103	Spit on you?					
104	Bit you?					
105	Kicked you?					
106	Burned you?					
107	Injured you by holding or squeezing you too tightly?					
108	Choked or tried to strangle you?					
109	Used a weapon against you (stabbed, shot, etc.)?					
110	Hit you or run you over with a vehicle?					
111	Attempted murder					
112	Physically hurt you when you were pregnant?					
113	Called you negative sexual names like "frigid" or "whore"?					
114	Unwanted sexual touching					
115	Made sexual advances that made you feel uncomfortable					
116	Insisted, physically or verbally,					

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#	Questions	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand _____ Told _____
	that a person who said "no" have sex anyway					
117	Used emotional blackmail to get one to have sex ("If you loved me, you would...")					
118	Forced or pressured you to participate in sex with him or her against your will?					
119	Pressured you to participate in a sexual activity that hurt you?					
120	Pressured you to participate in a sexual activity that you feel ashamed of?					
121	Forced you to have sex in the presence of others?					
123	Used threatening objects or weapons during sex?					
124	Prevented you from using birth control?					
125	Lied about his/her use of birth control?					
126	Withheld information about whether he/she had been exposed to a sexually transmitted disease or HIV?					
127	Physically attacked the sexual parts of your body (breasts or genitalia) ?					
128	Pressured you to get pregnant against your will?					



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#	Questions	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand _____ Told _____
129	Have you ever received severe contusions from any physical assaults					
130	Have you ever received bruises from any physical assaults					
131	Have you ever received any cuts from any physical assaults?					
132	Have you ever received any burns from any physical assaults					
134	Have you ever received any broken bones from any physical assaults					
135	Have you ever received any head or internal injuries from any physical assaults					
136	Have you ever received wounds from a gun from any physical assaults					
137	Have you ever received wounds from a knife from any physical assaults					
138	Are there any weapons in the home?					
139	Do you or your partner have access to any weapons?					
140	Physically hurt you while he/she was under the influence of alcohol or drugs?					
141	Have either of you ever or do you now have a problem with any substance? Used?					

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	Misused? Abused? Been dependent upon any substance?					
142	Have you or your partner been non-compliant with any court orders? Been arrested for anything? Not honored any restraining orders?					
143	Have you or your partner had any psychiatric history (especially manic and psychotic features) for you and/or your partner?					
144	Have either you or your partner been involved in any maltreatment of animals?					
145	Have either you or your partner been involved in any fire setting?					
146	Have you or your partner ever been violent in previous relationships? As an adult? As a teen? As a child? Been violent in the workplace? Been arrested for any kind of aggressive crime?					
147	Have you or your partner ever threatened or attempted to commit suicide?					
148	Have either you or your partner taken medication for mental health problems (e.g. depression)?					

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#	Questions	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand _____ Told _____
149	Have you or your partner been violent with/to children in the past?					
150	Do you have a child that does not belong to your partner? If so, does s/he physically or emotionally abuse your child?					
151	Have either you or your partner used pornography?					
152	Have you or your partner been involved in "forced sex" either as the perpetrator or as the victim - at the hands of your partner and/or others?					
153	Have you or your partner been involved in control of the other through the children?					
154	Has your partner had a history of probation failures?					
155	Has your partner had a criminal history?					
156	Have you ever called the police because your partner assaulted you? Was s/he arrested or did s/he avoid arrest?					
157	Have you ever left home because you were assaulted or emotionally abused by your partner?					
158	Do you believe that your partner is capable of killing you? Capable					

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	of killing your children?					
159	Does your partner threaten to harm your children?					
160	Has your partner ever assaulted or abused you in the presence of your children? If so, did they directly witness it and/or were they in the home?					
	<b>Victims Only, please continue to answer the questions below.</b>					
161	Please describe the conflict between the two of you as the relationship was coming to an end, at the time of separation, and since the separation.					
162	Have you felt oppressed in this relationship? If yes, please describe.					
163	Do you and your partner feel isolated from others? From friends? From family? If so, please describe.					
164	Do you and/or your partner ever feel scared of the other and if so, when and about what?					
165	Have you felt hopeless at times?					
166	Have you felt helpless at times?					
167	Did the abuse occur mainly around the time of the					

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	separation in the relationship? Is there a pattern of abuse that was prevalent before the separation? Or was the abuse prevalent at and about the time of the separation? Or has the abuse been prevalent only since the time of the separation or soon thereafter?					
168	Was there a pattern or are the incidents solitary ones?					
169	Do you believe that your partner has been chronically violent?					
170	Was the abuse chronic, intermittent and/or reactionary?					
171	Has the frequency increased? When/Over what period of time?					
172	Has the severity increased? When/Over what period of time?					
173	Has your partner been violent in any of the ways described in this questionnaire in previous relationships and if so, when, how, and with whom?					
174	Has your partner had any kind of treatment for violence? If yes, please describe and indicate whether or not the treatment was successful.					
175	What was the age of your partner the first time that you					

