



Intimate Partner Lethality Assessment Form for Law Enforcement

Office of the Oklahoma Attorney General

Agency & Officer:	Date/Time:	Case #:	
Offender:	D.O.B.:	Race/Sex:	Arrested?: Yes <input type="checkbox"/> No <input type="checkbox"/>

Victim Assessment

The assessment should be completed with the victim in a space separate from the dominant aggressor.

"Yes" responses to ANY of Questions #1-5, automatically triggers the protocol referral.

1. Has the person ever threatened to use or used a weapon against the victim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
2. Has the person ever threatened to kill the victim or the children of the victim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
3. Has the person ever tried to choke the victim? (Such as ligature or manual strangulation, chokeholds, or cut off breathing)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
4. Has the person ever tried or threatened to kill him/herself?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
5. Does the victim think the person will try to kill the victim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Ans. <input type="checkbox"/>

"No" responses to Questions #1-5 but "Yes" responses to at least three Questions #6-11, triggers the protocol referral.

6. Does the person have a gun or can he/she get one easily?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
7. Is the person violently or constantly jealous or does the person attempt to control most of the daily activities of the victim?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
8. Does the person follow or spy on the victim or leave the victim threatening or unwanted messages, phone calls, or text messages? (For example electronic tracking, phone cloning, or home security/camera access)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
9. Does the victim have any children the person knows is not his/her own child? (Kids from a different relationship)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
10. Has the victim left or separated from the person after living together or being married?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Ans. <input type="checkbox"/>
11. Is the person unemployed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not Ans. <input type="checkbox"/>

If the protocol has not already been triggered above, the officer may initiate it based on the victim's response below. If the victim does not provide a response, the officer shall rely on observations and contextual information to complete the Officer Assessment section to trigger the protocol.

Is there anything else that worries the victim about his or her safety? If so, what worries the victim?

Check One: ☐ Victim Screened In According to the Protocol ☐ Victim Did Not Screen In ☐ Victim Did Not Answer Any of the Questions Above

Officer Assessment

If the victim did not screen in or respond, use your training and experience to assess the situation. Document any lethality indicators or danger cues you observe, such as property damage, visible injuries, aggressive behaviors, or victim statements that suggest fear or risk.

Check One: ☐ Victim Screened In Based on the Belief of the Officer ☐ Officer Decided Not to Screen

Please Explain Your Answer to the Above Question:

If screen in occurred: After advising him/her of a high danger assessment, did the victim speak with the local OAG-Certified Domestic Violence Hotline Advocate or Tribal DV Hotline? Yes ☐ No ☐ **If no:** did officer obtain safety plan from hotline advocate and share it with the victim? Yes ☐ No ☐

Confirmation numbers coming in 2026 with the digital platform rollout.

NOTE: If you are unable to connect with a hotline advocate at your local program after at least two attempts within a 10-minute timeframe, contact the State SAFELINE at 1-800-522-SAFE(7233). Please select your Victim Service Provider:

NOTE: The questions above and the criteria for determining the level of risk a person faces is based on the best available research on factors associated with lethal violence by a current or former intimate partner. However, each situation may present unique factors that influence risk for lethal violence that are not captured by this screen. Although most victims who screen "positive" or "high danger" would not be expected to be killed, these victims face much higher risks than that of other victims of intimate partner violence.