



DOMESTIC VIOLENCE

Today's date: \_\_\_\_\_

How did you hear about our services? \_\_\_\_\_

BACKGROUND INFORMATION

Your name: \_\_\_\_\_  Female  Male

Birth date: \_\_\_\_\_ Are you under 18 years of age? \_\_\_\_\_

If yes, name of parent/guardian: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Your address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Email address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Your employer: \_\_\_\_\_

Your employer's address: \_\_\_\_\_

Your employer's telephone number: \_\_\_\_\_

Does the other party know these addresses?  yes  no

Does the person who you are filing against know where you work?  yes  no

Is the person you are filing against aware of another place you frequent?  yes  no

Name and relation of an emergency contact person: \_\_\_\_\_

    Their address: \_\_\_\_\_

    Their phone number(s): \_\_\_\_\_

    Their email address: \_\_\_\_\_

Name of other party: \_\_\_\_\_

    Their address: \_\_\_\_\_

Their phone number(s): \_\_\_\_\_

Their email address: \_\_\_\_\_

Their employer's name: \_\_\_\_\_

Their employer's address: \_\_\_\_\_

What is your relationship to the person you are filing against?

- Married, if so, how long? \_\_\_\_\_
- Divorced, if so, how long ago? \_\_\_\_\_
- Dating, if so, how long? \_\_\_\_\_
- Roommate
- Boyfriend
- Former boyfriend
- Intimate partner
- Neighbor
- Girlfriend
- Former girlfriend
- Other, please specify: \_\_\_\_\_

Do you, or have you ever, lived with the person you are filing against?  yes  no

Are you currently living with the person you are filing against?  yes  no

If yes, do you have an alternative place to stay tonight?  yes  no

Are you requesting the exclusive use of the dwelling where you are/were living with the person that you are filing against?  yes  no

Are there any children in common with the person you are filing against?  yes  no

Child's Full Name	Birthdate	Age	SSN

If yes, are the children currently residing or staying with the person you are filing against?  
 yes  no



Do the children live with you?  yes  no

Do you fear the person you are filing against will abuse, remove, or hide minor children?  
 yes  no

Would your children be in danger if an Order for Protection is not issued today?  yes  no

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly describe the last incident of physical abuse, sexual abuse, emotional abuse, verbal abuse, or stalking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In addition to filing for a restraining order, will you need any other services?  yes  no

Briefly describe any specific area in which you need service. For example:

- Divorce
- Establish custody and parenting time terms
- Establish child support or other financial obligations
- Other. Explain: \_\_\_\_\_



## DOMESTIC VIOLENCE INVENTORY

<b>Behavior</b>	<b>Last Week</b>	<b>Last Month</b>	<b>Past three (3) months</b>	<b>Within one (1) year</b>	<b>Within five (5) years</b>
Degrading criticism					
Teasing, taunting					
Yelling, shouting					
Swearing, name calling					
Publicly humiliating					
Threatening harm					
Intense jealousy					
Isolating, prevent from job					
Accusing of having affairs					
Having affairs with others					
Stalking					
Threatening to take child					
Withholding finances					
Financially depriving child					
Causing financial drain					
Destroying property					
Pinching					
Slapping					
Pulling hair					
Grabbing					
Pushing					
Shoving					
Kicking					
Biting					
Punching					
Bruising					
Throwing things					
Throwing person					
Hitting with object					
Choking					
Breaking bones					
Cutting					
Burning					
Mutilation					
Stabbing					
Locking up					
Watching pornography					
Watching child pornography					
Forcing pornography					



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Forcing sex/rape					
Forcing prostitution					
Abhorrent or violent sex					
Threatening with weapon					
Wounding with weapon					
Harming animals					
Drinking alcohol					
Abusing medication					
Using illegal drugs					
Receiving DUI					
Threatening suicide					
Attempting suicide					
Batterers treatment					
Being arrested					
Being convicted					
Restraining Order(s)					
Violating restraining orders					
Violating probation					
Other					
Other					

**REQUEST FOR DOCUMENTARY DATA**

1. Any text messages, emails, photos, etc. portraying the abuse.

