

**DOMESTIC VIOLENCE
INTERVENTION
DIVISION**



Prince George's County
SHERIFF'S OFFICE

DVID HISTORY

- ▶ The Sheriff's Office has been the law enforcement arm of the Judicial System since 1696
- ▶ For decades, the Sheriff's Office was responsible for providing security to the Family Court Wing where the Domestic Violence Emergency court room is located
- ▶ In addition to court security, deputies assigned to the Bureau of Field Operations were responsible for serving peace and protective orders that were initiated in the Domestic Violence Emergency court room

DVID HISTORY

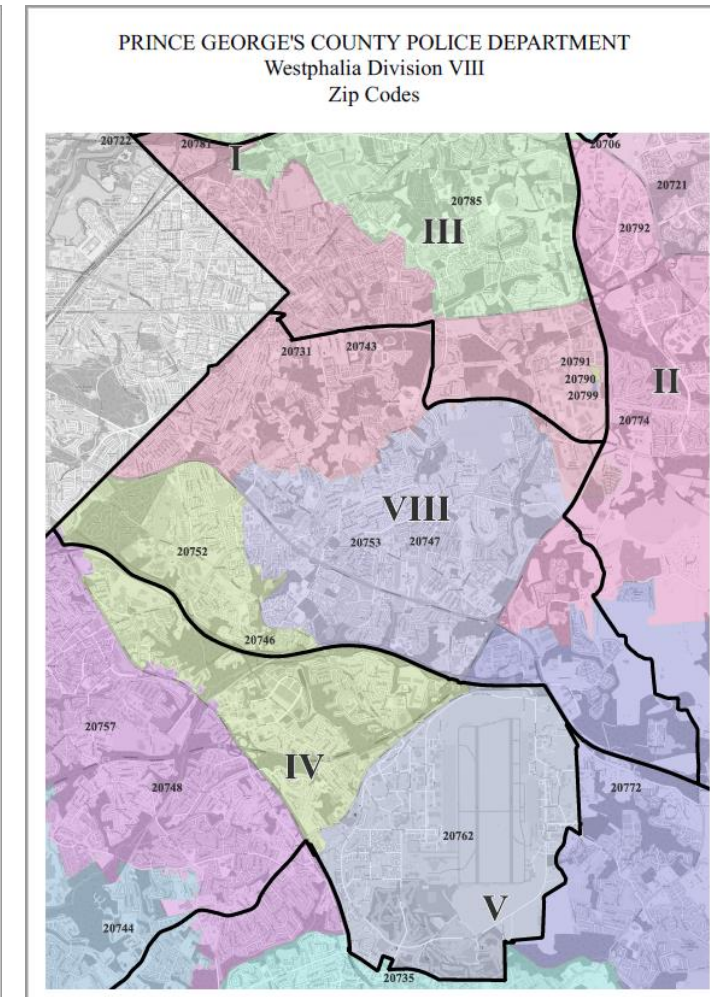
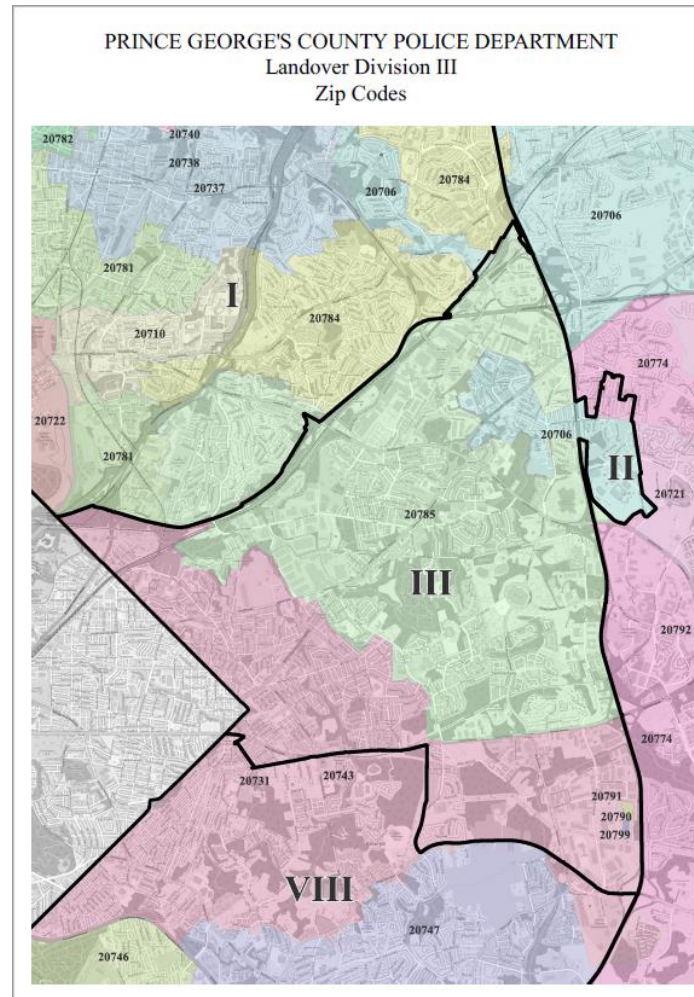
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- ▶ Prior to 2006, the Sheriff's Office focused on the service of peace and protective orders while the municipal Police Departments responded to Domestic Violence Calls for Service (911)
- ▶ Former Sheriff Michael Jackson sought to bridge the gap and complete the circle of services between the Sheriff's Office and Municipal Police Departments throughout the county

DVID HISTORY

continued

- ▶ In 2006, the Sheriff's Office embarked on a pilot program to allow the Sheriff's Office to respond to 911 calls in District III and District VIII (*formally known as District III George Sector & Henry Sector*)



