

# Domestic Violence Intake Questionnaire

Date \_\_\_\_\_

Your Name \_\_\_\_\_ [ ] Female [ ] Male

Birth Date \_\_\_\_\_

Are you under 18 years of age? [ ] yes [ ] no

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

Petitioner's Place of Birth \_\_\_\_\_ Race [ ] Black [ ] White Ethnic Origin \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Tel. No. ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate No.( ) \_\_\_\_\_ - \_\_\_\_\_ Name and Relation of Contact Person \_\_\_\_\_

Does the person who you are filing against know this address? [ ] yes [ ] no

Employer \_\_\_\_\_

Employer's address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_

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 of Place \_\_\_\_\_ Address \_\_\_\_\_

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

- |                |                       |                                     |              |
|----------------|-----------------------|-------------------------------------|--------------|
| [ ] Married    | [ ] Divorced          | [ ] Dating, if yes, 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

**Children's Name**

**Date of Birth**

1. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

3. \_\_\_\_\_

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

Do you fear that the respondent will abuse, remove or hide minor children?  yes  no

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

If yes, please explain.

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Are you a victim of:

- verbal abuse
- psychological abuse
- sexual abuse
- physical abuse
- stalking

The last episode of abuse took place:

- This week
- Last week
- A month ago
- Three months ago
- Six months ago
- One year ago
- More than one year ago
- other \_\_\_\_\_

Specific Date of the last incident: \_\_\_\_\_

Briefly describe the last incident of physical abuse, sexual abuse or stalking:

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

Briefly describe any specific area in which you need service.

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**The following information requested is for the person you are filing against:**

Name \_\_\_\_\_ [ ] Female [ ] Male

Birth Date \_\_\_\_\_

Is the Respondent known by a nickname/alias? \_\_\_\_\_

Is this person under 18 years of age? [ ] yes [ ] no

If yes, name of parent/guardian \_\_\_\_\_ Relationship to him/her \_\_\_\_\_

Respondent's Place of Birth \_\_\_\_\_ Race [ ] Black [ ] White Ethnic Origin \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Alternate Number ( ) \_\_\_\_\_ - \_\_\_\_\_

What is a good time to find this person at home? \_\_\_\_\_

Is there any other address where the respondent can be served? \_\_\_\_\_

What is the best time to find the respondent at the address above? \_\_\_\_\_

Employer \_\_\_\_\_

Employer's address \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_ - \_\_\_\_\_ Ext \_\_\_\_\_

Days off from work \_\_\_\_\_ Work hours \_\_\_\_\_

Physical Description: Height \_\_\_ ft \_\_\_ in Weight \_\_\_ lbs Hair color \_\_\_\_\_ Eye color \_\_\_\_\_

Any distinguishing marks, scars or tattoos? [ ] yes [ ] no If yes, please identify one \_\_\_\_\_

Vehicle information: Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

Does this person own, possess and/or is known to possess a firearm? [ ] yes [ ] no [ ] I don't know

If yes, what type(s) \_\_\_\_\_ Has the Respondent threatened to use it against you? [ ] yes [ ] no [ ]

Is this person required to carry/use a firearm in the capacity of his/her job? [ ] yes [ ] no

Does this person have a drug problem? [ ] yes [ ] no [ ] I don't know

Does this person have an alcohol problem? [ ] yes [ ] no [ ] I don't know

Does this person have a history of ***clinically diagnosed*** mental health problems? [ ] yes [ ] no [ ] I don't know

Since when have you known this person (date)? \_\_\_\_\_