

OHIO REVISED CODE: Title [29] XXIX Crimes – Procedure

2903- Homicide and Assault > ALL Offenses under Chapter 2903 are cause for exclusion

2905- Kidnapping and Extortion > ALL Offenses under Chapter 2905 are possible cause for exclusion

2907- Sex Offenses > ALL Tier II and Tier III Offenses under 2907 are cause for exclusion. Tier I Offenses under 2907 are possible cause for exclusion.

2909- Arson and Related Offenses > The following offenses under Chapter 2909 are possible cause for exclusion: 2909.02 Aggravated arson, 2909.03 Arson, 2909.04 Disrupting public services, 2909.06 Criminal damaging or endangering.

2911- Robbery, Burglary, Trespass and Safecracking > The following offenses under chapter 2911 are possible cause for exclusion: 2911.01 Aggravated robbery, 2911.02 Robbery, 2911.10 Trespass as element of offense, 2911.11 Aggravated burglary, 2911.12 Burglary, 2911.13 Breaking and entering, 2911.211 Aggravated trespass.

2917- Offenses against the Public Peace> The following offenses under chapter 2917 are possible cause for exclusion: 2917.01 Inciting to violence, 2917.02 Aggravated Riot.

2919- Offenses against the Family> The following offenses under chapter 2919 are cause for exclusion: 2919. 272 Protection order issued by court of another state, 2919.27 Violating protection order, 2919.25 Domestic Violence

2950- Sexual Predators, Habitual Sex Offenders, Sexually Oriented Offenders > All Offenses under Chapter 2950 are cause for exclusion.

Source: <http://codes.ohio.gov/orc/29>

## Marriage Works! Ohio - Relationship Stressor Assessment

Name: \_\_\_\_\_ Partner's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Class: \_\_\_\_\_ Facilitator: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_

1. What do you hope to gain from attending this service? \_\_\_\_\_

\_\_\_\_\_

2. Please identify areas that you would like to see growth in your relationship.			
<input type="checkbox"/> Budgeting	<input type="checkbox"/> Communication	<input type="checkbox"/> Conflict Resolution	<input type="checkbox"/> Love
<input type="checkbox"/> Quality Time	<input type="checkbox"/> Respect	<input type="checkbox"/> Understanding	<input type="checkbox"/> Other:
_____			

3. Have you and your partner discussed together what you hope to gain from this service?  Yes  
 No

4. Do you or your partner have a history of mental health problems? Yes  No  If yes, who?

\_\_\_\_\_

If "Yes" has the mental health problem been a source of relationship problems? Yes  No

Please explain:

\_\_\_\_\_

5. Do you or your partner have a history of drug or alcohol problems? Yes  No  If yes, who? \_\_\_\_\_

If "Yes" has the drug or alcohol problem been a source of relationship problems? Yes  No

Please explain:

\_\_\_\_\_

### Abusive or Violent Behavior Assessment

6. Have any of the following ten types of abusive or violent behavior been present in this relationship?

10 Types of Abusive or Violent Behavior	I Do										Partner Does											
	none/minimal most intense										none/minimal most intense											
<b>a) Verbal/Mental Abuse:</b> (Put downs, harsh name calling, Mind games, harassment)	0	1	2	3	4	5	6	7	8	0	1	2	3	4	5	6	7	8	9	10	9	10
<b>b) Emotional Abuse:</b> (Ignores your feelings, ridicules your beliefs, manipulates you with lies)	0	1	2	3	4	5	6	7	8	0	1	2	3	4	5	6	7	8	9	10	9	10
<b>c) Monitoring:</b> (Excessive jealousy and possessiveness, isolating from friends and family, keeps track of where you are at all times)	0	1	2	3	4	5	6	7	8	0	1	2	3	4	5	6	7	8	9	10	9	10
<b>d) Financial:</b> (Uses money to manipulate or control)	0	1	2	3	4	5	6	7	8	0	1	2	3	4	5	6	7	8	9	10	9	10

<b>e) Destruction of property:</b> (purposely destroys property to hurt or cause fear)	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
<b>e) Pet Abuse :</b> (Purposely hurts family animal to intimidate)	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
<b>g) Spiritual:</b> (Belittling or using someone's spiritual beliefs against a person)	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
<b>h) Sexual Abuse:</b> (Forced sexual intercourse or to take part in unwanted sexual activity, etc.)	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
<b>i) Verbal Violence:</b> (threats to do harm or kill)	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10
<b>j) Physical Violence:</b> (Grabbing, choking, hitting, kicking, pinching, trapping)	0 1 2 3 4 5 6 7 8 9 10	0 1 2 3 4 5 6 7 8 9 10

**If yes to any questions above, has there been any individual or couple counseling for this particular issue?**

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**(Use the space below if you need extra writing space for question #6).**

a)

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b)

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c)

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d)

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h)

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i)

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j)

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**Any other information you would like to share at this time, use the space below**

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**\*YOUR TIME AND EFFORT ARE VERY MUCH APPRECIATED.  
THANK YOU!  
Updated Jan 2010**