

APPENDIX 15



HART Appendix A-I



DOMESTIC VIOLENCE SUPPLEMENTARY REPORT

To be completed for all Domestic Violence occurrences and a copy attached to Bail briefs where applicable.

Date of This Report 01/02/17 Time: 1645 Occurrence # _____
 (yy / mm / dd) (24 hr. clock)

Date of Incident _____ Time: _____
 (yy / mm / dd) (24 hr. clock)

Investigating Officer _____ Division/Detachment: _____

VICTIM:

(Surname, First Name)(to include birth name)

Relationship to Suspect/Accused (check all that apply) Married Common-Law Separated (includes break-up of a dating or common-law relationship) Divorced
 Child in Common Dating (includes extra-marital affair) Same gender couple

Condition of Victim at time of interview (duration of time passed since incident occurred:)
 Crying Angry Nervous Hysterical Upset Calm
 Drugs Alcohol Afraid Other / Specify:

Victim Vulnerability Immigration Status geographic/community isolation children language
 lack of access to telephone/other means of communication other considerations

Medical Treatment Not Required Refused Will Seek Own To Hospital by Ambulance Other

Medical Release Signed YES NO Refused/Specify:

Describe all injuries (Include part of body injured and appearance, and date of observations)

Children Present YES NO AGES: _____ Violence Directly Assaulted Witnessed Heard

CAS Notified YES NO Notified by: _____ Name of CAS Contact: _____

SUSPECT/ ACCUSED:

(Surname, First Name, alias if applicable)

Telephone _____

Address _____

Charge(s) Laid _____

Condition of Suspect/Accused Drugs Alcohol Angry Threatening Apologetic Upset Nervous Crying Calm Other / Specify:

Medical Treatment Not Required Refused Will Seek Own To Hospital by Ambulance Other

Describe all injuries (Include part of body injured and appearance and date of observations)

HISTORY (SUSPECT/ACCUSED)

CPIC checked: On File Not on File

Checked by: _____

Criminal Record NO YES (attach)

810 Peace Bond
 Parole

Probation
 Breach of Parole Certificate
 Conditional Sentence

Local RMS checked: On File Not on File

(Records Mgt. System)

Bail release with conditions FAC/PAL/POL** FAC/PAL/POL** Possesses Firearms, Other weapons

Storage location: _____

Other Current Court Orders
 Breach of any Court Orders

Driver's License Vehicle access

Outstanding Charges file attached: Name of Probation Officer and Probation and Parole Officer contacted (if applicable): _____

Previous occurrences related to domestic violence: Yes No

Previous Incidents Reported To:	No. of Incidents	Brief Details (include date and nature of injuries)
<input type="checkbox"/> Regional Police Service		
<input type="checkbox"/> Municipal Police Service		
<input type="checkbox"/> OPP (including previous org. #)		
<input type="checkbox"/> Another Police Service		
<input type="checkbox"/> Victim Services		
<input type="checkbox"/> Hospital		
<input type="checkbox"/> Other Agency		
<input type="checkbox"/> Unreported		

**FAC- Firearms Acquisition Certificate

**PAL- Possession and Acquisition Licence

**POL- Possession Only Licence

EVIDENCE:

Statements:

VICTIM: None Written Audio Video other corroborating evidence KGB warned: YES NO

Children: None Written Audio Video

Caller: None Written Audio Video

Witness (es): None Written Audio Video

Police witness (es) None Written Audio Video

Suspect/Accused: None Written Audio Video Utterance

Photographs:

Scene

Relating to Victim: at the time 48 hrs later

Relating to Suspect/Accused

Videotaping:

Scene Tape No.: _____

Relating to Victim Tape No.: _____

Relating to Suspect/Accused Tape No.: _____

Incident Information:

9-1-1- Call Non-Emergency Call None Tape Ordered: YES NO

Caller: Victim Child (ren) Suspect/Accused Other (specify) _____

Weapons: Involved in incident YES No Seized: YES No FAC/PAL/POL** seized YES No Ammunition Seized YES No

Type of Weapon: _____

Investigative follow-up required: Yes No Action Required: _____

Date Required by: _____

RISK FACTORS:

To be completed by the investigating officer. Where there are multiple choices circle all that apply!

