



FOR OFFICE USE ONLY

OPEN DATE: _____
CLOSE DATE: _____
STAFF MEMBER: _____
CASE #: _____

PLEASE COMPLETE ENTIRE FORM

NAME: _____ DATE OF BIRTH: ____/____/____

HOME #: _____ WORK #: _____ CELL #: _____

IS IT SAFE TO CONTACT YOU AT ALL OF THE ABOVE NUMBERS? YES NO

IF NO; ALTERNATIVE SAFE CONTACT #: _____

MAY WE LEAVE A MESSAGE AT ANY OF THE ABOVE NUMBERS? YES NO

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

CURRENT ADDRESS MOVE-IN DATE: _____ HOW LONG AT THIS ADDRESS: _____

RACE: _____ GENDER: Female Male Transgender

LANGUAGE SPOKEN: English Spanish Other: _____

MARITAL STATUS: Single Living w/ Partner Married [# of Years ____] Separated Divorced Widowed

EMPLOYMENT STATUS: Full-Time Part-Time Homemaker Student Retired Unemployed Disabled

OCCUPATION: _____ PLACE OF EMPLOYMENT: _____

RELIGION: _____ HAVE YOU BEEN HERE BEFORE? YES NO

IF YES, WHAT YEAR WERE YOU HERE?: _____ LAST NAME (at time of visit): _____

HOUSEHOLD INCOME: \$0-9999 \$10,000-14,999 \$15,000-24,999 \$25,000-34,999 \$35,000-49,999 \$50,000-74,999 \$75,000+

DISABILITIES: _____ SOCIAL SECURITY #: _____

HAVE YOU OR A LOVED ONE EVER BEEN AFFILIATED WITH THE MILITARY? YES NO

If Yes:

Relationship: Self Spouse/Partner Relative Friend Other _____

Branch: Army Air Force Marines Navy

Status: Active Reserve Guard Veteran

REFERRED BY? _____ EMAIL OF REFERRAL: _____

*****PLEASE COMPLETE BACK OF FORM****

CHILDREN/HOUSEHOLD MEMBER'S INFORMATION

NAME	GENDER	DATE OF BIRTH	SOCIAL SECURITY #

DEFENDANT INFORMATION

DEFENDANT'S NAME: _____ **DATE OF BIRTH:** ____/____/____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____ **COUNTY:** _____

DEFENDANT'S SS #: _____ **VETERAN STATUS:** _____

EMPLOYMENT STATUS: Full-Time Part-Time Homemaker Student Retired Unemployed Disabled

WORK NAME/ADDRESS: _____

LENGTH OF RELATIONSHIP WITH DEFENDANT: _____ **RACE** _____

HAVE YOU BEEN SEPARATED FROM THE DEFENDANT IN THE PAST? YES NO

IF YES, HOW MANY TIMES? _____ **DATE LAST SEPARATED:** _____

WHAT IS THE LONGEST YOU WERE SEPARATED? _____

DOES THE DEFENDANT HAVE A CRIMINAL RECORD? YES NO UNKNOWN

IS THE DEFENDANT A REGISTERED SEX OFFENDER? YES NO UNKNOWN

PLEASE TAKE A MOMENT TO COMPLETE THE FOLLOWING:

Check any topic you would like more information on:

- | | |
|--|---|
| <input type="checkbox"/> Safety Planning | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Medical Follow Up | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Utilities | <input type="checkbox"/> U-Visa, T-Visa, S-Visa |
| <input type="checkbox"/> Financial Assistance | <input type="checkbox"/> Protective Order |
| <input type="checkbox"/> Victim's Compensation | <input type="checkbox"/> Legal Assistance |
| <input type="checkbox"/> Housing/Shelter | <input type="checkbox"/> Health Insurance |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Food | <input type="checkbox"/> Other (explain): _____ |

DO WE HAVE YOUR PERMISSION TO CONTACT YOU IN THE FUTURE REGARDING THE QUALITY OF OUR SERVICES? YES NO

CLIENT SIGNATURE: _____ **DATE:** _____