## **Partner Safety Checks**

Victim/Partner Name:	
Contact #:	Voice Message Yes No
Offender Name:	Probation Officer:
****all issues are to be reported to ass be contacted immediately.	signed probation officer immediately; if safety is a concern RCMP are to
Date of Contact:	Contacted by:
	der or have you had contact with him since the incident?
Do you have a safety plan in place for y	vourself and your children?
Are there any current safety concerns	for you or your children?
Do you need help to find resources ie	Counseling? (Women support group, outreach services) Yes No
Additional Comments	
If there is concerns about safety of the	partner or children who was notified:

## Partner Safety Check 2

Date of Contact:	Contacted by:	
Have you returned to the relationship or have you had contact with him since the offender since our last conversation?		
	fety of you or your children? Yes No	
Has your partner talked about what he	e is learning in the treatment program?	
Have you gone over your safety plan to	o suit your current situation or needed to use your safety plan?	
Have you contacted any resources that	t we talked about? (Women support group, outreach services) Yes No	
Additional Comments:		
If there is concerns about safety of the	partner or children who was notified:	

Partner Safety Check 3		
Date of Contact:	Contacted by:	
	ionship or have you had contact with him since the offen	der since our last
Are there any new concerns for	or the safety of you or your children? Yes No	
Have you gone over your safety	y plan to suit your current situation or needed to use you	ır safety plan?
Do you feel your relationship h	nas improved since your partner started the program? WI	hat had improved?
Additional Comments:		
If there is concerns about safet	ty of the partner or children who was notified:	

Reminded Client that they can contact Family Violence Liaison or 24 hour crisis line 1-800-263-3045 at any time.