	YES	NO	U/K
a) Does the victim fear that the suspect/accused will continue the assaults, seriously injure or kill her/him or the children?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Has there been a recent escalation in frequency or severity of assaults/threats against the victim?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Has there been a recent separation or change in the relationship between the victim and the suspect/accused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Has there been a recent change in the contact between the children and the suspect/accused?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Has the suspect/accused experienced any unusually high stress recently, e.g. financial, loss of job, health problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Does the suspect/accused have any known mental health problems, or exhibits a loss of touch with reality or bizarre behaviour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Has the suspect/accused ever demonstrated jealousy or obsessive behaviour towards the victim and/or previous partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Has the suspect/accused demonstrated any stalking behaviour towards (a) the victim? (b) Family? or (c) any other person? (e.g. harassing phone calls, watching, threatened or has destroyed the victim's personal property, sending unwanted letters, following/contacting through third party, frequenting workplace etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Does the suspect/accused abuse drugs and/or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Has there been a noticeable increase in the abuse of drugs and/or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Is the suspect/accused more angry or violent when using drugs and/or alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Has the suspect/accused ever sexually abused the victim and/or a previous partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Has the suspect/accused threatened/attempted suicide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n) Has the suspect/accused threatened to harm/kill the victim or any other family members/acquaintances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o) Has the suspect/accused threatened to or destroyed any of the victim's personal property?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p) Has the suspect/accused injured or killed a pet owned by the victim?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q) Does the suspect's/accused's personality feature anger, impulsiveness or poor behaviour control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r) Does the suspect/accused own/have access to firearms or weapons including a license for the firearm?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
s) Has the suspect/accused used or threatened the use of firearms or weapons against the victim/children or any other person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VICTIM ASSISTANCE AND REFERRAL INFORMATION:

Offered to Contact Police Victim Crisis Assistance and Referral Services(VCARS) (or equivalent)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did Victim Accept offer of VCARS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Victim Transported to Women's Emergency Shelter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Victim Support Line Number Provided(Card/Pamphlet) (1-888-579-2888)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Victim Transported to Other Place of Safety	<input type="checkbox"/> Yes <input type="checkbox"/> No	Third Party Contact Available	<input type="checkbox"/> Yes <input type="checkbox"/> No
OPP Form LE 237 Personal Safety Plan Provided	<input type="checkbox"/> Yes <input type="checkbox"/> No	Victim Impact Statement Process explained	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referral to Sexual Assault/Domestic Violence Care and Treatment Centre (when applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Referral to Victim/Witness Assistance Program (V/WAP) (when charges laid)	<input type="checkbox"/> Yes <input type="checkbox"/> No

REPORT COMPLETED BY: _____ (please print) CHECKED BY SUPERVISOR: _____ (please print)

Date of Completion: _____ (Rank, Badge #) _____ Date: _____ (Rank, Badge #) _____

FOLLOW-UP/BAIL CONDITIONS:

Domestic Violence Charges Referral to Victim/Witness Assistance Program

To assist with prompt contact between the victim and V/WAP, please fill out the information below and Fax or email, along with the Synopsis and completed Domestic Violence Supplementary Form.

**Within 24 hours of laying a charge, FAX to V/WAP at
613 962-3225. Thank you.**

Offence Date/Arrest Date:

Police Service:
Investigating Officer:

Name of Victim:

Mailing Address:

Phone:

Name of Accused:
Adult or YCJA (pls circle)

Charge(s):

Bail Hearing or First Appearance Date:

If released, is victim aware of conditions?

Are there children in the home?

Date of notification to CAS:

CAS Intake Worker:

Do you plan to refer this case for a HART review (Highrisk Action Review Team)?