DVID HISTORY

continued

3. Partners Roles and Responsibilities:

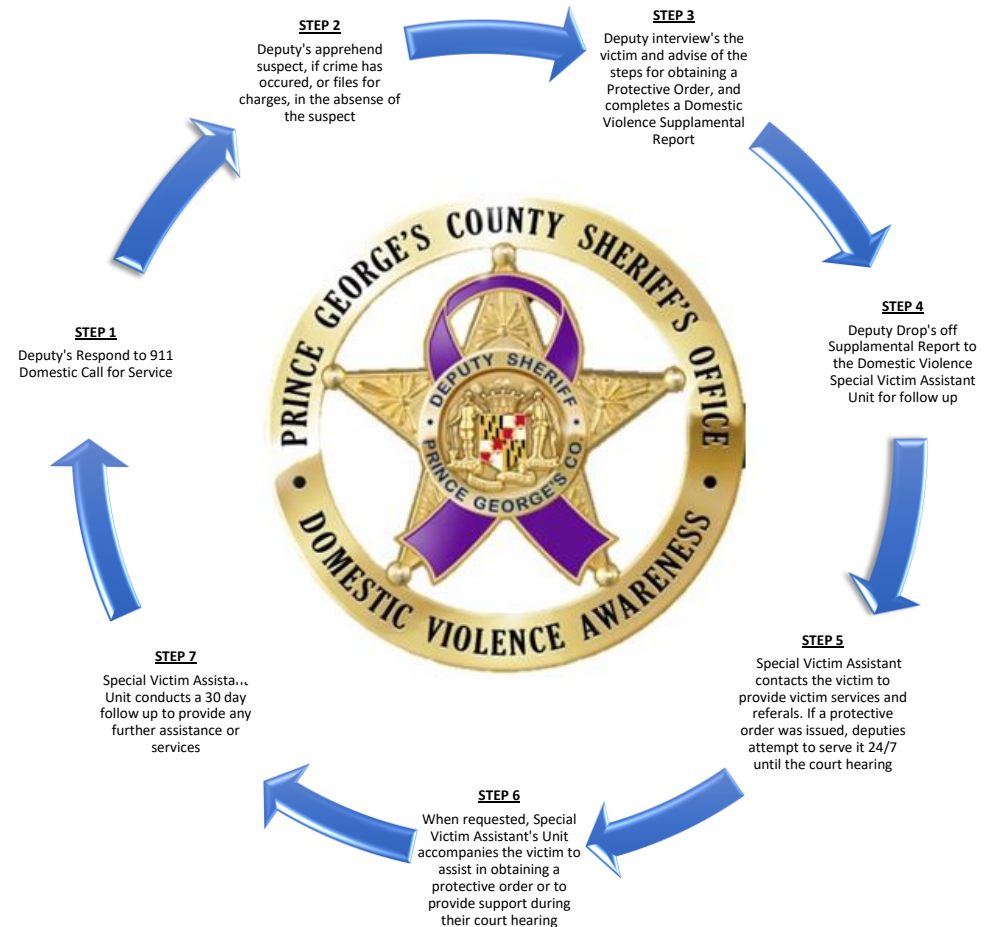
a. Sheriff's Office Responsibilities: The Sheriff's Office shall:

- i. Answer and respond to all domestic violence calls-for-service in Prince George's County's Police **LANDOVER DIVISION III & WESTPHALIA DIVISION VIII** as dispatched by Prince George's County Public Safety Communications. The Sheriff's Office preferred policy will be to make a physical arrest in all cases where appropriate. The Sheriff's Office will handle on-scene misdemeanor and felony domestic violence arrests, transports, and processing. They will also provide the RMS report number, via RMS transmittal, to the Domestic Violence Unit for tracking purposes by the end of the shift. The Police Department's Domestic Violence Unit will provide investigative assistance in these cases, including but not limited to conducting interviews and obtaining and executing search warrants.
- ii. Take an initial report when appropriate on each domestic call to which they respond. Any RMS report written by the Sheriff's Office for domestic violence in **LANDOVER DIVISION III & WESTPHALIA DIVISION VIII** will be documented on the RMS Transmittal and forwarded to the Prince George's County Police Department's Domestic Violence Unit via email by the end of the shift, for investigative follow-up and to track repeat calls for service.
- iii. Facilitate the coordination of advocacy and counseling services through the activities of the Special Victims Assistants (SVA).
- iv. Facilitate the prosecution of domestic violence offenders by completing a Domestic Intervention-Supplemental Report. This report shall be scanned into RMS as an attachment.
- v. All follow-up investigations will be handled by the Prince George's County Police Department's Domestic Violence Unit.

