

Homicide/Violence Lethality Assessment

A. Currently is there? Violent Threats? And Plans to Harm? Denies, or if yes; describe:

B. Homicidal Ideation? Denies; or if yes; describe:

C. History of violent behavior? Denies; or if yes describe:

D. Preoccupation with lethal weapons? Denies, or if yes describe:

E. Any current conflicts with other? Denies, or if yes describe:

F. Any prior arrest for violence? Denies, or if yes describe:

G. Any charges still pending? Denies, or if yes describe:

H. Current Homicidal/Violence Risk: High ____ Med. ____ Low ____

Evaluator's Signature/Credentials

Date

Supervisor's Signature/Credentials

Date