

**ADMINISTRATIVE OFFICE OF THE COURTS
DOMESTIC VIOLENCE DIVISION
DOMESTIC VIOLENCE INTAKE UNIT**

INTAKE PACKAGE

DATE: _____

CASE # _____

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Married | <input type="checkbox"/> Divorced | <input type="checkbox"/> Neighbor |
| <input type="checkbox"/> Boyfriend | <input type="checkbox"/> Live-in Boyfriend | <input type="checkbox"/> Dating |
| <input type="checkbox"/> Girlfriend | <input type="checkbox"/> Live-in Girlfriend | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Former/ Boyfriend | <input type="checkbox"/> Former/ Live-in Boyfriend | <input type="checkbox"/> Intimate Partner |
| <input type="checkbox"/> Former/ Girlfriend | <input type="checkbox"/> Former/ Live-in Girlfriend | <input type="checkbox"/> Other: _____ |

2. Do you or have you lived with the person you are filing against?

- Yes No

3. Are there any children in common with the person you are filing against? Yes No

4. Children's name and date of birth.

<u>Name</u>	<u>Date of Birth</u>
1. _____	1. _____
_____	2. _____
_____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____

5. Are you a victim of:

- Verbal Abuse
 Psychological Abuse
 Sexual Abuse
 Physical Abuse

6. The last episode of abuse took place:

- This week A month ago Six months ago
 Last week Three months ago One year ago Other: _____

Explain the abuse: _____

i STATUTORY INFORMATION IS AVAILABLE UPON REQUEST

PETITIONER INFORMATION

1. Name: _____ Male Female
2. Minor Guardian (if applicable): _____ Relation: _____
3. Address: _____ City: _____ State: _____ Zip: _____
4. Phone: _____ Alternative Phone: _____ Contact Person: _____
5. Place of Employment: _____ Work Phone: _____
6. Employer's Address: _____ City: _____ State: _____ Zip: _____
7. Social Security Number: _____ Birth Date: _____
8. Birth Place: _____ Race: _____ Ethnic Background: _____
9. Has the Respondent ever been violent toward your children? Yes No
10. Has the Department of Children and Families (DCF) been contacted? Yes No
(If yes, when?) _____
11. Does the respondent know where you live? Yes No
12. Would you like your address to be confidential? Yes No
13. Will you need an interpreter? Yes No (Language): _____

RESPONDENT INFORMATION

1. Name: _____ Male Female
2. Minor Guardian (if applicable): _____ Relation: _____
3. Address: _____ City: _____ State: _____ Zip: _____
4. Phone: _____ Alternative Phone: _____ Contact Person: _____
5. Place of Employment: _____ Work Phone: _____
6. Employer's Address: _____ City: _____ State: _____ Zip: _____
7. Social Security Number: _____ Birth Date: _____
8. Birth Place: _____ Race: _____ Ethnic Background: _____
9. Will he/she need an interpreter? Yes No (Language): _____