Any comments or other information (optional)

<p>Accused name:</p> <p>Victim's name:</p> <p>If the complainant answers YES to one(or more) of the three questions below AND ▶</p>	<p>She answers YES to four (or more) of the eight below - this is a high risk case and should be referred to HART. Lesser YESES can still be referred. Use the DVSR & background information to assist you in making that decision.</p>
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- | | |
|--|--|
| <p>1. He or she has threatened to kill you are your children?</p>

<p>2. He or she has used a weapon against you or threatened to use a weapon?</p>

<p>3. Do you think he or she might try to kill you?</p> | <p>4. Does s/he have a gun or have easy access to one?</p>

<p>5. Has s/he ever tried to choke or strangle you?</p>

<p>6. Is s/he violently jealous or controlling your daily activities (spying on you, where you go, who you see, money, not let you have employment etc)?</p>

<p>7. Have you left him/her or been separated for any period of time since living together or being married?</p>

<p>8. Is s/he unemployed?</p>

<p>9. Has s/he threatened to or actually tried to kill him/herself?</p>

<p>10. Do you have children that s/he knows are not his/hers?</p>

<p>11. Does he follow you or leave you threatening messages?</p> |
|--|--|

<p>NOTE: The chances of this turning into a homicide or an attempt is increased greatly if the following are present: ----->>>>>></p>	<p>ALSO ASK YOURSELF: Is there a known history of prior assaults, threats etc. on this complainant or another spouse? Are those escalating in frequency or severity?</p> <ul style="list-style-type: none"> a) there are step children in the home b) there has been abuse during pregnancy (at any time) c) there have been threats to the children in the home d) if there is a combination of controlling behaviour and separation the chances of a homicide is 5 times more likely.
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PLEASE FAX THIS SIDE OF THE PAGE ALONG WITH THE VWAP REFERRAL SHEET

HART Teleconference

Date:

Call 1-866-355-2663 and enter code as 0772#.
 (Employees of the Ministry of the Attorney General, dial 1-416-212-0400 when calling from your office.)

CASE 1 Name of Accused: Incident #: Participating agencies: HART referral source:	Time: 	DOB: Incident Date: Victim:
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Notes:

Working Agreement Quinte District Victims Fund Committee and HART/Domestic Violence Court Advisory Committee

Re: Individual Requests for Funding to Enhance Safety

Preamble

The Domestic Violence Court Advisory Committee (DVCAC) is a representative group of community and justice service partners. DVCAC meets on a quarterly basis to exchange information and advice regarding the overall operation of the Domestic Violence Court in Belleville, Ontario.

Highrisk Action Review Team (HART) was established by the DVCAC in December 2002. HART is a process for the relevant investigative, enforcement, and prosecution agencies to provide a co-coordinated response to high-risk domestic violence cases where there exists a particularly high risk to the victim(s) or other persons. The team works collectively to enhance the safety of victims and their children, and works to support innovative approaches to provision of services, involving other agencies as required.

The Quinte and District Victims Fund Committee (Q&D VFC) has a mandate of facilitating and monitoring the development and implementation of a coordinated network of services for victims throughout the geographical boundary of Centre & South Hastings County and Prince Edward County. The committee accomplishes this by administering a fund that exists as a result of the local court ordering individuals to make contributions as part of the sentencing process.

In addition to funding services to victims, the Q&D VFC has tried to assist individual victims of crime by allocating funds for individuals needing financial assistance to acquire services, activities and assistance that are consistent with the Committee's Individual Fund Request Criteria. The committee instituted a formal process by which individuals could request funds and committee members worked together to facilitate the process. However, the process is cumbersome for a community committee to administer.

Recognizing that individuals continue to have a variety of needs after experiencing victimization, the Q&D VFC wishes to be in a position to continue providing financial assistance for safety enhancements, where an applicant meets the criteria for funding. It is on this basis that Q&D VFC has approached the DVCAC and HART committee with a suggestion of partnering to ensure that funds required to enhance safety on cases meeting the HART criteria are made readily available in appropriate circumstances.

Process

Q&D VFC will continue with an individual request process where a HART review has not or will not take place. It is anticipated, however, that a partnership with HART will ensure that identified cases of highest risk will receive immediate assistance where the HART Team is recommending certain measures be undertaken to enhance safety. After the initial response/funding for safety enhancements, HART will continue to manage any additional requests for funding by the victim as long as the case remains under the purview of HART.