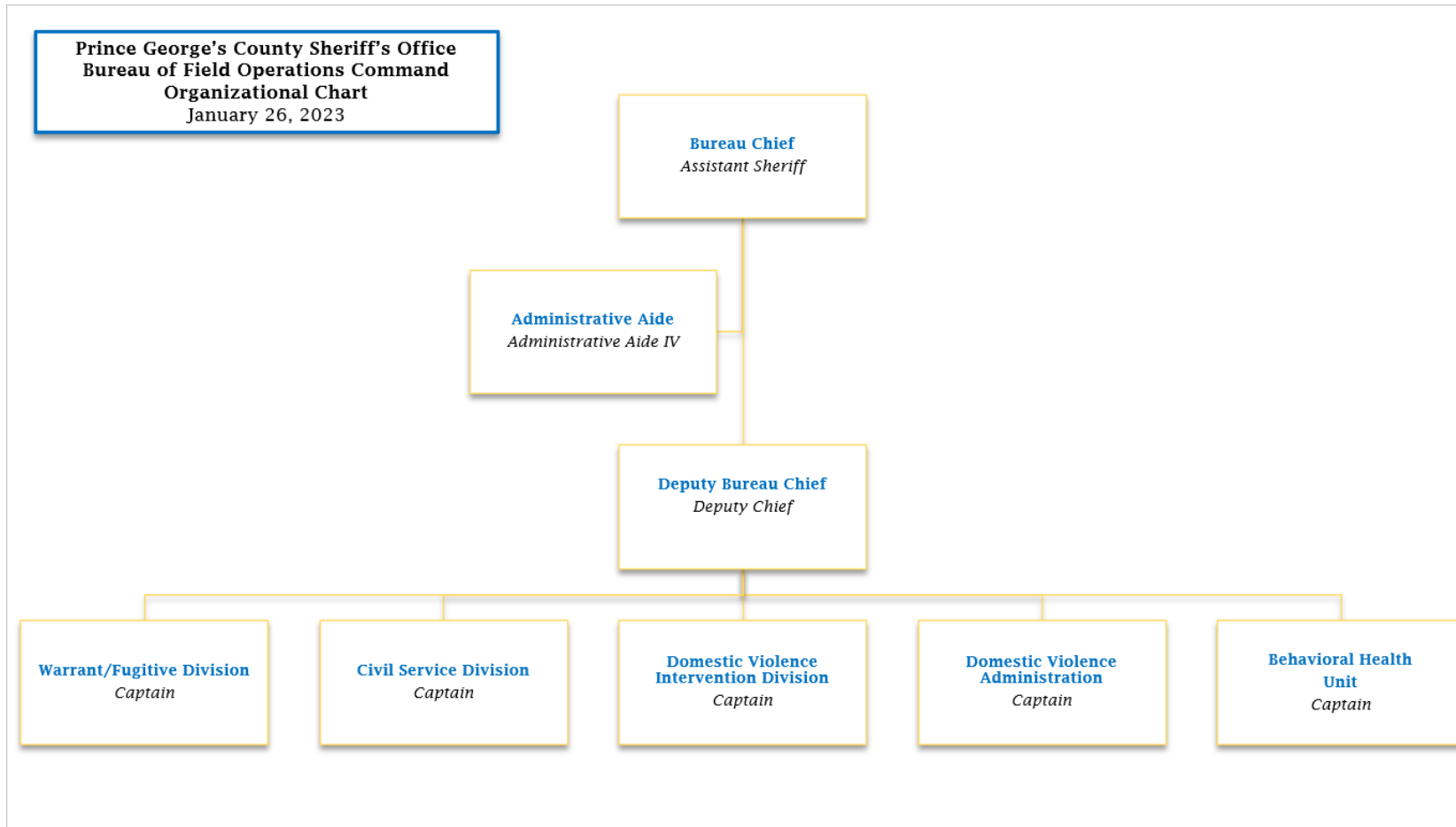
DVID HISTORY

continued

- ▶ This allowed the Sheriff's Office to be the first in the county history to complete the circle of services for Domestic Violence victims

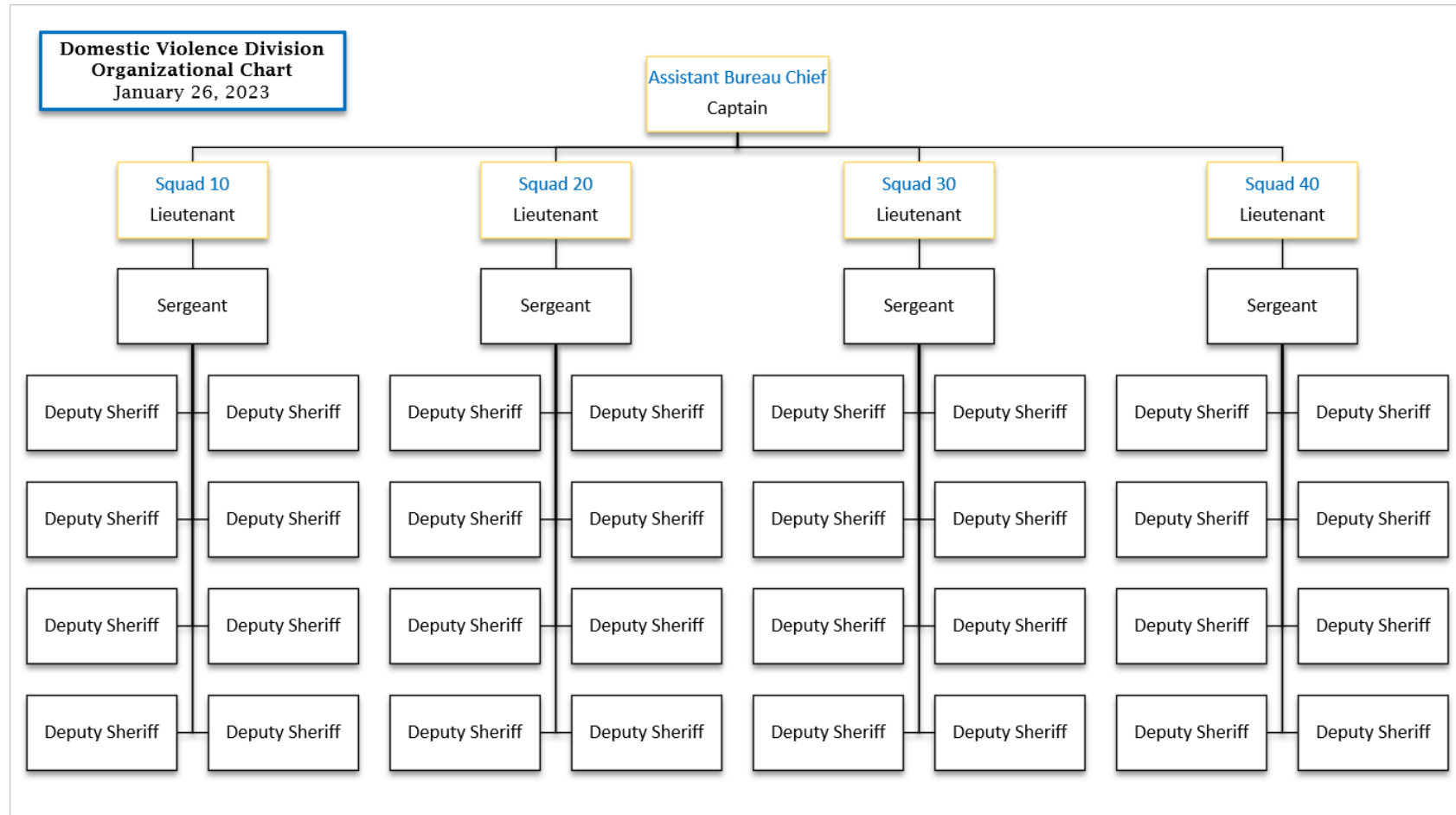


BUREAU OF FIELD OPERATIONS



DVID SWORN

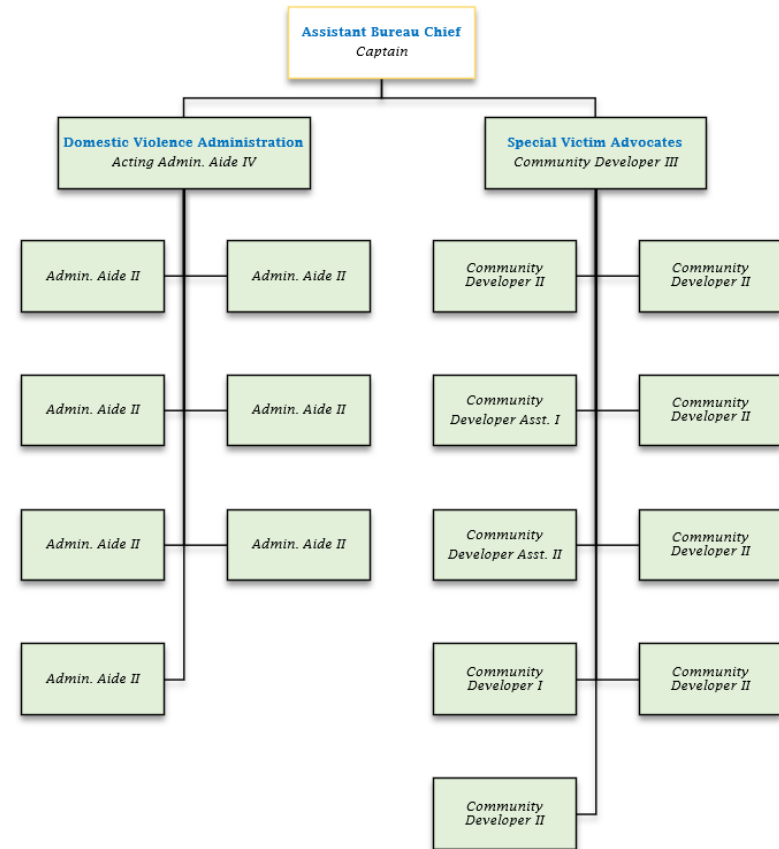
- ▶ (1) Captain
- ▶ (4) Lieutenants
- ▶ (4) Sergeants
- ▶ (32) Deputies



