

Participant Intake Form

WomensLaw.org a project of NNEDV

1 Identifying Information

Client Name: _____	Relationship with V.: _____
Victim name (if different): _____	State of Residence: _____
V. Gender: <input type="checkbox"/> Female	Age: _____
<input type="checkbox"/> Male	Place of Birth: _____
<input type="checkbox"/> Other: _____	

2 Other Sociodemographic Information

USC <input type="checkbox"/> Yes	LPR <input type="checkbox"/> Yes	Kids with Abuser <input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
V. of other DV/SA <input type="checkbox"/> Yes	Prior arrests <input type="checkbox"/> Yes	Drug Use <input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No

3 Abuse History with Current Partner

Verbal Abuse	<input type="checkbox"/> Yes	If yes, explain: _____
	<input type="checkbox"/> No	_____
Physical Abuse	<input type="checkbox"/> Yes	If yes, explain: _____
	<input type="checkbox"/> No	_____
Sexual Abuse	<input type="checkbox"/> Yes	If yes, explain: _____
	<input type="checkbox"/> No	_____
Harassment	<input type="checkbox"/> Yes	If yes, explain: _____
	<input type="checkbox"/> No	_____
Other	<input type="checkbox"/> Yes	If yes, explain: _____
	<input type="checkbox"/> No	_____

4 Legal & Support Information Needed (check all that apply)

Information on DV	Support Information	Legal Information	Referrals to:
<input type="checkbox"/> Am I Being Abused?	<input type="checkbox"/> Safety with Abuser	<input type="checkbox"/> Restriction Orders	<input type="checkbox"/> Lawyers
<input type="checkbox"/> Danger Assessment	<input type="checkbox"/> Preparing to Leave	<input type="checkbox"/> Custody	<input type="checkbox"/> DV Organizations
<input type="checkbox"/> Emotional Abuse	<input type="checkbox"/> Safety for Stalking V	<input type="checkbox"/> Divorce	<input type="checkbox"/> National Organizations
<input type="checkbox"/> Sexual Assault	<input type="checkbox"/> Safety with Social Media	<input type="checkbox"/> Crimes	<input type="checkbox"/> Sheriff Departments
<input type="checkbox"/> LGBTQ Victims	<input type="checkbox"/> Helping Friends, Family & Coworkers	<input type="checkbox"/> State Gun Laws	<input type="checkbox"/> Court in Their Area
<input type="checkbox"/> Financial Abuse	<input type="checkbox"/> Information for Religious Leaders	<input type="checkbox"/> Fed. Gun Laws	
<input type="checkbox"/> Sexual Harassment		<input type="checkbox"/> Immigration	
<input type="checkbox"/> Male Victims		<input type="checkbox"/> Military	
<input type="checkbox"/> Cyberstalking		<input type="checkbox"/> Preparing for Court	