Upon approval by both committees, the Q&D VFC will advise HART of the total funding amount available for a period of 6 months or 12 months, so that HART has a good working knowledge of the limits of the fund and can be in a position to best direct the overall funding. The allocations and any regular reconciliations of the account by QDVFC will be sent to HART via the HART committee designate.

Requests for safety measures for individuals can be made with the support of the HART Team. Generally, the team tries to incorporate necessary safety measures for an amount up to \$800.00. The HART team can approve expenses in excess of this amount, as long as there are funds available within the HART funding allocation. Because other programs exist to meet the need for cell phones, Q&D VFC funds are not available for the purpose of securing or maintaining a cell phone or cell phone account.

A template to facilitate the process of HART-supported requests for funds is attached. When assisting an individual in this regard, the HART Team simply needs to fill out the form and sign-off and send (via mail or email) the template to the Treasurer and Chairperson of Q&D VFC. Q&D VFC will assume that all relevant assessments of needs and merits have been covered by HART and will not require any further letters of support or documentation to process the application. Q&D VFC will retain administrative responsibility for issuing approved cheques and will maintain ledgers outlining the use of the funds.

Q&D VFC will continue their practice of issuing cheques to an identified vendor or service-provider and will generally not issue funds directly to individual applicants. Some flexibility to meet specific needs may be possible where agency service providers can assist in ensuring that funds are used for the intended purpose.

It is anticipated that Q&D VFC will be able to process cheques and make funds available within 1-2 business days of receiving the template/request from HART.

It is not a requirement of Q&D VFC that any financial needs assessment be conducted when recommending and/or approving a request for funding for safety enhancements.

A liaison from HART to Q&D VFC will be named on an annual basis to ensure smooth functioning and to ensure up-to-date information on the use of funds and available limits.

Role of HART

- Review case following normal procedures
- Make assessments of risk and determine general support for proceeding with offering safety funds, based on police recommendations as they are available
- On-going review that includes Three Oaks Outreach to ensure police recommendations are communicated and to confirm final commitment of funds that are to be offered through the pot of funds set aside for HART.

Role of VWAP

- Participate in review following normal procedures
- Connect with client following HART and share outcomes
- Where HART is approving, in principle, the use of funds for safety enhancements, let the client know and explain the general process
- Obtain her consent and refer to Three Oaks Foundation and the police for safety assessment by emailing or faxing *HART Referral TOF and Police* (Appendix G)
- Participate in follow-up HART reviews

Role of Police

- Participate in HART reviews as requested
- Maintain current roster of cases in the police service's jurisdiction, for which HART has approved, in principle, safety funding
- Respond to victim's request for CPTED or other thorough residential safety audit as per the particular police service's practice, as soon as practical
- Communicate recommendations to the victim, to Three Oaks, and to the Crown Attorney (by forwarding report or verbally advising)
- Where required, have victim sign acknowledgement of the limits inherent in recommendations (i.e. waiver regarding liability issues)
- Generally offer expertise or advice in matters of residential security to victims, HART and to Three Oaks as questions arise

Role of Crown Attorney

- Participate in HART Reviews
- Receive *Request for Funds for Safety Enhancements* (Appendix H) and accompanying estimates/invoices from Three Oaks Foundation ensuring that items requested match police recommendations
- Sign 'Request for Funds for Safety Enhancements' (Appendix H) and fax with supporting invoices/estimates to QDVF @ CSBD (Attn Sue Morley 613 966-4542) for payment as detailed.

