



## **HOMICIDE RISK ASSESSMENT** AND MANAGEMENT FORM

must compuls	orily have been dor	e to use this	form)	ie	City			Postal code	
Sector of the intervener					Area code	Telephone (Home	e) Area code	Mobile	
			HOMICI	DE TYPE					
		Intrafam	ilial				Extrafar	nilial	
☐ Spousal ☐ Familicide ☐ Filicide		Filicide	Parricide			Quarrelsome and vindictive			
Brief description of the situatio	n:								
			OMICIDE RIS						
HOMICIDE SCENAR				G		Y	0	R	
<b>Explanation</b> (use the tool Indications for global estimation of homicide risk to a Content of homicide thoughts:						тріете)			
Victime(s) targeted(s):	O Yes	○ No	Relation:	-					
Victime(s) accessible(s): Yes O No Other pot				tential vict	im(s):				
Means chosen:	Yes O No	Means a	accessible:	O Yes	○ No	Location de	etermined:	Yes O No	
Moment:	Undetermined	Ом	ore than 48 ho	ırs	O Less	than 48 hours			
RISK FACTORS				G		Υ	0	R	
Contextual factors:				_	ical and soci	<u> </u>			
Criminal factors:				Request for help associated factors:					
				1					

Aggravating factors								
O Access to a firearm (even if not ch	O Situa of ne	Situation persists over time with intensification of negative feelings: stress, anger, etc.						
Intoxication or alcohol/drug abuse			ncreasing frequency or severity of threats or violent behaviour					
Explanation:								
Protection factors								
Full participation in the help proce	ss/alliance	O Admi	ssion of problem/willingness to	change				
with intervener		Compliance with conditions and laws						
Actions taken to protect themselve	es and others			5				
(full participation in the safety stra	tegy)		ll support					
<ul> <li>Capacity to consider grieving (job loss, breakup, etc.)</li> </ul>		○ Empa	athy towards the other/recogniz	es the other's value				
Explanation:								
OVERALL ASSESSMENT	Low risk		ate risk High risk	Imminent risk				
PHI:	RISK MANAGEMENT -	Victim(s):	es put in place:					
rni.		victim(s).						
INTERVIEW CONCLUSIONS A	AND REQUIRED ACTION	NS (Profe	ssional opinion and recommo	endations)				
Next appointment:		_ R	equired follow-up:					
Resources involved:			None Regular	Close follow-up				
(direct/refer/accompany)			Short term Follow-u	·				
Authorization to transmit the information	on:	5	J Short term Pollow-u	J Call				
	OTHER INF							
Date	Content/explanation/steps/results							
Intervener	an at use		Program	Date North Day				
First and last name (in block letters)	gnature			Year Month Day				

User's name

File no.