

Legal Document Assistant

**DOMESTIC VIOLENCE
INTAKE QUESTIONNAIRE**

The following information is strictly confidential and is required on this questionnaire for the sole purpose of completing your Request for Orders of Protection from Domestic Violence. It would only become privy to a third party if it is subpoenaed.

PERSON ASKING FOR PROTECTION

Name _____

Address _____

Home/Cell Phone _____

Email _____

DO YOU WANT THIS ADDRESS AND/OR PHONE NUMBER KEPT CONFIDENTIAL?

Yes _____ No _____

Are you currently employed? Yes _____ No _____

Name and address of EMPLOYER

Work Phone _____

Occupation _____

Hire date _____

How many hours do you work per week? _____

Do you have health insurance provided by your employer? Yes _____ No _____

GROSS Monthly earnings _____

Completed high school or equivalent? Yes _____ No _____

If no, highest grade completed _____

If not employed, which of the following do you receive?

- Calworks
- SSI
- SSDI
- Food Stamps
- General Assistance (GA)
- Pension
- Social Security
- VA Compensation
- Workers Compensation
- Unemployment
- Stocks/Bonds/Investment income
- Other

(specify) _____
 Monthly Amount _____

PERSON YOU WANT PROTECTION FROM

Name _____
 Address _____
 Home/Cell phone _____
 Sex Male _____ Female _____
 Hair color _____ eye color _____
 Race _____
 Height _____ Weight _____ Age _____
 DOB _____
 Distinguishing marks (tattoos, etc.) _____
 Is he/she currently employed? Yes _____ No _____

What is your relationship to the above person?

- We are now married or registered domestic partners
- We used to be married or registered domestic partners
- We live together
- We used to live together
- We are related by blood, marriage or by adoption (specify) _____
- We are dating or used to date
- We are or were engaged to be married
- We are the parents together of a child or children under 18
- We have a signed Voluntary Declaration of Paternity for our child(ren)

MINOR CHILDREN OF THE PARTIES

Name Birthdate Age Sex Presently with

LOCATION OF YOUR CHILDREN FOR THE LAST 5 YEARS

Dates Lived with Address Relationship to Child

Do you want the current address of the children kept confidential Yes _____ No _____

OTHER COURT CASES

Have you and the party you want protection from been involved in any other court case?

Yes _____ No _____ If yes, name of court _____

Case# _____ Type of Case (circle one) Divorce, Legal Separation, Annulment, Parentage, Custody, Domestic Violence, Civil Harassment, Child Support, Spousal Support, Criminal, Juvenile, Other (specify) _____

Are there any current restraining orders against the other party? Yes _____ No _____

If yes, Name of Court _____

Case # _____

Type of Case (circle one): Divorce, Legal Separation, Annulment, Parentage, Custody, Domestic Violence, Civil Harassment, Child Support, Spousal Support, Criminal, Juvenile, Other (specify)

Besides yourself, who else in your home needs to be protected?

Name	Sex	Age	Lives with you	Relationship to you
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Reasons they need protection: _____

WHAT ORDERS DO YOU WANT (Check all that apply)

_____ Restrain defendant's conduct from harassing, attacking, striking, threatening, assaulting, hitting, following, stalking, molesting, destroying personal property, disturbing the peace, keep you under surveillance or blocking movements.

_____ Contact Restraint, either directly or indirectly, in any way, including but not limited to, by telephone, mail or e-mail or other electronic means.

_____ Property Restraint, and would like temporary use of the following property: If married or a registered Domestic Partner, defendant shall not borrow against, sell, hide or get rid of or destroy possessions or property.

_____ Take any action, directly or through others, to obtain the addresses or locations of any protected persons.

_____ Exceptions. Brief and peaceful contact with restrained party and peaceful contact with protected children as required for court-ordered visitation of children is allowed unless a criminal protective order says otherwise.

_____ Defendant to move out of family home because:

_____ Defendant to stay away from you and all people listed above including your home _____ job or workplace _____ school _____ vehicle _____ children's school or childcare _____ Other (specify) _____

- _____ Child Custody
- _____ Child Visitation
- _____ Child Support
- _____ Spousal Support
- _____ Record unlawful communications

_____ Defendant to go to a 52 week batterer intervention program and show proof of completion
_____ Defendant not to remove minor children from the _____ County _____ State of
California _____ Country of the United States

_____ No fee for service
_____ More time for service
_____ Payment for costs and services; lost earnings, medical care, counseling, temporary
housing, other _____

Pay to: _____ for _____

Amount _____

Pay to: _____ for _____

Amount _____

Pay to: _____ for _____

Amount _____

_____ Other (specify) _____

If the person listed to be restrained is ordered to stay away from all places listed above, will he or she still be able to get to his or her home, school, job, workplace, school or vehicle?