DVID CIVILIAN STAFF

- ▶ (8) Processors
- ▶ (10) Special Victim Assistants

**Domestic Violence Admin.
Organizational Chart**
January 26, 2023



2020 vs. 2021 vs. 2022 County-Wide Domestic Calls for Service

County-Wide Domestic Violence Calls for Service (CFS) 2020 vs. 2021 vs. 2022

2020		
Sector	Count of Incident	%GT Count of Incident
SHF	4230	19.79%
K	2445	11.44%
B	2402	11.24%
A	2280	10.67%
E	1672	7.82%
J	1651	7.73%
C	1366	6.39%
PATROL	1284	6.01%
D	1189	5.56%
F	1157	5.41%
H	668	3.13%
W	551	2.58%
G	469	2.19%
PCW	6	0.03%
P10	1	0.00%
Total	21371	100.00%

2021		
Sector	Count of Incident	%GT Count of Incident
SHF	3993	18.57%
K	2570	11.95%
B	2446	11.37%
A	2358	10.96%
E	1649	7.67%
J	1595	7.42%
PATROL	1575	7.32%
C	1381	6.42%
D	1223	5.69%
F	1069	4.97%
H	607	2.82%
G	550	2.56%
W	486	2.26%
PCW	3	0.01%
Total	21505	100.00%

2022		
Sector	Count of Incident	%GT Count of Incident
SHF	3745	18.65%
K	2435	12.13%
B	2202	10.97%
A	2034	10.13%
PATROL	1614	8.04%
J	1572	7.83%
E	1477	7.35%
C	1224	6.10%
D	1202	5.99%
F	1054	5.25%
G	562	2.80%
W	481	2.40%
H	474	2.36%
PCW	4	0.02%
P10	2	0.01%
Total	20082	100.00%

2020 vs. 2021 vs. 2022 Average Response Time for Domestic Calls for Service

2020

Sector	Per Sector	Response Time Avg.	Time On Scene Avg.
A	2280	00:09:07	00:24:40
B	2402	00:10:38	00:28:50
C	1366	00:13:18	00:25:53
D	1189	00:12:41	00:26:11
E	1672	00:13:36	00:25:14
F	1157	00:17:44	00:24:54
G	469	00:08:21	00:26:31
H	668	00:10:00	00:33:59
J	1651	00:10:52	00:28:30
K	2445	00:14:06	00:23:45
P10	1	00:00:00	00:06:44
PATROL	1284	00:07:20	01:04:33
PCW	6	00:05:04	00:19:49
SHF	4230	00:14:56	00:35:04
W	551	00:14:42	00:31:15
Total	21371	00:12:26	00:30:30
Standby	2021		
Non-Standby	19350		

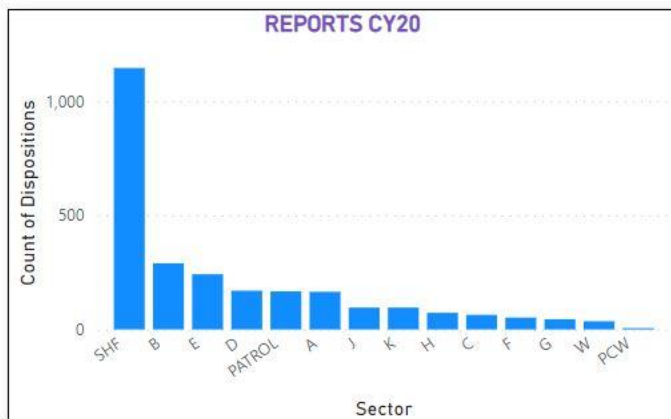
2021

Sector	Per Sector	Response Time Avg.	Time On Scene Avg.
A	2358	00:10:01	00:24:45
B	2446	00:11:24	00:32:25
C	1381	00:13:05	00:26:57
D	1223	00:12:38	00:30:16
E	1649	00:14:40	00:28:44
F	1069	00:19:29	00:27:52
G	550	00:09:10	00:35:32
H	607	00:11:20	00:26:54
J	1595	00:12:21	00:28:56
K	2570	00:14:24	00:23:22
PATROL	1575	00:07:44	00:37:58
PCW	3	00:26:15	01:01:58
SHF	3993	00:15:51	00:37:22
W	486	00:15:55	00:30:16
Total	21505	00:13:05	00:30:28
Standby	1940		
Non-Standby	19565		

2022

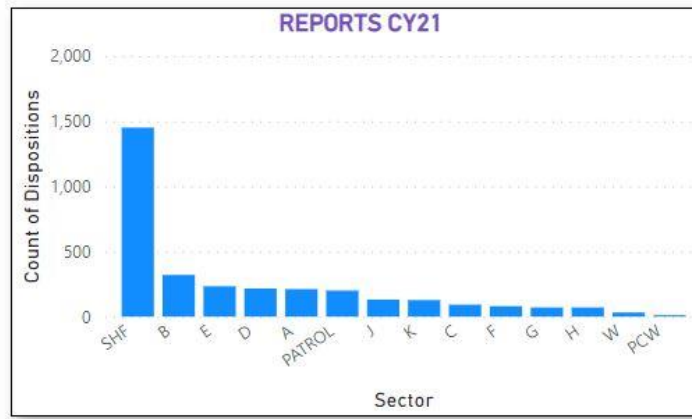
Sector	Per Sector	Response Time Avg.	Time On Scene Avg.
A	2034	00:10:53	00:25:49
B	2202	00:11:03	00:45:40
C	1224	00:13:24	00:25:43
D	1202	00:13:38	00:27:36
E	1477	00:15:09	00:27:35
F	1054	00:18:25	00:28:55
G	562	00:10:13	00:34:41
H	474	00:13:02	00:24:38
J	1572	00:12:09	00:32:43
K	2435	00:14:37	00:51:21
P10	2	00:04:44	00:40:58
PATROL	1614	00:07:47	00:35:02
PCW	4	00:26:16	00:47:58
SHF	3745	00:16:45	00:33:57
W	481	00:15:55	00:28:57
Total	20082	00:13:27	00:34:35
Standby	1793		
Non-Standby	18289		

