Case Review Worksheet – Review Click or tap here to enter text.

This fillable form is used by Elder Death Review Team (EDRT) members to collect pertinent case, victim, and (alleged) perpetrator information. Members complete the worksheet as best they can with the information to which they have access. The more data collected, the more comprehensive the case review.

|  |
| --- |
| **Decedent’s Information** |

Age Click or tap here to enter text. Date of Birth Click or tap here to enter text.

Gender Choose an item. Marital status Choose an item.

Race Choose an item. Ethnicity Choose an item.

Death Certificate #: Click or tap here to enter text. Autopsy Report #: Click or tap here to enter text.

Medical diagnosis: Click or tap here to enter text.

Mental health diagnosis: Click or tap here to enter text.

Decedent’s estimated annual income:

Unknown Less than $10,000 $10,000 - $14,999 $15,000 - $24,999

$25,000 - $34,999 $35,000 - $46,999 $50,000 - $100,000 $100,000+

|  |
| --- |
| **Recent Information** |

Prior to the death, was the victim known to your agency?

No Yes—and the case was opened Click or tap here to enter text. Times

Provide the following information for the LAST THREE contacts with the most recent contact listed FIRST.

**Date of Contact Nature of Contact**

Click or tap here to enter text. Click or tap here to enter text.

Click or tap here to enter text. Click or tap here to enter text.

Click or tap here to enter text. Click or tap here to enter text.

|  |
| --- |
| **Details Regarding MOST RECENT Contact** |

Was the case active at the time of decedent’s death?

Yes No—date case was closed Click or tap here to enter text.

Was the Wisconsin Elder Abuse Hotline called?

No Yes—date hotline called Click or tap here to enter text.

Hotline called by:

Family Medical Personnel Neighbor

Friend Care Provider Other Click or tap here to enter text.

Was the case reported to Adult Protection Services (APS)?

Unknown No Yes—please explain Click or tap here to enter text.

Triage Categorization:

Imminent danger Significant risk of imminent danger Other Click or tap here to enter text.

Was triage appropriate?

Yes No—please explainClick or tap here to enter text.

Was contact made with the victim/family?

No Yes—date Click or tap here to enter text.

Most recent contact made with: Victim Family Other Click or tap here to enter text.

Assessment findings Click or tap here to enter text.

Nature and extent of the agencies’ intervention Click or tap here to enter text.

Were standards met for:

Frequency of contact Yes No

Risk Assessment conducted Yes No

For the most recent Agency contact (within the last 12 months), were any agency standards **not** met?

All standards were met Standards were **not** all met Click or tap here to enter text.

Did your agency make a suggestion/referral that was not followed by the victim/family?

Unknown No Yes—please explain Click or tap here to enter text.

Did your agency conduct an investigation following the death?

No Yes—please explain the findings Click or tap here to enter text.

Is the victim a county resident?

No Yes—date of residency (if known) Click or tap here to enter text. # of years

|  |
| --- |
| **Relationships** |

The victim is survived by:

Spouse Former Spouse Significant Other

Other Close Relatives Close Friends of Either Sex Other Click or tap here to enter text.

Adult Children Click or tap here to enter text.

Was the victim currently living with any family members?

Unknown No Yes—please select **all** that apply

Spouse Daughter Son Other—please list Click or tap here to enter text.

Were there any other unrelated persons living in the home?

Unknown No Yes—please list Click or tap here to enter text.

Were there any family stressors (illness, substance abuse, etc.)?

Unknown No Yes—please explain Click or tap here to enter text.

|  |
| --- |
| **Medical Injuries / Autopsy Findings** |

Location of incident: Click or tap here to enter text.

Site of incident: (choose only one)

Shared residence Victim’s Residence Perpetrator’s Residence

Victim’s Workplace Parking Lot Street

Assisted Care Facility Other Click or tap here to enter text.

Incident date: Click or tap here to enter text. Day of the week: Choose an item.

Time of incident: Click or tap here to enter text.

Date pronounced dead: Click or tap here to enter text. Time pronounced: Click or tap here to enter text.

Weapons/Method Used:

Handgun Shotgun Rifle Drowning Hanging

Knife Used Click or tap here to enter text. Blunt object Click or tap here to enter text.

Overdose Click or tap here to enter text. Other Click or tap here to enter text.

Was a sexual assault analysis conducted?

Unknown No Yes Choose an item.

What injuries did the victim suffer? (check **all** that apply)

gunshot(s) stab/incised wounds broken bones/cartilage

cuts/abrasions strangulation lacerations/slashes/gashes

burns smoke inhalation bruises/contusions/hematomas

decubitus ulcers dehydrations lack of sustaining medication

malnutrition/starvation other:

Was it a murder-suicide? Unknown No Yes

Was it an attempted murder-suicide? Unknown No Yes

How many others were injured? Choose an item.

Cause and manner of death recorded in autopsy report: Click or tap here to enter text.

Police Agency(ies) that responded: Click or tap here to enter text.

Offense report number: Click or tap here to enter text.

Emergency services that responded: Click or tap here to enter text.

|  |
| --- |
| **Mental Health and Substance Use** |

Was there any incidence of abuse/neglect in the home?

Unknown No Yes—please explain Click or tap here to enter text.

Was chemical abuse associated with the decedent’s living environment?