Yes _____ No _____ If no, please explain _____

GUNS OR OTHER FIREARMS AND AMMUNITION

Do you believe the person you want protection from owns or possesses guns, firearms or ammunition? Yes _____ No _____ I don't know _____

(If the judge approves this order the person you want protection from will be ordered not to own, possess, purchase or receive a firearm or ammunition. They will be ordered to sell to a gun dealer or turn into law enforcement any guns or firearms that he or she owns or possesses.)

ANIMALS; POSESSION AND STAY AWAY ORDER

Do you have any animals? Yes _____ No _____

Do you want the sole possession of them? Yes _____ No _____ If so, which
ones? _____

CHILD CUSTODY AND VISITATION ORDERS

Legal Custody to: _____ Joint _____ Sole to Petitioner _____ Sole to Respondent

Physical Custody to: _____ Joint _____ Sole to Petitioner _____ Sole to Respondent

Respondent to have the following:

- _____ No visitation until the hearing
- _____ No visitation after the hearing
- _____ Supervised Visitation until and then after the hearing

Type of Supervision:

Professional (Individual or supervised center) _____

Non Professional _____

Providers information:

Name _____

Address _____

Phone Number _____

Costs to be paid by: Mom _____ % Dad _____ %

Other _____ %

Contact with provider: Mom or Dad to contact provider before (date) _____

If there is to be visitation, what kind would you like to give the other party?

_____ Specified visitation. Until the next court date visitation for the other party will be :
 _____ week-ends (starting) _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th week-end of
 the month starting on (date) _____ from _____ am/pm
 to _____ am/pm at (specify place of visit) _____
 _____ week-days (starting on date) _____ (days of week) _____
 from _____ am/pm to _____ am/pm at (place of visit) _____

_____ Other visitation. Attach a sheet of paper and state: dates, times, holidays, birthdays, etc.

TRANSPORTATION

I ask the Court to Order that:

Mom _____ Dad _____ Other (specify name) _____

Take children to the visits.

Mom _____ Dad _____ Other (specify name) _____

Pick up children from the visits.

Drop off/pick up of the children will be at: (address) _____

Other arrangement requested:

TRAVEL WITH CHILDREN

Mom _____ Dad _____ Other (specify name) _____
must have written permission from the other parent, or a court order to take the children outside
of :

_____ State of California
_____ County of (specify) _____
_____ Other places
(List) _____

CHILD ABDUCTION RISK

Do you believe there is a risk the other parent will take your child out of California and hide him
or her from you? Yes _____ No _____

Have they done anything that causes you to believe they will take your child(ren) and hide him
or her from you? If so, what have they done? _____

Do you want the court to order that they post a bond? Yes _____ No _____

CHILD SUPPORT INFORMATION

Mom's monthly gross income _____
Dad's monthly gross income _____

Hardships to be considered:

Support of other children (not from this relationship) _____
Rent \$ _____
Mortgage \$ _____
Utilities \$ _____
Phone \$ _____
Childcare expenses \$ _____
Extraordinary medical expenses not covered by insurance \$ _____
Catastrophic losses; fire, theft \$ _____

DESCRIPTION OF ABUSE

Date of most recent abuse _____

Who was there?:

Describe how the person abused you or your children (use a separate sheet if necessary):

Did the person use or threaten to use a gun or other weapon? _____
Describe any injuries (use a separate sheet if necessary) _____

Did the police come? Yes _____ No _____
If yes, did the police give you or the person you are seeking this order for, an emergency order of protection? Yes _____ No _____ I don't know _____
That order protects: You _____ The other person _____
(Name) _____

Has this person abused you or your children other times? Yes _____ No _____
Date of previous incident of abuse prior to the last one _____
Who was there? _____
Describe how the person abused you or your children (use a separate sheet if necessary):

Did the person use or threaten to use a gun or other weapon? _____

Describe any injuries (use a separate sheet if necessary) _____

Did the police come? Yes _____ No _____
If yes, did the police give you or the person you are seeking this order for an emergency order of protection? Yes _____ No _____ I don't know _____
That order protects: You _____ The other person _____
(Name) _____

Has this person abused you or your children other times? Yes _____ No _____

ACKNOWLEDGEMENT AND AUTHORIZATION

I understand that the Legal Document Assistant (LDA) preparing my documents is NOT an attorney, does not select forms and does not give legal advice. I hereby direct the LDA to complete the documents I have requested as outlined in the contract for services which we executed regarding this matter. I further declare that the foregoing information I have provided is to the best of my knowledge, true and correct.

DATE: _____

SIGNATURE: _____

A Legal Document Assistant (LDA) is not a lawyer. LDAs provide professional self-help services at your specific direction. Although LDAs cannot select your forms or offer legal advice they can offer self-help reference materials written or approved by attorneys, such as this brochure. LDAs can also assist you procedurally. Many LDAs have self-help manuals in their personal libraries available for purchase or reference. Informational books are also available to you in your local Law Library and book stores. Be sure to seek legal counsel from a licensed attorney if you have any legal questions or require legal advice not addressed by this brochure or other publications.