

**Cameron County Family Violence Task  
Cameron County, Texas  
Domestic Violence Supplement Form**

Agency:	Case#	Date:	Time Interviewed:
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No.1 Offender Information								
Name: Last      First      Middle			Drivers / Identification # & State		Date of Birth		Age	
Address: No. Street			Race	Sex	Eyes	Hair	Height ' ft.    " in.	Weight lbs.
City:                  State                  Zip			Home Phone #		Mobile Phone #		Social Security Number #	
Employer Name / Occupation			Employer Address / City / State			Employer Phone #		
Alias(s) / Scar(s) / Marks / Tattoo(s)								

**Fled Scene**  Yes  No    **Observations About The Offender At The Scene** Location:

Demeanor	Physical Condition	Appearance	Speech
<input type="checkbox"/> Afraid <input type="checkbox"/> Fearful <input type="checkbox"/> Angry <input type="checkbox"/> In Shock <input type="checkbox"/> Apologetic <input type="checkbox"/> Intoxicated <input type="checkbox"/> Calm <input type="checkbox"/> Irrational <input type="checkbox"/> Combative <input type="checkbox"/> Nervous <input type="checkbox"/> Confused <input type="checkbox"/> Uncooperative <input type="checkbox"/> Distraught <input type="checkbox"/> Other (explain)	<input type="checkbox"/> Bite Marks <input type="checkbox"/> Bruise(s) <input type="checkbox"/> Bleeding <input type="checkbox"/> Complaining of Pain <input type="checkbox"/> Concussion <input type="checkbox"/> Fracture(s) <input type="checkbox"/> Laceration(s)	<input type="checkbox"/> Loose Hair <input type="checkbox"/> Scratch Marks <input type="checkbox"/> Shaking <input type="checkbox"/> Slap Marks <input type="checkbox"/> Swelling <input type="checkbox"/> Sweating <input type="checkbox"/> Other (explain)	<input type="checkbox"/> Bloody Clothes <input type="checkbox"/> Disorderly Clothes <input type="checkbox"/> Smeared Makeup <input type="checkbox"/> Soiled/Sweat Stains <input type="checkbox"/> Tangled/Messy Hair <input type="checkbox"/> Torn/Ripped Clothes <input type="checkbox"/> Other (explain)
<input type="checkbox"/> Angry <input type="checkbox"/> Belligerent <input type="checkbox"/> Crying/Sobbing <input type="checkbox"/> Excited/ Very Fast <input type="checkbox"/> Out of Breath <input type="checkbox"/> Shouting <input type="checkbox"/> Other (explain)			

Other explain:

Later located: Date / Time / Location:  
Explain:

Vehicle Information	Year	Make	Model	Color	License Plate / State	Other information
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Waiver of Rights     Recorded Statement (with rights)     Written Statement (with rights)     Refuse to answer questions

Pre-Custody Statement (explain) :

**Arrest Information**

Arresting Officer	Call #	Time of Arrest	Date of Arrest
Arrest Location:			

**Witness Information**

Witness No.1	Name: Last      First      Middle			Race	Sex	Date of Birth	Age	DL / ID # & State
Address: Number Street City State				Home Number#	Mobile Number#	Social Security Number#		
Employer Name / Occupation / Address							Employee Phone Number#	
<input type="checkbox"/> Child <input type="checkbox"/> Neighbor <input type="checkbox"/> Other <input type="checkbox"/> Friend <input type="checkbox"/> Family Member			Emotional Condition of the Witness	<input type="checkbox"/> Calm <input type="checkbox"/> Excited <input type="checkbox"/> Upset <input type="checkbox"/> Other		Time of interview	<input type="checkbox"/> Verbal Interview <input type="checkbox"/> Written Statement	

Witness No. 2	Name: Last      First      Middle			Race	Sex	Date of Birth	Age	DL / ID # & State
Address: Number Street City State				Home Number#	Mobile Number#	Social Security Number#		
Employer Name / Occupation / Address							Employee Phone Number#	
<input type="checkbox"/> Child <input type="checkbox"/> Neighbor <input type="checkbox"/> Other <input type="checkbox"/> Friend <input type="checkbox"/> Family Member			Emotional Condition of the Witness	<input type="checkbox"/> Calm <input type="checkbox"/> Excited <input type="checkbox"/> Upset <input type="checkbox"/> Other		Time Interview	<input type="checkbox"/> Verbal Interview <input type="checkbox"/> Written Statement	

Reporting Officer	Call #	Date	Assisting Officer	Call #
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**Cameron County Family Violence Task  
Cameron County, Texas  
Domestic Violence Supplement Form**

N/A

Agency:	Case#	Date:	Time Interviewed:
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**No.2 Offender Information**

