**BLUE CARD - A**

[[1]](#footnote-1))

(locality, date)

(stamp of the entity referred to in Article 9d(2) of the Act of 29 July 2005 on counteracting domestic violence that is filling in this "Blue card — A" form)

1. DATA OF THE PERSON SUSPECTED OF BEING SUBJECT TO DOMESTIC VIOLENCE
2. Forename and surname:
3. Parents' forenames:
4. Place of residence:

postal code: locality: province:

street: house number: flat number:

telephone number:

1. Current address of stay:

postal code: locality: province:

street: house number: flat number:

telephone number:

1. INFORMATION REGARDING THE REPORT OF SUSPECTED DOMESTIC VIOLENCE
2. Reporting person:

the person suspected of being subject to domestic violence:

1. Reporting person:

another person (e.g. parent, legal guardian, actual guardian, close relation, witness):

1. forename and surname:
2. place of residence:

postal code: locality: province:

street: house number: flat number:

telephone number:

1. DATA OF THE PERSON SUSPECTED OF USING DOMESTIC VIOLENCE
2. Forename and surname:
3. Place of residence:

postal code: locality: province:

street: house number: flat number:

telephone number:

1. The degree of consanguinity with the person suspected of being subject to domestic violence:
2. HAS THE PERSON WHO IS SUSPECTED OF USING DOMESTIC VIOLENCE BEHAVED IN THE FOLLOWING MANNER:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Forms of domestic violence** | **Towards adults** | | | **Towards children** | | |
| **Used physical violence, including:** | **YES** | **NO** | **towards whom**\* | **YES** | **NO** | **towards whom**\* |
| shoving |  |  |  |  |  |  |
| hitting |  |  |  |  |  |  |
| twisting arms |  |  |  |  |  |  |
| strangling |  |  |  |  |  |  |
| kicking |  |  |  |  |  |  |
| slapping |  |  |  |  |  |  |
| other (please specify) |  |  |  |  |  |  |
| **Bodily harm, including:** | **YES** | **NO** | **towards whom**\* | **YES** | **NO** | **towards whom**\* |
| bruises |  |  |  |  |  |  |
| scratches |  |  |  |  |  |  |
| bleeding |  |  |  |  |  |  |
| burns |  |  |  |  |  |  |
| other (please specify) |  |  |  |  |  |  |
| **Used mental violence, including:** | **YES** | **NO** | **towards whom**\* | **YES** | **NO** | **towards whom**\* |
| isolation |  |  |  |  |  |  |
| insults |  |  |  |  |  |  |
| ridicule |  |  |  |  |  |  |
| threats |  |  |  |  |  |  |
| control |  |  |  |  |  |  |
| restriction of contacts |  |  |  |  |  |  |
| criticism |  |  |  |  |  |  |
| humiliation |  |  |  |  |  |  |
| demoralisation |  |  |  |  |  |  |
| continuous harassment |  |  |  |  |  |  |
| other (please specify) |  |  |  |  |  |  |
| **Used sexual violence, including:** | **YES** | **NO** | **towards whom**\* | **YES** | **NO** | **towards whom**\* |
| forced sexual intercourse or other sexual activities |  |  |  |  |  |  |
| **Other types of behaviour, including:** | **YES** | **NO** | **towards whom**\* | **YES** | **NO** | **towards whom**\* |
| destruction/damage to property |  |  |  |  |  |  |
| seizure/misappropriation of property |  |  |  |  |  |  |
| punishable threat/insult |  |  |  |  |  |  |
| forced consumption of alcohol |  |  |  |  |  |  |
| forced consumption of drugs or psychoactive substances or medications that have not been indicated by a doctor |  |  |  |  |  |  |
| other detrimental to close relations  (please specify) |  |  |  |  |  |  |

\* e.g. wife, husband, partner, mother, father, daughter, son.

