

**District Attorney- Vulnerable Victim Intake**

ADA assigned: \_\_\_\_\_  
Victim-Witness Advocate assigned: \_\_\_\_\_  
Officer/Investigator: \_\_\_\_\_  
Agency/Contact: \_\_\_\_\_

**Victim Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Guardian: \_\_\_\_\_  
Contact info: \_\_\_\_\_  
Family members: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School attending: \_\_\_\_\_  
School Contact: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Case Manager: \_\_\_\_\_  
Counselor: \_\_\_\_\_  
Care Provider: \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
MH issues: \_\_\_\_\_  
IQ/Mental Capacity: \_\_\_\_\_  
Verbal Skill Level: \_\_\_\_\_  
Sensory Issues: \_\_\_\_\_  
Processing Issues: \_\_\_\_\_  
Favorite Topic: \_\_\_\_\_  
Likes: \_\_\_\_\_  
Dislikes: \_\_\_\_\_  
Fears: \_\_\_\_\_

**District Attorney- Vulnerable Victim Intake- Page 2**

Causes of Meltdowns: \_\_\_\_\_

Meltdown strategies: \_\_\_\_\_

Place most comfortable: \_\_\_\_\_

Favorite food/drink: \_\_\_\_\_

History of police contacts: \_\_\_\_\_

Violence against others or self? \_\_\_\_\_

Hospitalizations: \_\_\_\_\_

\_\_\_\_\_

**Daily Routine**

**A.M. Schedule**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**P.M. Schedule**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to Perpetrator to Victim: \_\_\_\_\_

Access of Perpetrator to Victim: \_\_\_\_\_

Does Perpetrator know of Victim's disability? \_\_\_\_\_

Behavioral/Psychological changes since the incident: \_\_\_\_\_

\_\_\_\_\_