

***DRAFT***

**INSPECTION OF PERTINENT RECORDS FORM**

The following records have been completed for (batterer's name) \_\_\_\_\_ on (date) \_\_\_\_\_.

<b>Type of Record</b>	<b>Records reviewed and inspected</b>	<b>Records could not be obtained</b>	<b>Notes (attach any applicable records to this form)</b>
Arrest History			
History of Violence			
Homicide or Suicide Potential			
Substance Abuse History			
Mental Health Treatment History			
Social History			

BIP Staff (print name) \_\_\_\_\_

BIP Staff (signature) \_\_\_\_\_