

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: _____