

# Domestic Violence Intake Form

<b>YOUR NAME:</b> <input type="text"/>	<b>BIRTHDATE:</b> <input type="text"/>	
<b>ADDRESS:</b> <input type="text"/>		
<b>CITY:</b> <input type="text"/>	<b>STATE:</b> <input type="text"/>	<b>ZIP:</b> <input type="text"/>
<b>CHILDREN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>AGES:</b> <input type="text"/>	

  

<b>NAME OF PERSON FILING AGAINST:</b> <input type="text"/>
<b>BIRTHDATE:</b> <input type="text"/> <b>ADDRESS:</b> <input type="text"/>
<b>CITY:</b> <input type="text"/> <b>STATE:</b> <input type="text"/> <b>ZIP:</b> <input type="text"/>
<b>RELATIONSHIP:</b> <input type="text"/> (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? <input type="text"/>