2020 vs. 2021 vs. 2022 Reports Taken for Domestic Calls



REPORTS CY20

Sector	Count of Dispositions	%GT Count of Dispositions
SHF	1145	43.32%
B	290	10.97%
E	242	9.16%
D	170	6.43%
PATROL	167	6.32%
A	165	6.24%
J	96	3.63%
K	96	3.63%
H	73	2.76%
C	64	2.42%
F	52	1.97%
G	45	1.70%
W	36	1.36%
PCW	2	0.08%
Total	2643	100.00%



REPORTS CY21

Sector	Count of Dispositions	%GT Count of Dispositions
SHF	1451	44.87%
B	320	9.89%
E	233	7.20%
D	216	6.68%
A	211	6.52%
PATROL	200	6.18%
J	131	4.05%
K	127	3.93%
C	92	2.84%
F	80	2.47%
G	70	2.16%
H	70	2.16%
W	32	0.99%
PCW	1	0.03%
Total	3234	100.00%



REPORTS CY22

Sector	Count of Dispositions	%GT Count of Dispositions
SHF	1246	38.70%
A	362	11.24%
B	284	8.82%
PATROL	207	6.43%
E	188	5.84%
D	180	5.59%
J	180	5.59%
K	177	5.50%
F	115	3.57%
C	92	2.86%
G	86	2.67%
W	53	1.65%
H	49	1.52%
PCW	1	0.03%
Total	3220	100.00%

SHERIFF ONLY

Supplemental Reports

- ▶ In addition to the typical Incident Report that law enforcement completes, the Sheriff's Office also completes a 7-page Supplemental Report
- ▶ In 2020, the Sheriff's Office completed 1,098 additional supplemental reports
- ▶ In 2021, the Sheriff's Office completed 1,445 additional supplemental reports
- ▶ In 2022, the Sheriff's Office completed 1,232 additional supplemental reports

SHERIFF ONLY

Supplemental Report
Page 1



Melvin C. High, Sheriff

OFFICE OF THE SHERIFF for
PRINCE GEORGE'S COUNTY, MARYLAND

Incident # _____ CCN# _____ CR# _____
DOMESTIC INTERVENTION – SUPPLEMENTAL REPORT

PRIMARY REPORT SUPPLEMENTAL

Investigating Deputy _____ Date/Time of Occurrence _____

Location of Call _____ Reason for Call _____

Victim Information

Victim's Name _____ DOB _____ SEX _____
LAST FIRST MIDDLE

Victim's Address _____

Telephone _____ (Home) _____ (Work) _____ (Cell) _____ (Pager) _____

Height _____ Weight _____ Race _____ Complexion _____ Eye Color _____ Hair Color _____

Victim's Employer _____ Shift _____ Immediate Supervisor _____

Employer Address _____

Name and telephone numbers of two people who will know how to contact the victim

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____

Safety Plan

- Investigating Deputy contacted _____
- Victim waived the contact prohibition
- Investigating Deputy provided the victim with a copy of the Victim Information Form
- Investigating Deputy completed the risk assessment profile of the suspect
- Investigating Deputy provided the victim with an explanation of Restraining Orders

List of Charges _____

Complainant's Name: _____
LAST FIRST MIDDLE

No Evidence of any crime. Both parties involved were notified of the victim's rights.

SHERIFF ONLY

Supplemental Report

Page 2

Victim Information Continued			
<p style="text-align: center;">Witnesses</p> <input type="checkbox"/> No witnesses <input type="checkbox"/> Anonymous caller <input type="checkbox"/> Children were present but did not hear or witness the violence <input type="checkbox"/> Children witnessed the violence and were interviewed <input type="checkbox"/> Adult witness interviewed <input type="checkbox"/> Victim disclosed incident to family member, friend, or neighbor	<p style="text-align: center;">Photographs</p> <input type="checkbox"/> Nothing to photograph <input type="checkbox"/> No physical evidence was present <input type="checkbox"/> Crime scene was photographed <input type="checkbox"/> Victim's injuries were photographed <input type="checkbox"/> Damaged property was photographed <input type="checkbox"/> Damaged clothes were photographed <input type="checkbox"/> Suspect's injuries were photographed		
<p style="text-align: center;">Weapons Should be Seized</p> <input type="checkbox"/> No weapons were used <input type="checkbox"/> Hands or feet <input type="checkbox"/> Blunt object <input type="checkbox"/> Phone <input type="checkbox"/> Baseball bat <input type="checkbox"/> Chair <input type="checkbox"/> Num chucks <input type="checkbox"/> Whip <input type="checkbox"/> Knife displayed <input type="checkbox"/> Knife used <input type="checkbox"/> Used a gun to threaten <input type="checkbox"/> Displayed/Used a gun <input type="checkbox"/> Other _____	<p style="text-align: center;">Arrest</p> <input type="checkbox"/> Arrested without incident <input type="checkbox"/> Suspect fled from scene <input type="checkbox"/> Suspect physically resisted <input type="checkbox"/> Suspect threatened officers <input type="checkbox"/> Deputy was injured		
<p style="text-align: center;">Victim's Demeanor</p> <input type="checkbox"/> Angry <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Calm <input type="checkbox"/> Nervous <input type="checkbox"/> Sobbing <input type="checkbox"/> Shaking <input type="checkbox"/> Hysterical <input type="checkbox"/> Afraid	<p style="text-align: center;">Victim's Injuries</p> <input type="checkbox"/> None <input type="checkbox"/> Suffered Pain <input type="checkbox"/> Redness to Skin <input type="checkbox"/> Abrasion <input type="checkbox"/> Bruise <input type="checkbox"/> Scratch <input type="checkbox"/> Bite <input type="checkbox"/> Laceration <input type="checkbox"/> Fractures <input type="checkbox"/> Strangled	<p style="text-align: center;">The suspect harmed the victim by</p> <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Threats <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Slapped/open hand <input type="checkbox"/> Struck-closed fist/object <input type="checkbox"/> Pushed/Shoved <input type="checkbox"/> Threw Objects <input type="checkbox"/> Kicked <input type="checkbox"/> Pulled Hair <input type="checkbox"/> Banged Head <input type="checkbox"/> Scratched <input type="checkbox"/> Attempted to Strangle <input type="checkbox"/> Attempted to Suffocate <input type="checkbox"/> Biting <input type="checkbox"/> Abuse _____ Physical Emotional Sexual	<p style="text-align: center;">Relationship</p> <input type="checkbox"/> Spouse <input type="checkbox"/> Ex-spouse <input type="checkbox"/> Boyfriend <input type="checkbox"/> Ex-boyfriend <input type="checkbox"/> Girlfriend <input type="checkbox"/> Ex-girlfriend <input type="checkbox"/> Intimate Partner <input type="checkbox"/> Roommate <input type="checkbox"/> Family Member <input type="checkbox"/> Other
<input type="checkbox"/> Self-defense by the victim was justified <input type="checkbox"/> Self-defense by the victim <u>was not</u> justified		<p style="text-align: center;">Medical Treatment</p> <input type="checkbox"/> None Required <input type="checkbox"/> Basic First Aid <input type="checkbox"/> Paramedic Care <input type="checkbox"/> Hospital Care <input type="checkbox"/> Will Seek Care <input type="checkbox"/> Refused Aid	
For State's Attorney's Use Only			
<input type="checkbox"/> Victim signed waiver to release medical records <input type="checkbox"/> Victim refused to sign waiver to release medical records			

