

NEW CLIENT INTAKE

Today's date:	Advocate:	Primary Victimization (circle): DV SA ST TDV HT OTHER	
CLIENT INFORMATION			
First Name:	Middle Name:	Last Name:	Other Names/Nicknames:
Date of birth: / /	Age:	Gender:	Marital Status (circle one): Single / Married / Divorced / Separated / Widowed
Home Phone #:	SAFE? Y/ N	Cell Phone #:	SAFE? Y/ N
Work Phone #:	SAFE? Y/ N		
Street Address:		City:	State:
Mailing Address:			Zip Code:
Emergency Contact - Name:		Emergency Contact - Phone #:	Relationship to Client:
<u>Race/Ethnicity (Check all that apply):</u>			
<input type="checkbox"/> American Indian / Alaska Native - If enrolled, tribal affiliation: _____ <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Unknown			
<u>Referred by:</u>		Employed? Y / N	
<input type="checkbox"/> Medical Provider <input type="checkbox"/> Therapist/Counselor <input type="checkbox"/> Tribal Court <input type="checkbox"/> Substance Abuse Counselor <input type="checkbox"/> Victim Witness <input type="checkbox"/> Indian Child Welfare <input type="checkbox"/> Tribal Program: _____ <input type="checkbox"/> Other: _____		If yes, where:	
OFFENDER INFORMATION			
First Name:	Middle Name:	Last Name:	Other Names/Nicknames:
Date of birth: / /	Age:	Gender:	Relationship to Client:
Street Address:		City:	State:
Employer:		Vehicle:	
Physical Description:			
CHILDREN			
Name:	DOB:	CUSTODY STATUS:	SHARED CHILD?: Y / N
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CLIENT CASE #:

HISTORY OF ABUSE:

Types of Abuse Experienced:

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Physical | <input type="checkbox"/> Sexual |
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Verbal | <input type="checkbox"/> Spiritual |
| <input type="checkbox"/> Stalking | <input type="checkbox"/> Substance Abuse Related |
| <input type="checkbox"/> Other: _____ | |

Length of Relationship

Previous strangulation? Y / N
If yes, when?
Lost consciousness, petechiae, etc..?

Current Injuries:

Any pictures of injuries taken? Y / N

Previous Injuries:

Any pictures of injuries taken? Y / N

Have you seen a medical professional for any injuries? Y / N

Drug/Alcohol Use :

Victim: _____
Offender: _____

Does the offender have weapons? N / Y

If yes, describe: _____

CRIMINAL CASE AND COURT INFORMATION

Does the offender have a criminal record? Y / N

- | | |
|---|---|
| <input type="checkbox"/> Previous DV charges | <input type="checkbox"/> DV Convictions |
| <input type="checkbox"/> Previous SA charges | <input type="checkbox"/> SA Convictions |
| <input type="checkbox"/> Child Abuse Allegations/Charges | <input type="checkbox"/> SA Convictions |
| <input type="checkbox"/> Other violent charges/convictions: | |

Any previous ROs filed against the defendant? Y / N

If yes, who filed it:

Any final ROs or CPOs? Y / N

Current Law Enforcement Response to an Incident? Y / N

Who responded?
When?
Police Report Filed?
Case Number:
Case Info:

Previous Law Enforcement Response? Y / N

Who responded?
When?
Police Report Filed?
Case Number:

Is offender currently on probation? Y / N

If yes, for what:

Probation Officer Name and Contact Info:

Ongoing Family Law Case? Y / N

If yes, what court?
Case Number:
Case Status:

SERVICES

Assistance/Referrals Requested:

- | | |
|--|---|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Employment Assistance |
| <input type="checkbox"/> Legal Assistance - RO | <input type="checkbox"/> Housing Assistance |
| <input type="checkbox"/> Legal Assistance - Criminal Case Advocacy | <input type="checkbox"/> Mental Health Assistance |
| <input type="checkbox"/> Legal Assistance - Family Case Advocacy | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Cultural Support |
| <input type="checkbox"/> Other: _____ | |

Other Info:

