



Domestic Violence Client Intake Form

Date: _____ Client ID: _____

Client Name: _____ DOB: _____

Petitioner's Place of Birth _____ Race _____

Address: _____ City _____ State _____ Zip _____

Tel. No. _____

Alt. No. _____ Name/Relation of Contact Person _____

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

Employer _____

Employer's address _____

Tel. No. _____ 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 so, how long) _____

[] Boyfriend [] Former Boyfriend [] Intimate Partner

[] Girlfriend [] Former Girlfriend [] Other) please specify) _____

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 living with the person that you are filing against? [] yes [] no

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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. _____

4. _____

4. _____

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 the minor children? yes no

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

If yes, please explain.

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 last incident: _____

Briefly describe the last incident of abuse:

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

Name _____ [] Male [] Female

Birth Date _____

Is Respondent known by a nickname or alias? _____

Does this person own, possess, and/or is known to possess a firearm? [] yes [] no [] do not know

If yes, what type(s) _____

Has Respondent threatened to use firearm against you? [] yes [] no

Does this person have a drug problem? [] yes [] no [] do not know

Does this person have an alcohol problem? [] yes [] no [] do not know

Does this person have a history of clinically diagnosed mental health problems? [] yes [] no [] do not know

How long have you known this person (date)? _____



NOTICY OF PRIVACY ACT RIGHTS

Pursuant to the Privacy Act 10 U.S.C. 8013, all personal information provided to Healing Household 6 by way of any Board Member or Caregiver Case Manager shall be held in confidence at all times and only shared with outside agencies and organizations that serve to assist the Client. This agreement signed by the Client shall serve as his or her authorization to share protected information with other agencies and organizations, only for the direct purpose of assisting the Client in his or her case through Healing Household 6.

Required by Law. HH6 Caregiver Case Managers will disclose protected information when required by law in any; but not limited to, of the following situations:

- Reporting child abuse or neglect
- Court ordered
- Legal duty to warn or take action regarding imminent danger to others
- When client is a danger to self or others, or gravely disabled
- When required to report certain injuries

Fundraising. HH6 may contact clients as part of its fundraising activities.

Emergencies. In life threatening emergencies, HH6 staff will disclose protected information necessary to avoid serious harm or death.

Client Authorization or Release of Information. HH6 may not use or disclose your protected information in any way without a signed authorization or release of information from you, **except for the use in obtaining outside services; including but not limited to, mental health counseling, legal assistance, temporary housing and/or emergency shelter assistance.** The authorization or release may be revoked by written request only. The revocation will apply upon receipt of notice in writing.

Copy of this Notice. You have a right to obtain another copy of this Notice upon written request.

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I acknowledge that I have been given/offered a copy of the following:

- Yes No Client Agreement
- Yes No Notice of Privacy Rights
- Yes No Welcome Letter and copies of all signed documents

Client Signature	Printed Name	Date
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Caregiver Case Manager Signature	Printed Name	Date
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*Officer Approval: _____ (initials) _____ (date) _____

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