SHERIFF ONLY

Supplemental Report

Page 3

Completed By Victim/Deputy

1. Circle any of the words listed below that describe how you were abused:

Pushed	Pulled hair	Attempted strangulation	Threatened to harm
Kicked	Attempted to suffocate	Used chemicals	Verbal Abuse
Burned	Slapped with open hand	Threw objects	Emotional Abuse
Bitten	Struck with closed fist	Scratched	Financial Abuse
Shoved	Struck with object	Banged head	Sexual Abuse

2. I estimate the total number of times that I was struck or injured to be: _____

3. Did you give the suspect permission to strike or injure you? YES NO

4. Was the suspect's physical contact with you at the time of the domestic abuse (Circle One):
ACCIDENTAL? or INTENTIONAL?

5. Did the physical contact cause you to suffer pain? YES NO

6. Are you still suffering pain at this time? YES NO

7. Do you want to be transported to a medical facility to be examined by a doctor? YES NO

8. Are you afraid that the suspect will continue to harm you? YES NO

9. Is the suspect the father/mother of any of your children? YES NO

Please identify your children

Name	DOB	Sex	School/Daycare	Lives with?
_____	_____	M/F	_____	_____
_____	_____	M/F	_____	_____
_____	_____	M/F	_____	_____
_____	_____	M/F	_____	_____

10. Did any of your children witness the domestic abuse? YES NO

11. Were any of your children struck or injured as a result of the domestic abuse? YES NO

If YES, please provide this information to the investigating deputy

12. Were there any other witnesses to the domestic abuse? YES NO

If yes, provide this information to the investigating deputy

13. Are you aware of the suspect ever being arrested before for domestic abuse? YES NO

If YES, how many times? _____

14. Other than the domestic abuse that is currently being investigated, has the suspect ever struck or injured you? YES NO If YES, how many times? _____ and when?

CR #:

INCIDENT #:

SHERIFF ONLY
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15. Are there any guns in your home? Yes/No _____ If yes, how many? _____ and what types?

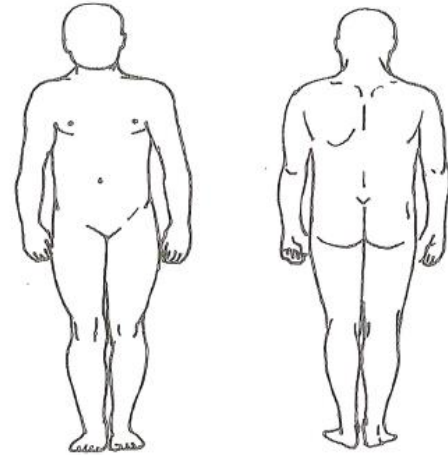
16. Does the suspect have any physical or mental disabilities? YES (Physical or Mental) NO

17. Do you have any physical or mental disabilities? YES (Physical or Mental) NO

Place the number identifying the type of contact that occurred on the diagram at the location where contact was made with your body.

Type of Abuse

1. Slapped with open hand
2. Hit with closed fist
3. Hit with elbow
4. Knead
5. Kicked with foot
6. Pulled hair
7. Bitten
8. Attempted strangulation
9. Attempted to suffocate
10. Abuse Physical
 Emotional
 Sexual
11. Other _____



VICTIM'S NARRATIVE

Please use the area below to include additional information about the domestic abuse:

Additional Victim's Narrative to be continued on the next page

SHERIFF ONLY
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OFFICE OF THE SHERIFF
DOMESTIC INTERVENTION – SUPPLEMENTAL REPORT
NARRATIVE

VICTIM'S NARRATIVE CONTINUED

This statement is true and correct to the best of my knowledge. Any erasures, strikeouts or corrections have been made by (and initialed by) me.

Witness _____ Date & Time _____ Victim _____ Date & Time _____

Deputy completed form on behalf of victim
Reason: _____

Investigating Deputy's Narrative Report

Deputy's Signature/ID# _____

SHERIFF ONLY

Supplemental Report
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Suspect's Information

Suspect's Name _____ DOB _____ SEX _____
LAST FIRST MIDDLE
 Suspect's Address _____
 Telephone _____ (Home) _____ (Work) _____ (Cell) _____ (Pager) _____
 Height _____ Weight _____ Race _____ Complexion _____ Eye Color _____ Hair Color _____