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	know that he was violent in any of the ways described in this questionnaire—whether that was in a relationship with you or someone else?					
176	Does your partner blame you for the acts of abuse that you have described in this questionnaire and/or does your partner focus on you, rather than on himself or herself, in terms of who is responsible for the problems in your relationship?					
177	Does your partner deny having done any or all of the things that you have described in this questionnaire? If yes, please describe that which is denied and that which your partner admits to having done.					
178	Does your partner acknowledge the violence? And if so, please describe.					
179	Does your partner have guilt and remorse for what s/he has done?					
180	Does your partner seem to understand and appreciate the impact that the violent acts have had on you? On the child(ren)?					
181	Does your partner					

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	have empathy for the effects of the violence on you? On the children?					
182	Does your partner take responsibility for his/her behavior? And if so, how does he or she take responsibility? Please describe.					
183	Has your partner followed through in the things that s/he has promised to change—in a proactive manner? Have the things that s/he has followed through with been concrete and noticed by you?					
184	Is your partner aware of your child(ren)'s needs in a way that is appropriate to the age that your child is? Is your partner aware of how the abuse has served to maintain control in the relationship?					

In the next section, you are asked to describe YOUR OWN BEHAVIOR. Now please comment on **YOUR OWN BEHAVIOR**, not your partner's behavior.

<b>This section is for the person filling it out to answer questions about their own behavior.</b>						
#	Have YOU ever...	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand _____ Told _____
185	Called your partner a name or made fun of you?					
186	Insulted your partner/put					

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#	Questions	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand _____ Told _____
	him or her down					
187	Publically humiliated your partner					
189	Yelled/Shouted at him/her					
190	Teased or insulted him/her?					
200	Constantly criticized him/her?					
201	Made him/her think s/he was crazy					
202	Harassed him because of his/her gender					
203	Sworn at him/her?					
204	Taunted him/her?					
205	Badgered him/her?					
206	Told his/her secrets?					
207	Had extreme jealousy about him/her?					
208	Isolated him/her from his/her family and friends					
209	Pouted when s/he spent time with friends					
210	Told him/her that "family problems" should not be told to anyone outside of the immediate family					
211	Ignored him/her?					
212	Told him/her that s/he was a bad parent?					



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213	Refused to do housework or childcare?					
214	Accused him/her of paying too much attention to someone or something else					
215	Made him/her beg for forgiveness?					
216	Demanded to be waited upon?					
217	Intimidated him/her through your tone of voice?					
218	Gave him/her angry looks or stares?					
219	Put down his/her family or friends?					
220	Put down his/her physical appearance?					
221	Tried to change his/her physical appearance?					
222	Not taken advantage of his/her strengths or accomplishments?					
223	Told him/her that no one else would want him/her?					
224	Accused him/her of cheating on the relationship?					
225	Harassed him/her for information on past relationships?					

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#	Questions	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand _____ Told _____
226	Put him/her down or yelled at him/her in front of the children?					
227	Bodily confined or held him/her against his/her will?					
228	Prevented him/her from leaving a room or the home?					
229	Prevented him/her from going to school or work?					
230	Prevented him/her from seeing family or friends?					
231	Denied him/her the right to receive health care?					
232	Prevented him/her from taking any medications?					
233	Listened to his/her phone calls?					
234	Disabled his/her telephone?					
235	Opened his/her mail without permission?					
236	Had him/her followed?					
237	Checked the mileage on his/her car?					
238	Taken away his/her keys?					
239	Phoned him/her repeatedly at work?					
240	Got him/her fired from work?					
241	Controlled his/her food					

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	intake?					
242	Tried to control what he or she does?					
243	Controlled funds					
244	Put him/her on a monetary allowance?					
245	Made him/her ask or beg for money?					
246	Made him/her explain how money was spent?					
247	Gave an insufficient "allowance" to manage household					
248	Financially deprived the children in retaliation for partner's behavior					
249	Used the Family Court system to drain funds					
250	Got angry if he or she was late getting home?					
251	Made him/her explain his or her whereabouts at all times?					
252	Insisted on having the final say in all decisions?					
253	Made him/her use drugs or alcohol against his/her will?					
254	Damaged a car, home, or other prized possessions					

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#	Questions	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand _____ Told _____
255	Destroyed gifts, clothing, letters					
256	Threatened to physically take the children away?					
257	Threatened to make him/her lose custody of the children?					
258	Threatened to hit him/her?					
259	Threatened to throw objects at him/her?					
260	Threatened to use a weapon against him/her?					
261	Threatened to leave him/her in an unsafe location?					
262	Threatened to kill him/her?					
263	Threatened to harm or kill his/her family and/or friends?					
264	Threatened to harm or kill the children?					
265	Threatened to harm or kill yourself as a way to get back at him/her?					
266	Stalked him/her?					
267	Thrown or smashed objects in his/her presence?					
268	Destroyed his/her personal property?					
269	Hit walls or pounded your fist					

