

APPLICANT (Your Name): _____ SEX: M or F

RESIDENCE: _____
Street City State Zip

IS RESIDENCE OUTSIDE OF CITY LIMITS?: (Circle one) Yes or No

COUNTY OF RESIDENCE: _____

MAILING ADDRESS: _____ HOME PHONE: _____

YOUR PHYSICAL DESCRIPTION:

RACE (Circle One): Indian Asian Black White Unknown

ETHNICITY (Circle One): Hispanic Non-Hispanic Unknown

PLACE OF BIRTH:(State) _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR _____ HAIR _____

DRIVER'S LICENSE #: _____ SOCIAL SECURITY #: _____

PLACE OF EMPLOYMENT: _____

Business

Address

City State Zip

Days and Hour at Work Business Telephone

SOMEONE WHO WILL ALWAYS BE ABLE TO CONTACT YOU:

Name Relation Phone Number

RESPONDENT (Abuser): _____ SEX: M or F

RESIDENCE: _____

Street City State Zip

COUNTY OF RESIDENCE: _____

PHYSICAL DESCRIPTION OF RESPONDENT:

RACE (Circle One): Indian Asian Black White Unknown

ETHNICITY (Circle One): Hispanic Non-Hispanic Unknown

PLACE OF BIRTH: (State) _____ DATE OF BIRTH: _____

HEIGHT: _____ WEIGHT: _____ EYE COLOR _____ HAIR _____

DRIVER'S LICENSE #: _____ SOCIAL SECURITY #: _____

PLACE OF EMPLOYMENT: _____

Business

Address

City State Zip

Days and Hour at Work Business Telephone

IS RESPONDENT ON PROBATION OR PAROLE? _____ WHERE? _____
Y/N County

HOW LONG HAVE YOU KNOWN THE RESPONDENT? _____

HOW ARE YOU RELATED TO RESPONDENT? (Choose One of the Following A,B,C)

A. MARRIED: _____ (Circle One) Civil Ceremony or Common Law
HOW LONG: _____ DATE MARRIED _____
WHERE MARRIED: _____
HAVE YOU FILED FOR DIVORCE: _____

B. IF NEVER MARRIED TO RESPONDENT, HAVE YOU LIVED TOGETHER? _____
IF SO, HOW LONG DID YOU LIVE TOGETHER? _____

C. OTHER RELATIONSHIP? _____

D. HAVE YOU AND RESPONDENT HAD A DATING RELATIONSHIP? YES _____ NO _____
IF SO, 1. HOW LONG DID YOU AND RESPONDENT DATE? _____

2. DESCRIBE THE NATURE OF YOUR RELATIONSHIP WITH
RESPONDENT. _____

3. DESCRIBE HOW OFTEN AND THE TYPE OF INTERACTION YOU HAD
WITH RESPONDENT. _____

DO YOU HAVE CHILDREN UNDER THE AGE OF 18 RESIDING WITH YOU? _____
IF YES, PLEASE GIVE THE FOLLOWING INFORMATION:

NAME OF CHILD: _____ SEX: M or F

RACE: Indian Asian Black White Unknown

ETHNICITY: Hispanic Non-Hispanic Unknown DATE OF BIRTH: _____

CHILD CARE OR SCHOOL FACILITY: _____

ADDRESS: _____ CITY _____ STATE _____

NAME OF CHILD: _____ SEX: M or F

RACE: Indian Asian Black White Unknown

ETHNICITY: Hispanic Non-Hispanic Unknown DATE OF BIRTH: _____

CHILD CARE OR SCHOOL FACILITY: _____

ADDRESS: _____ CITY: _____ STATE: _____

NAME OF CHILD: _____ SEX: M or F RACE:

Indian Asian Black White Unknown

ETHNICITY: Hispanic Non-Hispanic Unknown DATE OF BIRTH: _____

CHILD CARE OR SCHOOL FACILITY: _____

ADDRESS: _____ CITY: _____ STATE: _____

IS RESPONDENT THE BIOLOGICAL/ADOPTIVE PARENT OF THE CHILD/CHILDREN?

YES _____ NO _____

IF YES, ARE THE CHILDREN AFFECTED BY ANY COURT ORDER/DECREE? (Custody, Conservatorship, Adoption, etc.)

YES _____ NO _____

IF YES, EXPLAIN: _____

YOU MUST PROVIDE A COPY OF ANY ORDERS AFFECTING YOU, THE CHILDREN, OR THE RESPONDENT WHO HAS POSSESSION OF THE CHILD/CHILDREN AT THIS TIME? _____

DO YOU BELIEVE THE CHILDREN COULD BE HARMED BY THE RESPONDENT?

YES _____ NO _____

HAS THE RESPONDENT THREATENED OR ABUSED THE CHILDREN IN THE PAST?

YES _____ NO _____

PERSONS WHO HAVE ACTUALLY SEEN FAMILY VIOLENCE OR HEARD THREATS OF FAMILY VIOLENCE WHO WILL BE WILLING TO TESTIFY:

Name Address Phone

Name Address Phone

Name Address Phone

PROCEED TO NEXT PAGE

