

Putnam County Probation Department- Family Offense Questionnaire

In order to serve you better please take the time to fill out this brief questionnaire to help us better assess your needs and current situation. Please return to front desk when completed.

Name: _____ Date: _____

What is the relationship between yourself and the respondent? _____

Do you or the respondent live in Putnam County? YES NO

Does this involve any children under the age of 16? YES NO

Is there a history of this type of behavior? YES NO

Were the police contacted? If yes, Date: _____ YES NO

Was the respondent arrested? YES NO

Was an order of protection issued after the arrest? YES NO

Do you feel your life or your child's life is in imminent danger? YES NO

Will you be requesting that the respondent vacates the residence? YES NO

Would like a court advocate from the Putnam/ Northern Westchester Women's Resource Center to be here to assist you? YES NO

Have you ever been to Putnam County Family Court before? YES NO

Please check the appropriate boxes relating to the reasons you are here today:

Disorderly Conduct

- Was a hazardous or physically offensive condition created by this person for no legitimate reason?
- Is the person being disruptive or publicly abusive to you?

Menacing

- Were you placed in fear that physical injury could be caused by this person?
- Was a weapon displayed by this person?
- Were you repeatedly followed around your home or other location by this person?

Harassment

- Were you struck, shoved or kicked or were threats made to do so?
- Were you followed around in a public place?
- Were you placed in reasonable fear of physical injury?

Reckless Endangerment

- Did this person create a situation in which you felt there was a substantial risk of serious physical injury or death to yourself / your child?

OVER → →

Aggravated Harassment

Were you annoyed or alarmed by communication which was received electronically or by telephone?

Stalking

Did this person who had already been asked not to contact you, follow you, telephone you and/or try to contact you or your immediate family either themselves or through a third party leaving you feeling your safety was threatened or that harm may come to you?

Do you feel that your employment or career is threatened due to the repeated communication attempts by this person who had already been told to stop?

Assault

During this incident were you or your child injured by this person?

Attempted Assault

During this incident was there an attempt to cause injury to you/ your child?

Criminal Mischief

Was your personal property damaged by this person intentionally?

Did this person intentionally prevent you from communicating with police/ 911 by disabling/ damaging the phone or phone lines you were trying to use?

Sexual Misconduct

Were there acts of a sexual nature committed against you, without your consent? Or against a child?

Sexual Abuse

Were you or your child subjected to sexual contact by this person without your consent?

Forcible Touching

Were you forcibly touched, squeezed, grabbed or pinched in sexual or intimate areas for no legitimate purpose?

Criminal Obstruction of Breathing or Blood Circulation

Was pressure applied to your throat/ neck or was your nose and/or mouth blocked by this person?

Strangulation

Was pressure applied to your throat/neck or was your nose and/or mouth blocked, creating a physical injury?

Did you lose consciousness for any period of time during this incident?

Identity Theft

Was your identity used to obtain goods, money, credit, property, services or cause a financial loss to you?

Did this person commit a crime while using your identity?

Grand Larceny

Was property of yours, exceeding \$1,000.00 in value stolen by this person?

Was a credit card stolen by this person?

Was your property obtained by this person by them extorting you?

Coercion

Were you compelled by fear of this person that if you did not do as they said they would cause physical injury to you or your child or cause damage to your property?