Role of Three Oaks Foundation, Outreach

- Accept referrals from HART through VWAP to assist women in implementing safety measures
- Respond and/or make outreach call to identified women to discuss providing this assistance
- Conduct safety planning process, or review her existing safety plan
- Provide the woman with copy of *Guidelines for Clients* (Appendix I) outlining the steps she must take and review the information with her verbally.
- Receive and review police recommendations for safety enhancements, once available
- Follow-up with woman to confirm police recommendations, ensure her understanding that HART will only fund recommended items
- Receive estimates (helping her to obtain if required), ensuring a match with the items recommended by the police
- Fill out “Request for Funds for Safety Enhancements” (Appendix H) form and fax with copies of estimates to the DVC Asst Crown Attorney (613) 968-6095. Keep original estimates in case required at a later date
- Help the woman as practically needed to arrange for and implement approved items
- Communicate to HART once items and services have been arranged, either by participation on a follow-up review call if needed, or by letting the police know directly
- Participate in any HART reviews pertaining to safety enhancements
- Advise DVCAC/QDVF Financial Liaison of amounts spent and receive regular reports regarding funds remaining in the account

Role of DVCAC/QDVF Financial Liaison

- Accept reports of funds spent, as reported by Three Oaks Foundation-Outreach
- Keep running tally of expenditures
- Accept notification of funds made available by QDVF
- Maintain a current balance of funds available
- Provide quarterly report of finances to QDVF (Chair) and to HART/DVCAC via the DVC Asst Crown Attorney

HART Referral for Safety Assessment

For Three Oaks Foundation and Police: This referral tells you that VWAP has received verbal consent from the person below to make this referral and that she has been instructed to phone you to continue with the process.

Date: _____

To: Three Oaks Foundation and Police _____

Client's Name: _____

Client's Phone Number: _____

Client's Address: _____

Case Name: _____

Notes:

I, _____, of the Victim/Witness Assistance Program, am making this referral with the knowledge and consent of _____ (client's name).

Request for Funds for Safety Enhancements

To: QDVF
Attn: Sue Morley 613 966-4542
Fr: HART

Date: _____

HART has reviewed a case and is working with:

_____ (name of client)

As a result, HART recommends that the following items or services are required for the purpose of enhancing safety. Please make cheque(s) payable to the Vendor or Designate listed.

<u>Item/Service</u>	<u>Amount</u>	<u>Vendor/Designate</u>

Please advise _____ (name) at
_____ (phone) once the cheque(s) is available for pick up.

Thank you for your assistance,

(HART member signature) (Date)

Guidelines for HART Recommended Safety Funds

In order to receive funds through the High-Risk Action Review Team (HART), please follow the following guidelines:

1. Call the police service that laid the charge(s)

It is your responsibility to contact the police service requesting a safety audit. The officer will make a time to see you at your home and decide what you might need to increase your home's security, within certain limits.

Please call and ask for:

- | | | |
|-----------------------------|-------------------|--------------|
| • Belleville Police Service | Ann Earle | 613-966-0882 |
| • Quinte West OPP | Brad Robson | 613-392-3561 |
| • Centre Hastings OPP | Lorraine McFadden | 613-473-4234 |

2. Create a Safety Plan

You must have a Safety Plan in place to receive funds from HART. If you do not already have a current Safety Plan, you can get help with it from:

- | | |
|-------------------------|---------------------------------|
| • Three Oaks Foundation | 613-967-1416 x 243 or 241 |
| • Support Link | 613-354-0894 or 1-866-680-9972. |

3. Call Three Oaks Foundation

You must contact Three Oaks Foundation Outreach Team. Ruth James or someone else will assist you with submitting the estimate. The committee relies on Three Oaks Foundation to work with you as funds are given out. Please call:

- Three Oaks Foundation 613-967-1416 x 247 (Ruth) or x241 (Gale)

After the police have visited your home and made recommendations, you will need to get estimates for the items. These estimates can come from wherever you would like: Home Depot, Canadian Tire, etc.

4. Receiving Funds

The police will send a copy of the recommendations a group called HART and to Three Oaks Foundation. HART decides which items can be funded. You will be contacted once a cheque is ready for pick-up at Counselling Services of Belleville and District (CSBD), 12 Moira Street East, Belleville, ON.

Quick Checklist

- | | |
|--|---|
| <input type="checkbox"/> Call police, schedule audit | <input type="checkbox"/> Call Three Oaks for help in asking for funds |
| <input type="checkbox"/> Audit takes place | <input type="checkbox"/> Get estimates |
| <input type="checkbox"/> Recommendations given | <input type="checkbox"/> Submit |
| <input type="checkbox"/> Create a Safety Plan | |