



Your name: \_\_\_\_\_

**4 Describe other recent abuse.**

a. Date of other recent abuse: \_\_\_\_\_

b. Who was there? \_\_\_\_\_

c. What did the person in ② do or say to you that made you afraid? \_\_\_\_\_

\_\_\_\_\_

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d. Describe any use or threatened use of guns or other weapons. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

e. Describe any injuries. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

f. Did the police come?  No  Yes

If yes, did they give you an Emergency Protective Order?  Yes  No  I don't know

*Attach a copy if you have one.*

**5  Describe other abuse against you or your children.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*If you need more space, check the box and attach Form MC-020. Or attach a sheet of paper and write*

*"DV- 101 — Description of Abuse" at the top.*