

ATTACHMENT FOR DESCRIPTION OF ABUSE

Date of next incidence of abuse: _____

Who was there: _____

Describe what Respondent did to physically harm the protected parties or make the protected parties afraid. If the protected parties were injured, also describe the injuries. _____

Was medical treatment received for any injuries? Yes No If Yes, list the dates and locations where medical treatment was received. _____

Describe any use or threatened use of guns or other weapons: _____

During the incident, did Respondent interfere with a 911 or emergency call? Yes No If yes, describe the interference: _____

Did the police/sheriff come? Yes No If Yes, list dates and other details. _____

Date of next incidence of abuse: _____

Who was there: _____

Describe what Respondent did to physically harm the protected parties or make the protected parties afraid. If the protected parties were injured, also describe the injuries. _____

Was medical treatment received for any injuries? Yes No If Yes, list the dates and locations where medical treatment was received. _____

Describe any use or threatened use of guns or other weapons: _____

During the incident, did Respondent interfere with a 911 or emergency call? Yes No If yes, describe the interference: _____

Did the police/sheriff come? Yes No If Yes, list dates and other details. _____
