

## **APPENDIX A**

### **Woman's Factual Data Log**

## Woman's Factual Data Log

Dear client,

The *Woman's Factual Data Log* was developed from a document intended to assist women, which was developed by women who have experienced woman abuse.

It is intended to be a tool to collect and maintain important information for your records. It also allows you to document personal information in one place.

You may be in the process of meeting with many people, such as counselors, lawyers and doctors, about the various aspects of your situation. This information could be helpful to you as it may decrease the stress associated in repeating your story.

*You may want to use this Log on your own or with your counselor. In order to protect your privacy and confidentiality, we recommend you keep this information in a safe place – some place where only you have access. Talk with your counsellor about where to keep this information and with whom to share it.*

*This document is intended to be a record of factual information. If you wish to keep a personal journal or diary about your thoughts and feelings, please keep it separate from this Data Log. Your journal or diary should be a confidential document. You should not share the information in it or even the existence of it with anyone else. **If others become aware that the woman has a personal journal or diary, it could be subpoenaed for use in court.***

The *Woman's Factual Data Log* is divided into nine parts:

1. Partner Information
2. Police Occurrences Report
3. Legal Information
4. Medical Data
5. Other Important Contacts
6. History of Abuse
7. Record of Abusive Incidents
8. Creating a Safety Plan
9. Other Relevant Information

# 1. Partner Information

Name:

Address:

Home Telephone

Number:

Occupation:

Employer's Name:

Work Telephone

Number:

**Physical Description:**

Height:

Weight:

Hair Colour:

Eye Colour:

Other Identifying

Features:

**Automobile Description:**

Make:

Model:

Year:

Colour:

License Plate:

Province:

**Criminal Record:**

Yes

No

**Describe:**

**Are there any weapons concerns?**

## 2. Police Occurrences Report

Date:	Officer Name:	Badge #: Occurrence #:
Telephone #: Ext:		
Outcomes:	<input type="checkbox"/> Charged	<input type="checkbox"/> Released
	<input type="checkbox"/> Notice of Appeal	<input type="checkbox"/> Warning
	<input type="checkbox"/> Referral to Victim Services	<input type="checkbox"/> Other

Date:	Officer Name:	Badge #: Occurrence #:
Telephone #: Ext:		
Outcomes:	<input type="checkbox"/> Charged	<input type="checkbox"/> Released
	<input type="checkbox"/> Notice of Appeal	<input type="checkbox"/> Warning
	<input type="checkbox"/> Referral to Victim Services	<input type="checkbox"/> Other

Date:	Officer Name:	Badge #: Occurrence #:
Telephone #: Ext:		
Outcomes:	<input type="checkbox"/> Charged	<input type="checkbox"/> Released
	<input type="checkbox"/> Notice of Appeal	<input type="checkbox"/> Warning
	<input type="checkbox"/> Referral to Victim Services	<input type="checkbox"/> Other

### 3. Legal Information

Lawyer's Name:

Address:

Telephone Number:

Fax Number:

**Notes:**

## 4. Medical Data

Doctor's Name:

Address:

Telephone Number:

Fax Number:

**Notes:**

## 5. Other Important Contacts

Name:

Address:

Telephone Number:

Fax Number:

Name:

Address:

Telephone Number:

Fax Number:

Name:

Address:

Telephone Number:

Fax Number:

**Notes:**

## 6. History of Abuse

1. When did the first abusive incident take place?
2. When did the last abusive incident take place?
3. Describe the most serious incident of abuse that you suffered?
4. What are the areas in your life that are controlled by your partner? For example, who makes decisions, or decides what happens? What does your partner do to get control in these areas?
5. In hindsight what were the first indicators that there was a problem in your relationship, i.e. jealousy, controlling, isolating?
6. What friends or family can you rely on for help?
7. What do you notice about how your children are affected?



## 8. Creating a Safety Plan

The following are elements that should be addressed in the development of any safety plan:

- Emergency Escape Plan
- During an Incident
- Creating a Safer Environment
  - At Home
  - In the Neighbourhood
  - At Work
- Emotional Safety Plan
- Children's Safety Plan

**Other things I can do:**

## 9. Other Relevant Information

*Please remember to keep your notes in a safe place.*

*This document should contain factual information only.  
**Do not** include information on your thoughts and feelings in this document,  
as it could jeopardize your case if you are in a criminal proceeding.*