



The State of South Carolina  
OFFICE OF THE ATTORNEY GENERAL

Silent Witness Program 2011  
Domestic Violence Homicide Information Sheet

Household Member (§16-25-10): Spouses, former spouses, persons who have a child in common, and a male and female who are cohabiting or formerly have cohabitated.

There were zero incidents of homicide between household members during **2010** in

\_\_\_\_\_  
Please print your jurisdiction here.

There were \_\_\_\_\_ incidents of homicide between household members during **2010** in  
Total

\_\_\_\_\_  
Please print your jurisdiction here.

**Reporting Agency Contact Information** (please print)

\_\_\_\_\_  
Please print your name here.

\_\_\_\_\_  
Please print your position here.

\_\_\_\_\_  
Please print your office here.

\_\_\_\_\_  
Please print your mailing address here.

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

( ) - \_\_\_\_\_  
Telephone Number

( ) - \_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email @

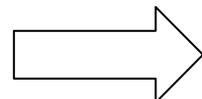
\_\_\_\_\_  
Today's Date

**Please attach a copy of the incident report.**

Please return this form no later than **June 1, 2011.**

S.T.O.P. Violence Against Women Program  
Office of the Attorney General  
Post Office Box 11549  
Columbia, South Carolina 29211-1549  
Tele: 803-734-3745  
Fax: 803-734-4078

Please see next page





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Please attach a copy of the incident report. Please return by **June 1, 2011**.

Household Member (§16-25-10): Spouses, former spouses, persons who have a child in common, and a male and female who are cohabiting or formerly have cohabited.

Please list only one victim per reporting sheet. Please complete this form as fully as possible.

**Victim Information**

First Name Last Name Age/Date of Birth

Please indicate the relationship between victim and defendant at the time of the murder:

Married  Divorced  Child in Common  Cohabitate/Formerly Cohabitated

Date of Death Cause of Death

Had the victim ever filed for or received an Order of Protection or Restraining Order?

Filed for OP  Filed for RO  Received an OP  Received a RO

**Next of Kin Information**

First Name Last Name Relationship to Victim

Address City, State and Zip Telephone

Did the victim have any children?

No  Yes (Gender(s) and Age(s)) \_\_\_\_\_

**Suspect/Defendant Information**

First Name Last Name

Trial Pending \_\_\_\_\_  
Charge Anticipated Trial Date

Pled Guilty \_\_\_\_\_  
Charge Sentence

Found Guilty at Trial \_\_\_\_\_  
Charge Sentence

Committed Suicide  Found Not Guilty at Trial

Please return to the S.T.O.P. Violence Against Women Program, Office of the Attorney General,  
Post Office Box 11549, Columbia, SC 29211-1549. Tele: 803-734-3745 Fax: 803-734-4078

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