1. HOW LONG HAS THE AFOREMENTIONED BEHAVIOUR BEEN OCCURRING

1. BEHAVIOUR

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Behaviour of the person** | **The person suspected of being subject to domestic violence** | | **The person suspected of using domestic violence** | |
| **YES** | **NO** | **YES** | **NO** |
| difficulty in establishing contact |  |  |  |  |
| calm |  |  |  |  |
| weepy |  |  |  |  |
| intimidated |  |  |  |  |
| avoiding conversation |  |  |  |  |
| aggressive |  |  |  |  |
| resists the Police |  |  |  |  |

1. DESCRIPTION OF THE SITE

(e.g. damage, destroyed furniture, disorder, broken glass, damaged door, dirt, blood marks, evidence of alcohol consumption, smellable odour of alcohol, other)

1. WITNESSES OF DOMESTIC VIOLENCE Witness I
2. Forename and surname:
3. Place of residence:

postal code: locality: province:

street: house number: flat number:

telephone number:

Witness II

1. Forename and surname:
2. Place of residence:

postal code: locality: province:

street: house number: flat number:

telephone number:

Witness III

1. Forename and surname:
2. Place of residence:

postal code: locality: province:

street: house number: flat number:

telephone number:

|  |  |  |
| --- | --- | --- |
| IX. HAS THE PERSON WHO IS SUSPECTED OF USING DOMESTIC VIOLENCE EVER BEEN PENALISED FOR A CRIME INVOLVING THE USE OR THREAT OF USE OF VIOLENCE: | | |
|
| YES □ | NO □ | NOT ESTABLISHED □ |
| X. HAS THE PERSON WHO IS SUSPECTED OF USING DOMESTIC VIOLENCE BEEN UNDER SUPERVISION OF A COURT-APPOINTED PROBATION OFFICER: | | |
|
| YES □ | NO □ | NOT ESTABLISHED □ |
| XI. DOES THE PERSON WHO IS SUSPECTED OF USING DOMESTIC VIOLENCE ABUSE ALCOHOL: | | |
|
| YES □ | NO □ | NOT ESTABLISHED □ |
| XII. DOES THE PERSON WHO IS SUSPECTED OF USING DOMESTIC VIOLENCE ABUSE DRUGS, PSYCHOTROPIC SUBSTANCES OR MEDICATIONS: | | |
|
| YES □ | NO □ | NOT ESTABLISHED □ |
| XIII. HAS THE PERSON WHO IS SUSPECTED OF USING DOMESTIC VIOLENCE BEEN TREATED PSYCHIATRICALLY: | | |
|
| YES □ | NO □ | NOT ESTABLISHED □ |
| XIV. DOES THE PERSON WHO IS SUSPECTED OF USING DOMESTIC VIOLENCE HAVE A WEAPON: | | |
|
| YES □ | NO □ | NOT ESTABLISHED □ |

|  |
| --- |
| XV. HAVE THE FOLLOWING ACTIONS BEEN TAKEN IN CONNECTION WITH DOMESTIC VIOLENCE: |
|
| □ notifications to and interventions by the Police |
| □ notification to the prosecutor's office |
| □ detention |
| □ Police supervision |
| □ issuance of a prohibition of contacting specific persons |
| □ issuance of a prohibition approaching specific persons |
| □ issuance of an order to leave the premises shared with the victim |
| □ provisional arrest |
| □ initiation of a criminal procedure or other court procedure (please specify, e.g. divorce, family-related) |
|
| □ subjecting the exercise of parental authority to continuous oversight by a probation officer |
| □ removal of a child in the event of immediate risk to his/her life or health in connections with domestic violence |
| □ obligation to undergo alcohol rehabilitation treatment (with respect to whom?) |
| □ treatment of other addictions (what additions, with respect to whom?) |
| □ obligation to take part in correctional and educational programmes (imposed by whom?) |
|
| □ provision of medical aid |
| □ other actions (please specify) |
|

XVI. ACTIONS TAKEN BY THE POLICE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Actions taken by the Police** | **The person suspected of being subject to domestic violence** | | **The person suspected of using domestic violence** | |
| **YES** | **NO** | **YES** | **NO** |
| admonition |  |  |  |  |
| means of direct coercion  (please specify) |  |  |  |  |
| alcohol test | (result) |  | (result) |  |
| sobering centre |  |  |  |  |
| Police cells for intoxicated persons detained until sober |  |  |  |  |
| Police cells for detained persons |  |  |  |  |
| police child detention centre |  |  |  |  |

XVII. FAMILY DATA

Other persons who share the same household with the person who is suspected of using domestic violence:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Forename and surname** | **Degree of consanguinity** | **Age** | **Occupation**\* |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

\* Profession, place of work, in the case of children — school/class.

