**INCIDENT CHECKLIST**

**WARNING**: This form is provided to help you prepare for your hearing. You may keep it or you may file it with your complaint. **IF YOU DO FILE IT, IT WILL BECOME A PART OF THE PUBLIC RECORD AND WILL BE SERVED ON THE RESPONDENT AS A PART OF THE COMPLAINT**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Abuse | **Location Where Abuse Occurred** | **Date(s) of Incident(s)** | **Physical Injury, if Any** | **Police Contact?** |
| **Name-calling/Directed Use of Obscenities** |  |  |  |  |
| **Threatening/Harassing Phone Calls** |  |  |  |  |
| **Threat to Injure Self** |  |  |  |  |
| **Threat to Injure Others** |  |  |  |  |
| **Threat by Physical or Sexual Abuse to Children** |  |  |  |  |
| **Threat by Displaying or Pointing Weapon, or by Access to Weapon** |  |  |  |  |
| **Threat by Cruelty to Animals** |  |  |  |  |
| **Threat by Following** |  |  |  |  |
| **Threat by Damage to Property** |  |  |  |  |
| **Throwing Things** |  |  |  |  |
| **Grabbing** |  |  |  |  |
| **Shoving or Pushing** |  |  |  |  |
| **Forcing Sexual Contact** |  |  |  |  |
| **Physically Abusing Children in Household** |  |  |  |  |
| **Sexually Abusing Children in Household** |  |  |  |  |
| **Slapping (with an open hand)** |  |  |  |  |
| **Punching (with a closed fist)** |  |  |  |  |
| **Kicking** |  |  |  |  |
| **Using Weapon** |  |  |  |  |
| **Biting** |  |  |  |  |
| **Choking or Strangling** |  |  |  |  |
| **Beating** |  |  |  |  |
| **Forcing Other to Stay in Closet, Room, Homes, or Other Locations** |  |  |  |  |

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Petitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_