


**APPENDIX D: COMMISSION CASE REFERRAL FORM**

	<b>DOMESTIC VIOLENCE FATALITY REFERRAL FORM</b> Domestic Violence Fatality Review Commission Office of the Attorney General - Criminal Division 109 State Street - Montpelier, VT 05609	<b>OFFICIAL USE ONLY</b>	
		Received	By

**INSTRUCTIONS**

Please answer the questions below as completely as possible to assist the Commission in determining whether we are able to review this death. Please note that you can refer this case to the Commission but, by statute, we cannot review a case until the court proceedings are over and the investigation is closed. In the meantime, we can include the case for statistical purposes. But depending upon the legal status of your referred case there may be a significant delay before the Commission could consider it for review.

Additionally, if you need assistance completing this form or would like to communicate the information in a different manner please call the Office of Attorney General, Criminal Division, at (802) 828-5512. This form is also available on the Office of Attorney General's web page at <http://www.ago.vermont.gov>.

**PLEASE PRINT ALL INFORMATION**

Name of Victim (including aliases)		Name of Parent/Guardian (if under 18)	
Date of Birth (or approximate age)		Date of Death	Town/City where death occurred
Address of Victim (if known)	Street	City	State
Describe how death occurred including any history of domestic violence or abuse (please note that the abuse does not have to be documented through official sources such as the police or courts):			
Person you believe is responsible for this death (including aliases)			
Date of Birth or approximate age of person you believe is responsible		Relationship of the victim to the person you believe is responsible	
Other people having information about this death: (use another sheet if necessary)			
Name	Address	Phone	
Name	Address	Phone	
Was this death investigated and if so by whom:			
A short explanation why you want the death reviewed (use additional pages if necessary.)			
The Commission welcomes any other information you may wish to provide which would help us understand the history and circumstances of the fatality. Anonymous referrals can be made as long as there is sufficient information to be able to identify the fatality; however, if possible, contact information for the person making the referral would be appreciated.			
<b>SUBMITTED BY</b>			
Name			
Address	Town/City	State	
Contact Phone 1		Contact Phone 2	
<b>Send completed forms to:</b> Office of Attorney General, 109 State Street, Montpelier, VT 05609 ATT: Criminal Division/Domestic Violence Fatality Review Commission			