Unknown No Yes

If yes, please identify the user(s):

Decedent Spouse/Significant Other Adult Child Other Click or tap here to enter text.

Substance use during incident:

Alcohol Illicit drugs Prescription drugs Unknown Substances

Does the decedent have a history of mental illness?

No Yes—explain Click or tap here to enter text.

Diagnosis or treatment for mental health:

Unknown No Yes—please explain Click or tap here to enter text.

Victim of child abuse/neglect—physical:

Unknown No Yes—please explain Click or tap here to enter text.

Victim of child abuse/neglect—Sexual:

Unknown No Yes—please explain Click or tap here to enter text.

Compliance with medication:

Unknown No Yes—please explain Click or tap here to enter text.

Was there any intervention for the family members following the death of the decedent?

Unknown No Yes—please explain Click or tap here to enter text.

**If a suicide:**

Has decedent previously attempted suicide?

Unknown No Yes—please explain Click or tap here to enter text.

Did decedent express suicidal thoughts or tendencies?

Unknown No Yes—please explain Click or tap here to enter text.

Was the decedent involved in self-destructive behaviors other than alcohol/drugs/suicide attempts?

Unknown No Yes—please explain Click or tap here to enter text.

|  |
| --- |
| **(Alleged) Perpetrator Information** |

Age Click or tap here to enter text. Date of Birth Click or tap here to enter text.

Gender Choose an item. Marital status Choose an item.

Race Choose an item. Ethnicity Choose an item.

Victim’s relationship to (alleged) perpetrator (at the time of the homicide):

Spouse or Common Law Ex-Spouse or Ex-Common Law Boyfriend or Girlfriend

Ex-Boyfriend or Ex-Girlfriend Son or Daughter Grandchild

Sibling Niece or Nephew Provider/Caregiver

If provider/Caregiver, was it a paid position?

Unknown No Yes

Same sex relationship?

Unknown No Yes

Habitation Status:

Living together at time of incident:

Living separately Yes No

Separated and divorce pending Yes No

Separated and divorce final Yes No

Previously lived together, no divorce pending or final Yes No

Documented Prior Intimate Partner Violence (IPV) between victim and (alleged) perpetrator:

Unknown No Yes

Prior IPV Police Reports between victim and (alleged) perpetrator:

Number of IPV reports: Choose an item.

Dates of IPV reports: (list most recent to oldest)

|  |  |  |
| --- | --- | --- |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

Order of Protection against (alleged) perpetrator:

No at time of incident--Click or tap here to enter text.

pending Applied for, but did not qualify

Applied for, but dismissed applied for, but not filed

In the past Click or tap here to enter text.

Order of Protection against victim:

No at the time of the incident Click or tap here to enter text.

In the past Click or tap here to enter text.

History of substance abuse:

Unknown No Yes—please explain Click or tap here to enter text.

Historical substance use:

Alcohol Illicit drugs Prescription drugs Unknown Substances

Substance use during incident:

Alcohol Illicit drugs Prescription drugs Unknown Substances

Does the (alleged) perpetrator have a history of mental illness?

No Yes—explain Click or tap here to enter text.

Diagnosis or treatment for mental health:

Unknown No Yes—please explain Click or tap here to enter text.

Victim of child abuse/neglect—physical:

Unknown No Yes—please explain Click or tap here to enter text.

Victim of child abuse/neglect—Sexual:

Unknown No Yes—please explain Click or tap here to enter text.

Compliance with medication:

Unknown No Yes—please explain Click or tap here to enter text.

Does the (alleged) perpetrator have a criminal history?

Unknown No Yes

If yes, please provide the following information for each offense:

1. Case # Click or tap here to enter text. Offense Type Click or tap here to enter text.

What (if any) Charges filed Click or tap here to enter text.

Outcome Click or tap here to enter text.

1. Case # Click or tap here to enter text. Offense Type Click or tap here to enter text.

What (if any) Charges filed Click or tap here to enter text.

Outcome Click or tap here to enter text.

1. Case # Click or tap here to enter text. Offense Type Click or tap here to enter text.

What (if any) Charges filed Click or tap here to enter text.

Outcome Click or tap here to enter text.

1. Case # Click or tap here to enter text. Offense Type Click or tap here to enter text.

What (if any) Charges filed Click or tap here to enter text.

Outcome Click or tap here to enter text.

1. Case # Click or tap here to enter text. Offense Type Click or tap here to enter text.

What (if any) Charges filed Click or tap here to enter text.

Outcome Click or tap here to enter text.

|  |
| --- |
| **Additional Information:** |

Click or tap here to enter text.

This material was reprinted and/or adapted from the American Bar Association Commission on Law and Aging publication entitled Elder Abuse Fatality Review Teams: A Replication Manual. This manual was developed by the American Bar Association Commission on Law and Aging and was authored by Lori A. Stiegel, J.D., Associate Staff Director. The development of the manual was funded by Grant Number 2001-VF-GX-0011, awarded by the Office for Victims of Crime, Office of Justice Programs,U.S.Department of Justice. Copyright © 2005 American Bar Association. Reprinted and/or adapted with permission. The opinions, findings, and conclusions expressed in this document are those of the authors and do not necessarily represent the official position or policies of the American Bar Association or the U.S. Department of Justice.