<p>Suspect's Demeanor</p> <input type="checkbox"/> Angry <input type="checkbox"/> Threatening <input type="checkbox"/> Crying <input type="checkbox"/> Fearful <input type="checkbox"/> Calm <input type="checkbox"/> Nervous <input type="checkbox"/> Sobbing <input type="checkbox"/> Hysterical <input type="checkbox"/> Afraid <input type="checkbox"/> Combative	<p>Suspect's Injuries</p> <input type="checkbox"/> None <input type="checkbox"/> Suffered Pain <input type="checkbox"/> Redness to Skin <input type="checkbox"/> Abrasion <input type="checkbox"/> Bruise <input type="checkbox"/> Scratch <input type="checkbox"/> Bite <input type="checkbox"/> Laceration <input type="checkbox"/> Fractures <input type="checkbox"/> Strangled	<p>The suspect admitted to harming the victim by</p> <input type="checkbox"/> Denied harming the victim <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Threatening to harm <input type="checkbox"/> Verbally Abusing <input type="checkbox"/> Slapping/open hand <input type="checkbox"/> Striking/closed fist <input type="checkbox"/> Pushing/Shoved <input type="checkbox"/> Throwing Objects <input type="checkbox"/> Kicking <input type="checkbox"/> Pulling Hair <input type="checkbox"/> Bangling Head <input type="checkbox"/> Scratching <input type="checkbox"/> Strangling <input type="checkbox"/> Suffocating <input type="checkbox"/> Biting <input type="checkbox"/> Abused <input type="checkbox"/> Physical <input type="checkbox"/> Emotional <input type="checkbox"/> Sexual <input type="checkbox"/> Other	<p>Did Suspect make a statement? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Suspect's History</p> <input type="checkbox"/> No Criminal History <input type="checkbox"/> Prior Arrests for Violent Crimes <input type="checkbox"/> Prior Contacts for Domestic Violence But No Arrests <input type="checkbox"/> Prior Arrests For Domestic Violence <input type="checkbox"/> Active contact prohibition from a different DV crime <input type="checkbox"/> Active Restraining Order/Injunction against the suspect (Attach a copy of the order to the report) <input type="checkbox"/> Active Probation or Parole Status
<input type="checkbox"/> Suspect appeared to be under the influence of an intoxicant <input type="checkbox"/> Suspect appeared to be under the influence of an illegal drug		<input type="checkbox"/> Offender Injured _____ <input type="checkbox"/> Medical treatment for the injury was required	

Risk Assessment

 Suspect has access to weapons
 Suspect has history of mental illness
 Suspect has threatened or attempted suicide
 Suspect has used or threatened to use a weapon
 Suspect has recently made threats to kill
 Suspect has exhibited stalking behaviors
 Suspect is obsessed with victim
 Suspect and victim have been recently separated
 Victim is fearful that the suspect will kill or harm
 Increase in frequency or severity of violence
 Suspect is violent outside the relationship
 Suspect has accused the victim of cheating
 Victim is pregnant
 Suspect has destroyed cherished personal items
 Suspect has injured or killed pets
 Suspect has forced the victim to have sex

Suspect's Employer

Name of employer _____
 Address _____
 Shift _____
 Employer's phone number _____

Attempt to identify where the suspect will be staying if the victim does not waive the contact prohibition:

SHERIFF ONLY

Supplemental Report

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DOMESTIC VIOLENCE LETHALITY SCREEN FOR LAW ENFORCEMENT



Lethality
Assessment
Program



Officer:	Date:	Case #:
Victim:	Offender:	
<input type="checkbox"/> Check here if victim declined to be screened		
<input type="checkbox"/> Check here if the officer could not administer the screen		
A "Yes" response to any of Questions #1-3 is an automatic High-Danger assessment		
1. Has he/she/they ever used a weapon against you or threatened you with a weapon?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk	
2. Has he/she/they threatened to kill you or your children?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk	
3. Do you think he/she/they might try to kill you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk	
"Yes" responses to at least four of Questions #4-11 is an automatic High-Danger Assessment		
4. Does he/she/they have a gun or can they easily get one?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk	
5. Has he/she/they ever tried to choke you?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk	
6. Is he/she/they violently or constantly jealous or does he/she/they control most of your daily activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk	
7. Have you left him/her/them or separated after living together or being married?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk	
8. Is he/she/they unemployed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk	
9. Has he/she/they ever tried to kill himself/herself/themself?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk	
10. Do you have a child that he/she/they knows is not his/hers/theirs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk	
11. Does he/she/they follow or spy on you or leave threatening messages?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans/Unk	
Is there anything else that worries you about your safety? (If "yes") What worries you?		
An officer may make a High-Danger Assessment if the officer believes the victim is in a potentially lethal situation.		
Check one:	<input type="checkbox"/> Victim is High-Danger based on score <input type="checkbox"/> Victim is High-Danger based on officer belief <input type="checkbox"/> Victim is not assessed as High-Danger	
If victim is High-Danger, did officer make a call to the hotline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did the victim speak with the hotline advocate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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 are assessed as "High-Danger" would not be expected to be killed, these victims face much higher risk than that of other victims of intimate partner violence. All domestic violence is serious.

Community Crisis Services DV Hotline: Phone: 301-731-1203 Email: LAP@ccsimd.org

DVSP Advocate: _____ Sergeant/Corporal's Signature: _____

This Screen should not be used to determine whether someone is a victim or is at risk of re-assault.

© Lethality Assessment Program, a project of the Maryland Network Against Domestic Violence (MNADV). Use of the Lethality Screen without training approved by MNADV is prohibited.

August 2016

SPECIAL VICTIM ASSISTANTS

- ▶ The Special Victim Assistants are responsible for the critical function of follow-up contact with victims of domestic violence that have either called 911 in any county district where the Office of the Sheriff is responding; to victims that have sought Protective and Peace Orders through the two County Courthouses; and to citizens who visit the Family Justice Center.
- ▶ The Special Victim Assistant Unit also contains the position of Domestic Violence Information Processor. The Information Processor is responsible for collecting vital information for the service of protective and peace orders.

PEACE & PROTECTIVE ORDERS 2020

PEACE ORDERS 2020

Month	PEACE ORDER RECEIVED	PEACE ORDER SERVED
January	352	195
February	276	154
March	368	180
April	511	281
May	519	387
June	665	313
July	499	270
August	494	224
September	382	281
October	349	160
November	348	194
December	287	163
Total	5050	2802

PROTECTIVE ORDERS 2020

Month	PROTECTIVE ORDER RECEIVED	NON-SERVICEABLE PROTECTIVE ORDERS	PROTECTIVE ORDER SERVED
January	1439	359	659
February	1355	313	621
March	1216	260	594
April	1126	121	720
May	1071	86	623
June	1526	124	700
July	1723	479	681
August	1567	251	958
September	1369	185	663
October	1141	104	686
November	1045	140	608
December	1168	317	691
Total	15746	2739	8204

PEACE & PROTECTIVE ORDERS 2021

PEACE ORDERS 2021		
Month	PEACE ORDER RECEIVED	PEACE ORDER SERVED
January	490	211
February	377	181
March	540	230
April	515	245
May	541	280
June	577	263
July	640	264
August	612	257
September	610	247
October	552	252
November	456	257
December	436	202
Total	6346	2889

