

## COLLABORATIVE DOMESTIC VIOLENCE INTAKE QUESTIONNAIRE

**Date:** \_\_\_\_\_ **Referred by:** \_\_\_\_\_

Please read and complete to the best of your ability. If you are unable to complete it on your own, please ask the receptionist to assist you.

### **SECTION 1. YOUR INFORMATION**

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First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Other name(s) you have used: \_\_\_\_\_

Date of birth: (MONTH/DAY/YEAR) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

If you are a minor, provide guardian's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Race: American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_ Native Hawaiian or Other Pacific Islander \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ White \_\_\_\_\_ What is your ethnicity? \_\_\_\_\_

Social Security # (if applicable): \_\_\_\_\_ Alien # (if applicable): \_\_\_\_\_

Driver's License or ID #: (if applicable) \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City/Zip Code \_\_\_\_\_

Employer/School: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's address/School address: \_\_\_\_\_

Does the abuser know where you work or attend school? Yes \_\_\_\_\_ No \_\_\_\_\_

How long have you lived in: Miami Dade County? \_\_\_\_\_ State of Florida? \_\_\_\_\_

Relationship to the abuser: \_\_\_\_\_

For how long have you known the abuser? \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

If married, please provide date and place of marriage: \_\_\_\_\_

If separated, please provide date of separation: \_\_\_\_\_

Are you living with the abuser now? Yes \_\_\_\_\_ No \_\_\_\_\_

If you are not, does the abuser know where you live? Yes \_\_\_\_\_ No \_\_\_\_\_

Did you live with the abuser in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you dating the abuser now? Yes \_\_\_\_\_ No \_\_\_\_\_ For how long? \_\_\_\_\_ When did you stop dating? \_\_\_\_\_

Do you speak English? Yes \_\_\_\_\_ No \_\_\_\_\_ What other language(s) do you speak? \_\_\_\_\_

Are you disabled? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Please provide an alternate phone number in case of an emergency: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **SECTION 2. ABUSER'S INFORMATION**

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First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Other name(s) used by the abuser: \_\_\_\_\_

Date of birth: (MONTH/DAY/YEAR) \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

If the abuser is a minor, provide guardian's name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Place of birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_  
 Race: American Indian \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_ Native Hawaiian or Other Pacific  
 Islander \_\_\_\_\_ Hispanic/Latino \_\_\_\_\_ White \_\_\_\_\_ What is the abuser's ethnicity?: \_\_\_\_\_  
 Social Security # (if applicable): \_\_\_\_\_ Alien Number: \_\_\_\_\_  
 Driver's License or ID #: (if applicable) \_\_\_\_\_  
 Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City/Zip Code \_\_\_\_\_  
 Employer/School: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Is the abuser required to carry/use a firearm in the capacity of his/her job? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Employer's address/School address: \_\_\_\_\_  
 Days off from work/school \_\_\_\_\_ work/school hours \_\_\_\_\_  
 Description: height \_\_\_\_ weight \_\_\_\_\_ eye color \_\_\_\_ hair color \_\_\_\_ Vehicle: \_\_\_\_\_  
 How long has the abuser lived in: Miami Dade County? \_\_\_\_\_ State of Florida? \_\_\_\_\_  
 Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_  
 Does the abuser speak English? Yes \_\_\_\_ No \_\_\_\_ Is the abuser disabled? Yes \_\_\_\_ No \_\_\_\_ If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 3. INCIDENT/S OF VIOLENCE & COURT RELATED INFORMATION**