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#	Questions	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand _____ Told _____
	when angry at him/her?					
270	Driven carelessly when s/he was in the car?					
271	Abused family pets to hurt him/her?					
272	Punished the children when you were angry with him/her?					
273	Hurt or mutilated yourself to scare him/her?					
274	Tried to run him/her over with a vehicle?					
275	Slapped him/her?					
276	Pushed or shoved him/her?					
277	Thrown him/her around (into walls, furniture, onto floor)?					
278	Hit him/her with an open hand?					
279	Hit him/her with a fist?					
280	Hit him/her with an object?					
281	Scratched him/her?					
282	Pinched him/her?					
283	Pulled him/herr hair?					
284	Grabbed him/her?					
285	Tripped him/her?					
286	Pushed him/her?					
287	Punched him/her?					
288	Spit on him/her?					

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#	Questions	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand _____ Told _____
289	Bit him/her?					
290	Kicked him/her?					
291	Burned him/her?					
292	Injured him/her by holding or squeezing him/her too tightly?					
293	Choked or tried to strangle him/her?					
294	Used a weapon against him/her (stabbed, shot, etc.)?					
295	Hit him/her or run him/her over with a vehicle?					
296	Attempted murder					
297	Physically hurt him/her when she was pregnant?					
298	Called him/her negative sexual names like "frigid" or "whore"?					
299	Unwanted sexual touching					
300	Made sexual advances that made him/her feel uncomfortable					
301	Insisted, physically or verbally, that a person who said "no" have sex anyway					
302	Used emotional blackmail to get him/her to have sex ("If you loved me, you would...")					

Please answer the following questions in the chart -- about your relationship with your significant other whose name is \_\_\_\_\_

#	Questions	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand _____ Told _____
303	Forced or pressured him/her to participate in sex with you against his/her will?					
304	Pressured him/her to participate in a sexual activity that hurt him/her?					
305	Pressured him/her to participate in a sexual activity that s/he felt ashamed of?					
306	Forced him/her to have sex in the presence of others?					
307	Used threatening objects or weapons during sex?					
308	Prevented him/her from using birth control?					
309	Lied about your use of birth control?					
310	Withheld information about whether you have been exposed to a sexually transmitted disease or HIV?					
311	Physically attacked the sexual parts of his/her body (breasts or genitalia) ?					
312	Pressured him/her to have a baby against his/her will?					
313	Has s/he ever received severe contusions from any physical					

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#	Questions	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand _____ Told _____
	assaults by you?					
314	Has s/he ever received bruises from any physical assaults by you?					
315	Have s/he ever received any cuts from any physical assaults by you?					
316	Has s/he ever received any burns from any physical assaults by you?					
317	Has s/he ever received any broken bones from any physical assaults by you?					
318	Has s/he ever received any head or internal injuries from any physical assaults by you?					
319	Has s/he ever received wounds from a gun from any physical assaults by you?					
320	Has s/he ever received wounds from a knife from any physical assaults by you?					
321	Has you had a history of probation failures?					
322	Have you had a criminal history?					
323	Has your partner ever called the police because you					



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	assaulted him/her? Were you arrested or did you avoid arrest?					
324	Has your partner ever left home because s/he was assaulted or emotionally abused by you?					
325	Do you believe you are capable of killing your partner? Your children?					
326	Have you threatened to harm your children?					
327	Have you ever assaulted or harmed your partner in the presence of your children? If so, did the children directly witness it and/or were they in the home?					

**Corroboration.** Please provide corroboration for each instance in which you answer in the affirmative.

Question #	First hand corroboration: Who saw or heard what you are reporting that happened? Or at the time of the event, who did you tell about what happened	Please provide contact information for each person who can corroborate any of the events you are speaking about (email address, phone #).	Specific questions to ask the collateral.

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<b>Question #</b>	<b>First hand corroboration: Who saw or heard what you are reporting that happened? Or at the time of the event, who did you tell about what happened</b>			<b>Please provide contact information for each person who can corroborate any of the events you are speaking about (email address, phone #).</b>		<b>Specific questions to ask the collateral.</b>

# DVCC

Your name: \_\_\_\_\_ Date \_\_\_\_\_

Please answer the following questions in the chart -- about your relationship with your significant other whose name is \_\_\_\_\_

#	Questions	Yes	No	If yes, Who? What? When? Where?	Corroborated by?*	Name of person(s) Seen/heard first hand Told _____
<b>Question #</b>	<b>First hand corroboration: Who saw or heard what you are reporting that happened? Or at the time of the event, who did you tell about what happened</b>			<b>Please provide contact information for each person who can corroborate any of the events you are speaking about (email address, phone #).</b>		<b>Specific questions to ask the collateral.</b>