



**Intake Staff Only**  
 State: \_\_\_\_\_  
 Chapter: \_\_\_\_\_  
 Case #: \_\_\_\_\_

## Fatality Assessment & Safety Scale

- |  |   |   |
|--|---|---|
| 1. Does your abuser make threats of homicide or suicide?         | Y | N |
| 2. Has your abuser fantasized of killing someone?                | Y | N |
| 3. Does your abuser have access to weapons?                      | Y | N |
| 4. Does your abuser think he has ownership over you?             | Y | N |
| 5. Does your abuser depend on you?                               | Y | N |
| 6. Does your abuser become angry at the thought of losing you?   | Y | N |
| 7. Does your abuser suffer from depression?                      | Y | N |
| 8. Does your abuser have access to you?                          | Y | N |
| 9. Have there been previous calls to police due to the violence? | Y | N |
| 10. Does your abuser have no regard to law enforcement?          | Y | N |
| 11. Has your abuser ever held you hostage?                       | Y | N |
| 12. Is your abuser unemployed?                                   | Y | N |

|   |   |   |
|---|---|---|
| 13. Does your abuser drink or use drugs?                                | Y | N |
| 14. Do you have a child that is not your abusers?                       | Y | N |
| 15. Does your abuser have a history or domestic violence with partners? | Y | N |
| 16. Do you have a restraining order or TPO against your abuser?         | Y | N |

**Safety Scale:**

|   |   |    |   |
|---|---|----|---|
| (1) Feeling completely Safe and there is not a threat of your abuser trying to locate you to      | 1 | 2  | 3 |
| (10) Feeling completely vulnerable to your abuser's threats and actions. Your abuser has tried to | 4 | 5  |   |
| or has located you in the past  | 6 | 7  | 8 |
|   | 9 | 10 |   |