XVIII. INFORMATION ABOUT HEALTH OF THE PERSON SUSPECTED OF BEING SUBJECT TO DOMESTIC VIOLENCE

|  |  |  |  |
| --- | --- | --- | --- |
| 1. Mental condition: |  | |  |
| * excited * aggressive | * lethargic/apathetic * timid | | * weepy * other (please specify) |
|  | | | |
| 2. Communication: | |  | | |
| □ willing to establish contact | | □ having problems establishing contact | | |
| □ taciturn | | □ stuttering | | |
| □ shouting | | □ speaking illogically | | |
| □ refusing to answer questions | |  | | |
| □ communicating non-verbally (e.g. sign language, gestures, pictograms etc.) | | | | |
| Reaction to the accompanying person (particularly important in the case of children): | | | | |

|  |  |  |
| --- | --- | --- |
| 3. Types of injuries: |  | |
| □ cuts | □ puncture marks | □ bite marks |
| □ skin abrasions | □ bruises | □ bleeding |
| □ burn marks | □ dislocations | □ fractures |
| 4. Hygiene: |  |  |
| Skin: | □ clean | □ dirty |
|  | □ dry | □ frostbitten |
|  | □ chafed | □ bedsores |
|  | □ diaper dermatitis | |
| Hair: | □ clean | □ dirty |
|  | □ fleas | □ balding/hair ripped out |
|  | □ cradle cap |  |
| 5. Other signs of domestic violence/neglect: | | |
| □ dirty clothes/unsuitable for the season of the year |  | □ weight/height inadequate to age |
| □ development inadequate to age |  | □ emaciation |
| □ dehydration |  | □ repeated notifications to a doctor |
| □ failure to use doctor's assistance despite a chronic illness | | |
| □ non-compliance with doctor's instructions | | |
| 6. Injuries and signs correspond to the version presented by the person suspected of being subject to domestic violence: | | |
| YES □ | NO □ |  |
| 7. In the case of children, the injuries and signs correspond also with the version presented by a parent, legal guardian or actual guardian: | | |
| YES □ | NO □ |  |
| 8. Specialist consultation required: | | |
| YES □ | NO □ |  |
| 9. Treatment undertaken: |  |  |
| □ admitted to a hospital ward (please specify) | | |
| □ referred to hospital (please specify) | | |
| □ outpatient aid | | □ sent home |
| □ other (please specify) | | |
| 10. Information has been provided about a possibility to receive a medical certificate regarding the causes and type of injuries relating to domestic violence, pursuant to the Regulation of the Minister of Health of 22 October 2010 on the format of a medical certificate regarding the causes and type of injuries relating to domestic violence (Journal of Laws No. 201, item 1334). | | |
| YES □ | NO □ |  |
| 11. A medical certificate has been issued: | | |
| YES □ | NO □ |  |
| 12. Referral to medical examinations has been issued: | | |
| YES □ | NO □ |  |
| 13. Sick leave has been granted: | | |
| YES □ | NO □ |  |

|  |  |
| --- | --- |
| XIX. INTERVENTIONS UNDERTAKEN | |
| 1. Actions aimed at ensuring safety to the person suspected of being subject of domestic violence: | |
|
| □ report to the Police | □ social assistance provided |
| □ medical assistance provided  (in the case of sexual violence, it is required to proceed in accordance with the Police and medical establishment's procedure) | |
|
| □ other (please specify) | |
| 2. Actions aimed at ensuring safety to the person suspected of being subject to domestic violence by placing him/her at a 24h care establishment: | |
|
| □ a specialised support centre for victims of domestic violence | |
| □ a support centre | |
| □ a crisis intervention centre | |
| □ a house for pregnant women and mothers with minors | |
| □ a hospital | |
| □ other (please specify) | |
| 3. Actions aimed at providing assistance to children | |
|
|
| 4. Providing information to the competent investigation authority | |
|
|
| 5. Other (please specify) | |
|
|
| XX. REQUESTS BY A REPRESENTATIVE OF THE ENTITY FILLING IN THIS FORM | |
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|
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|
| XXI. ADDITIONAL INFORMATION | |
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| --- |
| (Signature of a representative of the entity filling in "Blue Card — A") |
| (date of receipt of this "Blue Card — A" form by the head of the interdisciplinary team) |
|

1. ) Parts I—XV, XVII and XIX—XXI are filled in by representatives of all entities listed in Article 9d(2) of the Act of 29 July 2005 on counteracting domestic violence.

   Part XVI is additionally filled in by a representative of the Police.

   Part XVIII is additionally filled in by a representative of health care. [↑](#footnote-ref-1)