Special Victims' Counsel Intake Form

Case Status

☐ Restricted Report ☐ Unrestricted Report **TODAY'S DATE: _____, 20_____**

Status of Investigation: _____ Dates of Scheduled Proceedings: _____

Date of Incident: _____ Date of Report: _____

Victim Information

Victim Name: _____
Last First MI Rank Age

DOD Identification Number: _____ ID Card Expiration Date:_____

Phone #: _____ Email: _____

Duty Status: ☐ Army Active Duty ☐ Army Reserve/Guard [Title 10] ☐ Other Service _____

☐ Dependent Spouse ☐ Dependent Non-Spouse ☐ Basic Military Training/Tech Training

Unit/Base: _____

Commander: _____ First Sergeant: _____

Address: _____
Street Address

_____
City State Zip Code

Preferred Phone #: _____ Best time to call: _____

Preferred Email: _____

Victim applied for Expedited Transfer: ☐ Yes ☐ No

Do you have concerns about your physical safety: ☐ Yes ☐ No Protective Order in place: ☐ Yes ☐ No

SARC/UVA Name: _____
Last First MI

SARC/UVA Phone #: _____

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Nature of Offense

Type of Assault (mark all that apply):

☐ Rape ☐ Attempted Rape ☐ Sodomy ☐ Attempted Sodomy

☐ Sexual Assault ☐ Attempted Sexual Assault ☐ Sexual Contact ☐ Attempted Sexual Contact

☐ Qualifying Unprofessional Relationship

Location of Assault: ☐ On-Base ☐ Barracks ☐ Off-Base ☐ Deployed Location

Alcohol Involved: ☐ Victim ☐ Assailant

Additional Victims (if known): _____

Subject Information

The Subject was (mark all that apply):

☐ Stranger ☐ Co-Worker ☐ Acquaintance ☐ Date ☐ Spouse/Intimate Partner ☐ Family Member

☐ Supervisor ☐ Commander ☐ Recruiter ☐ Basic Military Training/Tech Training Faculty or Staff

Full Name (if known): _____

Last First MI Rank

Duty Status: ☐ Army Active Duty ☐ Army Reserve/Guard [Title 10] ☐ Other Service _____

☐ Civilian Assailant's Age (if known): _____

Unit/Base: _____

Commander: _____ First Sergeant: _____

Additional Information:

_____

_____

_____

_____

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