Are you a victim of: Verbal Abuse \_\_\_\_ Psychological Abuse \_\_\_\_ Sexual Abuse \_\_\_\_ Physical Abuse \_\_\_\_ Stalking \_\_\_\_  
 When did the last incident of abuse take place? \_\_\_\_\_  
 Did you call the police? If yes, which department? \_\_\_\_\_ Case #: \_\_\_\_\_  
 Was the abuser arrested? Yes \_\_\_\_ No \_\_\_\_ Is the abuser still under custody? Yes \_\_\_\_ No \_\_\_\_  
 Has the abuser ever been arrested in other occasions? No \_\_\_\_ Yes, Explain \_\_\_\_\_  
 Were you arrested? Yes \_\_\_\_ No \_\_\_\_ Case #: \_\_\_\_\_ Have you ever been arrested? Yes \_\_\_\_ No \_\_\_\_  
 Do you have any other criminal case pending against the abuser? Yes \_\_\_\_ No \_\_\_\_ Case #: \_\_\_\_\_  
 Name of Assistant State Attorney: \_\_\_\_\_ Name of Victims Witness Coordinator: \_\_\_\_\_  
 \_\_\_\_\_ Name of Detective: \_\_\_\_\_  
 Do you have an Order of Protection against the abuser now? No \_\_\_\_ Yes \_\_\_\_ Case #: \_\_\_\_\_  
 Did you file for an Order of Protection against the abuser in the past? No \_\_\_\_ Yes \_\_\_\_ Case #: \_\_\_\_\_  
 Is there a paternity case open between you and the abuser? No \_\_\_\_ Yes \_\_\_\_ Case #: \_\_\_\_\_  
 Is there a divorce case open between you and the abuser? No \_\_\_\_ Yes \_\_\_\_ Case #: \_\_\_\_\_  
 Is there a juvenile dependency case open? No \_\_\_\_ Yes \_\_\_\_ Case #: \_\_\_\_\_  
 Is there a custody case open between you and the abuser? No \_\_\_\_ Yes \_\_\_\_ Case#: \_\_\_\_\_  
 Did the abuser cause property damage? No \_\_\_\_ Yes \_\_\_\_ If yes, amount of the damage: \$ \_\_\_\_\_  
 Did you ever seek medical attention due to the incident/s of violence? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Was a weapon used to abuse you? No \_\_\_\_ Yes \_\_\_\_ If yes, explain: \_\_\_\_\_  
 Does the abuser own or possess any firearms? No \_\_\_\_ Yes \_\_\_\_ If yes, how many? \_\_\_\_\_  
 Has the abuser ever intentionally hurt or killed your pets? No \_\_\_\_\_ Yes \_\_\_\_\_

Did the abuser ever obtain an Order of Protection against you? No \_\_\_ Yes \_\_\_ Case #: \_\_\_\_\_  
Has someone, other than you, ever obtained an Order of Protection against the abuser? \_\_\_\_\_

**SECTION 4. FINANCIAL/INSURANCE INFORMATION**

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What is your total income from all sources? \$ \_\_\_\_\_ per \_\_\_\_\_  
What is the abuser's income? \$ \_\_\_\_\_ per \_\_\_\_\_  
Is the abuser presently paying child support? No \_\_\_ Yes \_\_\_ If yes, how much? \$ \_\_\_\_\_  
What is the total number of people living in the household? \_\_\_\_\_ How many are dependants of yours? \_\_\_\_\_  
Do you own any real estate? Yes \_\_\_ No \_\_\_ Does the abuser own any real estate? Yes \_\_\_ No \_\_\_  
Do you and the abuser jointly own a home, apartment, mobile home or land (whether or not it is located in the United States)? Yes \_\_\_ No \_\_\_  
Do you have health insurance? Yes \_\_\_ No \_\_\_ If yes, who is the carrier? \_\_\_\_\_  
Are you financially dependant upon the abuser? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Are you receiving benefits? SSI \_\_\_ Social Security \_\_\_ Food Stamps \_\_\_ Unemployment \_\_\_ Other \_\_\_  
Has a claim for victim's compensation been filed on your behalf? No \_\_\_ Yes \_\_\_ If yes, what type of victim's compensation benefits were requested? Please explain: \_\_\_\_\_  
Claim Number: \_\_\_\_\_ Claim Analyst: \_\_\_\_\_

**SECTION 5. CHILDREN'S INFORMATION**

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\_\_\_\_\_ Not Applicable

How many children do you have? \_\_\_\_\_ How many children are from the abuser? \_\_\_\_\_

Have any of the children witnessed Domestic Violence? \_\_\_\_\_

Are any of the children victims of Domestic Violence? \_\_\_\_\_

1. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_ SS#: \_\_\_\_\_ Language Spoken: \_\_\_\_\_  
Child lives with (please check): Mother \_\_\_ Father \_\_\_ Other \_\_\_ Who? \_\_\_\_\_
2. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_ SS#: \_\_\_\_\_ Language Spoken: \_\_\_\_\_  
Child lives with (please check): Mother \_\_\_ Father \_\_\_ Other \_\_\_ Who? \_\_\_\_\_
3. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_ SS#: \_\_\_\_\_ Language Spoken: \_\_\_\_\_  
Child lives with (please check): Mother \_\_\_ Father \_\_\_ Other \_\_\_ Who? \_\_\_\_\_
4. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_ SS#: \_\_\_\_\_ Language Spoken: \_\_\_\_\_  
Child lives with (please check): Mother \_\_\_ Father \_\_\_ Other \_\_\_ Who? \_\_\_\_\_
5. Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Child's School: \_\_\_\_\_ Grade: \_\_\_\_\_ SS#: \_\_\_\_\_ Language Spoken: \_\_\_\_\_  
Child lives with (please check): Mother \_\_\_ Father \_\_\_ Other \_\_\_ Who? \_\_\_\_\_