



White Bear Lake Police Department

Domestic Violence

Lethality Assessment Protocol (LAP)

Department:	Date:	Case #
Officer:	Badge#	
Victim:	Offender:	
<input type="checkbox"/> Check here if victim did not answer any of the questions		
<p>▶ A “Yes” response to any of the Questions #1-3 automatically triggers the protocol referral.</p>		
<p>1. Has he/she 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.</p> <p>2. Has he/she threatened to kill you or your children? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.</p> <p>3. Do you think he/she might try to kill you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.</p>		
<p>▶ Negative responses to Questions #1-3, but positive responses to at least four of Questions #4-12 trigger the protocol referral.</p>		
<p>4. Does he/she have a gun or can he/she get one easily? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.</p> <p>5. Has he/she ever tried to choke you? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.</p> <p>6. Is he/she violent or constantly jealous or does he/she control most of your daily activities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.</p> <p>7. Have you left him/her or separated after living together or being married? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.</p> <p>8. Is he/she unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.</p> <p>9. Has he/she ever tried to kill himself/herself? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.</p> <p>10. Do you have a child that he/she knows is not his/hers? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.</p> <p>11. Does he/she follow or spy on you or leave threatening messages? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.</p> <p>12. Has he/she ever forced you to have sex when you did not wish to do so? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Ans.</p>		
<p>▶ An officer may trigger the protocol referral, if not already triggered above, as a result of the victim’s response to the below question, or whenever the officer believes the victim is in a potentially lethal situation.</p>		
<p>Is there anything else that worries you about your safety? (if “yes”) What worries you?</p> 		
<p>Check one: <input type="checkbox"/> Victim deemed high risk according to screening tool. <input type="checkbox"/> Victim deemed high risk based on the belief of the officer. <input type="checkbox"/> Victim’s responses did not trigger protocol referral.</p>		
<p>If victim triggered protocol referral: After advising her/him of a high danger assessment, did the victim speak to an advocate? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