Name: Last      First      Middle			Drivers / Identification # & State			Date of Birth		Age		
Address: No. Street				Race	Sex	Eyes	Hair	Height ' ft.    " in.	Weight lbs.	
City:                      State                      Zip			Home Phone #		Mobile Phone #		Social Security Number #			
Employer Name / Occupation				Employer Address / City / State				Employer Phone #		
Alias(s) / Scar(s) / Marks / Tattoo(s)										

**Fled Scene**  Yes  No **Observations About The Offender At The Scene** Location:

<b>Demeanor</b>		<b>Physical Condition</b>		<b>Appearance</b>		<b>Speech</b>	
<input type="checkbox"/> Afraid	<input type="checkbox"/> Fearful	<input type="checkbox"/> Bite Marks	<input type="checkbox"/> Loose Hair	<input type="checkbox"/> Bloody Clothes	<input type="checkbox"/> Angry	<input type="checkbox"/> Angry	<input type="checkbox"/> Angry
<input type="checkbox"/> Angry	<input type="checkbox"/> In Shock	<input type="checkbox"/> Bruise(s)	<input type="checkbox"/> Scratch Marks	<input type="checkbox"/> Disorderly Clothes	<input type="checkbox"/> Belligerent	<input type="checkbox"/> Belligerent	<input type="checkbox"/> Belligerent
<input type="checkbox"/> Apologetic	<input type="checkbox"/> Intoxicated	<input type="checkbox"/> Bleeding	<input type="checkbox"/> Shaking	<input type="checkbox"/> Smeared Makeup	<input type="checkbox"/> Crying/Sobbing	<input type="checkbox"/> Crying/Sobbing	<input type="checkbox"/> Crying/Sobbing
<input type="checkbox"/> Calm	<input type="checkbox"/> Irrational	<input type="checkbox"/> Complaining of Pain	<input type="checkbox"/> Slap Marks	<input type="checkbox"/> Soiled/Sweat Stains	<input type="checkbox"/> Excited/ Very Fast	<input type="checkbox"/> Excited/ Very Fast	<input type="checkbox"/> Excited/ Very Fast
<input type="checkbox"/> Combative	<input type="checkbox"/> Nervous	<input type="checkbox"/> Concussion	<input type="checkbox"/> Swelling	<input type="checkbox"/> Tangled/Messy Hair	<input type="checkbox"/> Out of Breath	<input type="checkbox"/> Out of Breath	<input type="checkbox"/> Out of Breath
<input type="checkbox"/> Confused	<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Fracture(s)	<input type="checkbox"/> Sweating	<input type="checkbox"/> Torn/Ripped Clothes	<input type="checkbox"/> Shouting	<input type="checkbox"/> Shouting	<input type="checkbox"/> Shouting
<input type="checkbox"/> Distraught	<input type="checkbox"/> Other (explain)	<input type="checkbox"/> Laceration(s)	<input type="checkbox"/> Other (explain)	<input type="checkbox"/> Other (explain)	<input type="checkbox"/> Other (explain)	<input type="checkbox"/> Other (explain)	<input type="checkbox"/> Other (explain)

Other explain:

Later located: Date / Time / Location: \_\_\_\_\_

Explain:

<b>Vehicle Information</b>	Year	Make	Model	Color	License Plate / State	Other information
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Waiver of Rights     Recorded Statement (with rights)     Written Statement (with rights)     Refuse to answer questions

Pre-Custody Statement (explain) :

**Arrest Information**

Arresting Officer	Call #	Time of Arrest	Date of Arrest
Arrest Location:			

**Witness Information**

<b>Witness No.3</b>	Name: Last      First      Middle			Race	Sex	Date of Birth		Age	DL / ID # & State	
Address: Number    Street    City    State				Home Number#		Mobile Number#		Social Security Number#		
Employer Name / Occupation / Address								Employee Phone Number#		

<input type="checkbox"/> Child	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Other	Emotional Condition of the Witness	<input type="checkbox"/> Calm	<input type="checkbox"/> Excited	Time of interview	<input type="checkbox"/> Verbal Interview
<input type="checkbox"/> Friend	<input type="checkbox"/> Family Member			<input type="checkbox"/> Upset	<input type="checkbox"/> Other		<input type="checkbox"/> Written Statement

<b>Witness No. 4</b>	Name: Last      First      Middle			Race	Sex	Date of Birth		Age	DL / ID # & State	
Address: Number    Street    City    State				Home Number#		Mobile Number#		Social Security Number#		
Employer Name / Occupation / Address								Employee Phone Number#		

<input type="checkbox"/> Child	<input type="checkbox"/> Neighbor	<input type="checkbox"/> Other	Emotional Condition of the Witness	<input type="checkbox"/> Calm	<input type="checkbox"/> Excited	Time Interview	<input type="checkbox"/> Verbal Interview
<input type="checkbox"/> Friend	<input type="checkbox"/> Family Member			<input type="checkbox"/> Upset	<input type="checkbox"/> Other		<input type="checkbox"/> Written Statement

Reporting Officer	Call #	Date	Assisting Officer	Call #
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