

State Avenue Counseling & Wellness

39 E. State Avenue, Meridian, Idaho 83642

208-994-3599

Name:

Date:

Describe the events that led to your arrest. Use as much space as needed. *If you are printing this form to complete by hand answer on a separate sheet of paper and include it.*

Describe any other actual, or threatened, physical violence between you and your partner. Use as much space as needed. If you are printing this form to complete by hand answer on a separate sheet of paper and include it.

During the 12 months previous to your arrest how often have you:

Pushed, grabbed, or shoved partner	
Grabbed partner by the throat	
Pinned partner against wall, floor, or object	
Hit partner with fist	
Slapped partner with hand	
Hit partner with an object	
Threw object at or near partner	
Pointed weapon at partner	
Used a weapon against partner	
Restrained partner from leaving	
Spit at partner or on partner	
Harmed a pet or animal	
Torn partner's clothes or underwear	
Forced sex with partner	
Kicked partner	
Twisted partner's arm	
Physically moved partner out of your way	
Made partner do humiliating things	
Yelled at partner	
Called partner names	
Ridiculed partner	
Ridiculed partner in front of others	
Violated partner's space ("got in their face")	
Thrown objects or things	
Threatened to kill yourself	
Threatened to kill your partner	
Threatened to kill others- Specify:	
Threatened to leave with children	
Left with children against partner's wishes	

Driven recklessly to frighten partner	ĺ	
Taken away access to money or financial support		
Threatened to take custody of children		
Kept partner from using a vehicle		
Spanked children leaving bruises		
Accused partner of cheating on you		
Kept partner from sleeping		
Kept partner from eating		
Kept partner from seeing a doctor or seeking medical treatment		
Disabled partner's vehicle		
Made unwanted phone calls to partner		
Followed partner or checked up on partner		
Violated a no contact or protection order		
Tried to get partner to drop charges, not testify, or change testimony		
Left partner without transportation		
Personality Questionnaire		

Personality Questionnaire		
	NO	YES
1. Do people often fail to appreciate your very special talents or		
accomplishments?		
2. Have people told you that you have too high an opinion of yourself?		
3. Do you think a lot about the power, fame, or recognition that will be		
Your's someday?		
4. Do you think a lot about the perfect romance that will be your's someday?		
5. When you have a problem do you almost always insist upon seeing the top		
person?		
6. Do you feel it is important to spend time with people who are special		
or influential?		
7. Is it very important to you that people pay attention to you or admire you		
in some way?		
8. Do you think it's not necessary to follow certain rules or social		
norms when they get in your way?		
9. Do you feel that you are the kind of person who deserves special treatment?		
10. Do you often find it necessary to step on a few toes to get what you want?		
11. Do you often have to put your needs above the needs of others?		
12. Do you often expect other people to do what you ask without question		
because of who you are?		
13. Are you NOT really interested in other people's problems or feelings?		
14. Have people complained that to you that you don't listen to them or		
care about their feelings?		
15. Are you often envious of others?		
16. Do you feel that others are often envious of you?		
17. Do you find that there are very few people that are worth your time		
or attention?		
18. Have you often become frantic when you thought that someone you		
really cared about was going to leave you?		
19. Do your relationships with people you really care about have many		
extreme ups and downs?		
20. Have you suddenly changed your sense of who you are and where		

21. Does your sense of who you are often change dramatically?	you are going?		
22. Are you different with different people, or in different situations, so much so that you sometimes don't know who you really are? 23. Have there been sudden changes in your goals, career plans, religious beliefs, and so on? 23. Have there been sudden changes in your goals, career plans, religious beliefs, and so on? 24. Have you often done things impulsively? 25. Have you ever cut, burned, or scratched yourself on purpose? 26. 27. Do you over cut, burned, or scratched yourself on purpose? 27. 28. Do you often feel empty inside? 28. 29. Do you often have temper outbursts or get angry so that you lose control? 21. 30. Do you hit people or throw things when you get angry? 21. 31. Do little things often make you very angry? 23. 32. When you are under a lot of stress do you get suspicious of other people or become distant from/uninvolved with the world around you? 23. 33. Before you were 15 years old would you start fights? 25. 34. Before you were 15 years old did you deliberately torture someone or cause someone physical pain or suffering? 27. 37. Before you were 15 years old did you torture or hurt animals on purpose? 28. 38. Before you were 15 years old did you torture or hurt animals on purpose? 28. 37. Before you were 15 years old did you torture or hurt animals on purpose? 29. 38. Before you were 15 yea			
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