



MONTGOMERY COUNTY
DEPARTMENT OF CORRECTION AND REHABILITATION
CENTRAL PROCESSING UNIT

DCA-720

DOMESTIC VIOLENCE VICTIM NOTIFICATION

To Be Completed By
Sheriff/Police Officer

Date of Arrest: _____

Defendant's Name: _____

Victim Name: _____

Phone Number: _____

Time of Arrest (from MCP 513): _____

NOTIFICATION LIMITS (Date and Time of Arrest Plus 12 Hours)

Date: _____ Time: _____

FIRST ATTEMPT

Date: _____ Time: _____

Result (check one): Successful No Answer No answer, left message
 Montgomery County Crisis Center Notified at 240-777-4000

Employee Notified: _____ Time: _____

Officer's Name: _____ ID #: _____
(PRINTED)

SECOND ATTEMPT (To Be Completed 15 minutes after first attempt)

Date: _____ Time: _____

Result (check one): Successful No Answer No answer, left message

Officer's Name: _____ ID #: _____
(PRINTED)

COMMENTS: _____

For Central Processing Unit Use Only