To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.

# DV-101 Description of Abuse

**Case Number:**

☑ This form is attached to DV-100.

1 Your name: _____

2 Name of person you want protection from (restrained person): _____

3 **Describe the 2nd most recent abuse.**

a. Date of 2nd most recent abuse: _____

b. Who was there? _____

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

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.*

Your name: _____

**Case Number:**

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? _____

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- I01 — Description of Abuse" at the top.*