

Domestic Violence Intake Form

YOUR NAME: _____	BIRTHDATE: _____	
ADDRESS: _____		
CITY: _____	STATE: _____	ZIP: _____
CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO	AGES: _____	
NAME OF PERSON FILING AGAINST: _____		
BIRTHDATE: _____	ADDRESS: _____	
CITY: _____	STATE: _____	ZIP: _____
RELATIONSHIP: _____ (SPOUSE, DATING, RELATIONSHIP, FAMILY, ROOMMATE, ETC.)		

ARE YOU ASKING FOR CUSTODY OR PROTECTION OF CHILD(REN)? YES NO

IS THE OTHER PARTY THE PARENT OF THE CHILD(REN)? YES NO

ARE YOU ASKING FOR THE OTHER PARTY TO BE REMOVED FROM A SHARED RESIDENCE?
 YES NO

DO YOU OWN OR RENT THE RESIDENCE?

WHOSE NAME IS THE RESIDENCE IN? YOURS OTHER PARTY BOTH

DOES THE OTHER PARTY HAVE PERSONAL BELONGINGS AT THE RESIDENCE?
 YES NO

IF YES, WHAT PROPERTY?

HOW LONG SINCE YOU HAVE SHARED A RESIDENCE? _____

IS A MARRIAGE DISSOLUTION, PATERNITY OR CUSTODY ACTION PENDING BETWEEN YOU AND THE OTHER PARTY? YES NO CASE NUMBER _____

IF YOU ARE INVOLVED IN A DIVORCE, IS IT FINAL? YES NO

DO YOU PLAN TO FILE FOR A DIVORCE? YES NO WHEN? _____

ARE YOU FEARFUL FOR YOUR PHYSICAL SAFETY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
HAVE YOU BEEN ASSAULTED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
WAS THE OTHER PERSON ARRESTED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
IS THE OTHER PARTY STILL IN CUSTODY?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	WHERE? _____