PROTECTIVE ORDERS 2021			
Month	PROTECTIVE ORDER RECEIVED	NON-SERVICEABLE PROTECTIVE ORDERS	PROTECTIVE ORDER SERVED
January	1247	45	532
February	1051	236	510
March	1231	315	605
April	1164	260	622
May	1215	217	571
June	1290	148	564
July	1328	261	568
August	1327	436	564
September	1312	413	567
October	1278	99	537
November	1148	166	528
December	1117	316	491
Total	14708	2912	6659

PEACE & PROTECTIVE ORDERS 2022

PEACE ORDERS 2022		
Month	PEACE ORDER RECEIVED	PEACE ORDER SERVED
January	406	159
February	427	203
March	576	273
April	491	208
May	526	304
June	515	266
July	428	179
August	555	186
September	526	266
October	454	205
November	448	150
December	446	140
Total	5798	2539

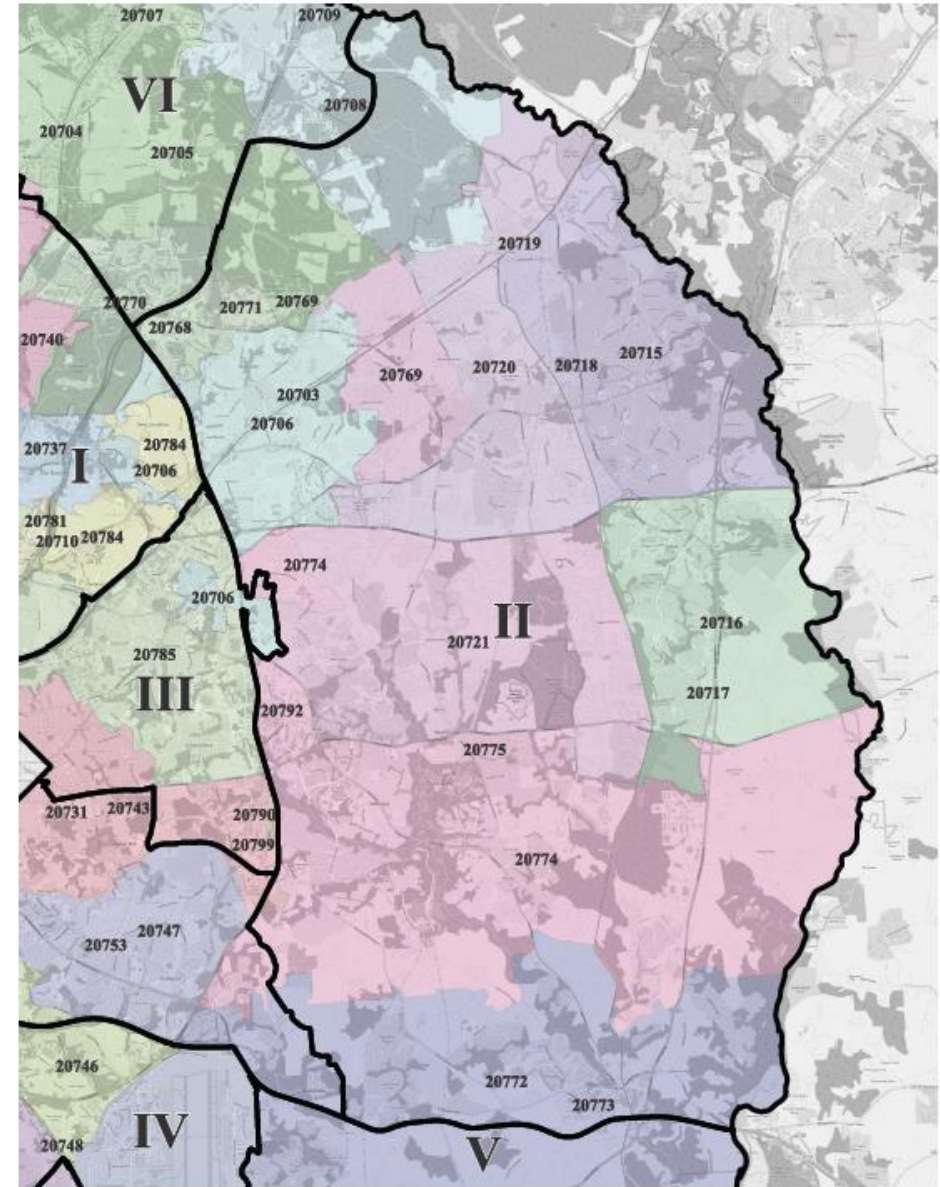
PROTECTIVE ORDERS 2022			
Month	PROTECTIVE ORDER RECEIVED	NON-SERVICEABLE PROTECTIVE ORDERS	PROTECTIVE ORDER SERVED
January	1158	223	488
February	1061	229	492
March	1341	287	563
April	1231	290	489
May	1278	190	667
June	1347	258	657
July	1143	244	415
August	1434	284	482
September	1274	212	503
October	1112	215	443
November	1098	242	386
December	1202	333	332
Total	14679	3007	5917

DVID EXPANSION

- ▶ The Sheriff's Office would like to expand and continue to provide our wrap around services in District II (D Sector & E Sector)
- ▶ District II shares the geographical border to our current area of responsibility in District III and District VIII
- ▶ In 2020, District 2 received 2,861 Domestic Violence Calls for Service (13.38%)
- ▶ In 2021, District 2 received 2,872 Domestic Violence Calls for Service (13.36%)
- ▶ In 2022, District 2 received 2,679 Domestic Violence Calls for Service (13.34%)

DVID
EXPANSION
District II

PRINCE GEORGE'S COUNTY POLICE DEPARTMENT
Bowie Division II
Zip Codes



DVID EXPANSION COST ANALYSIS

- ▶ In order to effectively expand into District II, the Sheriff's Office would need at minimum:
 - ▶ (4) Deputy Sheriff Lieutenants
 - ▶ (4) Deputy Sheriff Sergeants
 - ▶ (1) Deputy Sheriff Detective Sergeant
 - ▶ (20) Deputy Sheriff's

Class Title	Grade	Hourly Rate	Annual Salary	Fringe Rate	Base Fringe	Total Salary and Fringe
(A.) Deputy Sheriff Lieutenant	W27	35.18	73,174.40	0.74	54300	127500
(B.) Deputy Sheriff Sergeant	W25	31.98	66,518.40	0.74	49400	115900
(C.) Deputy Sheriff Private	W21	25.85	53,768.00	0.74	39900	93700
Total	W21	93.01	193,460.80	2.23	143600	337100

Class Title	Position Count	Total Salary and Fringe
(A.) Deputy Sheriff Lieutenant	4	510000
(B.) Deputy Sheriff Sergeant	5	579500
(C.) Deputy Sheriff Private	20	1874000
Total	29	2963500