

CASE NUMBER: _____

FULL NAME: _____ DOB: _____ AGE: _____
PERMANENT ADDRESS: _____ PHONE: _____
CURRENT ADDRESS: _____ CELL PHONE: _____
SSN: _____ DL#: _____ STATE: _____ EMAIL: _____
RACE _____ HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____
EMPLOYMENT: _____ PHONE#: _____
TYPE OF WORK: _____ SCHEDULE: _____
VEHICLE COLOR: _____ YEAR _____ MAKE _____ MODEL _____ LIC PLT # _____
EMERGENCY CONTACT # _____ RELATIONSHIP _____

- ARE YOU A CLIENT OF CPS? _____
- HAVE YOU USED US BEFORE? _____
- HAVE YOU BEEN TO A SHELTER BEFORE? _____
- ARE YOU A CLIENT OF MHMR? _____
- DO YOU USE DRUGS OR ALCOHOL? _____
- HAVE YOU BEEN ARRESTED? _____
- ANY CONVICTIONS? _____

WHAT IS THE OTHER PARTY'S NAME: _____
DOB: _____ SSN: _____ DL#: _____ AGE: _____ RACE: _____
HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____ HAIR COLOR: _____
SCARS/TATTOOS: WHERE-DESCRIBE _____

VEHICLE COLOR _____ YEAR _____ MAKE _____ MODEL _____ LIC _____
PERMANENT ADDRESS: _____ PHONE _____
EMPLOYMENT: _____ ADDRESS: _____
PHONE #: _____ SCHEDULE: _____

OTHER ADDRESSES: _____
→ DOES HE USE DRUGS OR ALCOHOL? _____
→ UNDER INFLUENCE WHEN COMMITTING FAMILY VIOLENCE? _____
→ IS HE A CLIENT OF MHMR? _____
→ HAS HE BEEN ARRESTED? _____
→ DOES HE HAVE CONVICTIONS? _____
→ IS HE ON PAROLE/PROBATION? _____

DO YOU HAVE CHILDREN TOGETHER? _____

ARE THE TWO OF YOU MARRIED? _____
ARE THE CHILDREN AFFECTED BY COURT ORDER? _____
HAS HE HARMED THE CHILDREN? _____

NAME AND DOB OF CHILD:

1.	_____	DOB	_____
2.	_____	DOB	_____
3.	_____	DOB	_____
4.	_____	DOB	_____
5.	_____	DOB	_____

SHORT EXPLANATION OF WHAT HAS HAPPENED:

: _____
