

INTAKE FORM FOR FILING A DOMESTIC VIOLENCE CIVIL PROTECTION ORDER

DATE: _____

DO YOU HAVE MINOR CHILDREN IN COMMON WITH RESPONDENT? Yes No
IF YES IT'S IMPORTANT TO NOTE THAT IF A PRIOR CUSTODY DETERMINATION WAS MADE IN ANY OTHER COURT, THIS COURT DOES NOT HAVE JURISDICTION TO ISSUE A TEMPORARY ALLOCATION OF PARENTAL RIGHTS OR TEMPORARY POSSESSION ORDER. THIS INCLUDES JUVENILE COURT OR OUT OF COUNTY COURT.

PETITIONER INFORMATION

(YOU)

WHO REFERRED YOU TO GET A CIVIL PROTECTION ORDER? _____

NUMBER OF CHILDREN WITH YOU HERE TODAY? _____

HOW LONG HAVE YOU LIVED IN: Cuyahoga County (how many years) _____ Ohio _____ (how many years)

ANY PRESENT/PAST DIVORCE OR DOMESTIC VIOLENCE CASES IN OUR COURT? Yes No

YOUR NAME: LAST _____ FIRST _____ MI _____

MAIDEN NAME: _____ FORMER NAMES: _____

RACE: _____ DOB: _____ GENDER: Male Female

Preferred Gender Identity: _____

YOUR RELATIONSHIP TO RESPONDENT:

- | | |
|--|---|
| <input type="checkbox"/> SPOUSE OF RESPONDENT | <input type="checkbox"/> CHILD OF RESPONDENT |
| <input type="checkbox"/> FORMER SPOUSE OF RESPONDENT | <input type="checkbox"/> PARENT OF RESPONDENT |
| <input type="checkbox"/> PARENT OF RESPONDENT'S CHILD(REN) | <input type="checkbox"/> FOSTER PARENT |
| <input type="checkbox"/> OTHER RELATIVE (BY BLOOD OR MARRIAGE) | |

WHO HAS LIVED WITH RESPONDENT AT ANY TIME

LIST RELATIONSHIP: _____

PERSON "LIVING AS A SPOUSE OF RESPONDENT'S IS DEFINED AS

- now cohabitating
- or cohabited within 5 years before the alleged act of domestic violence

YOUR ADDRESS & CONTACT INFORMATION

POLICE DEPT. WHERE YOU LIVE: _____ POLICE WHERE YOU WORK: _____

DOES RESPONDENT KNOW YOUR ADDRESS: Yes No

IF NO, ARE YOU REQUESTING YOUR ADDRESS TO BE CONFIDENTIAL: Yes No

(IF CONFIDENTIAL, YOU MUST PROVIDE A SAFE FULL ADDRESS, INCLUDE CITY, STATE & ZIP CODE)

DOES RESPONDENT KNOW WHERE YOU WORK: Yes No

YOUR HOME ADDRESS: _____ City _____

State _____ Zip _____ Single Dwelling Up Down Apt # _____

TELEPHONE NO. _____ CELL HOME WORK

IS IT CONFIDENTIAL: Yes No

IS THIS A SAFE NUMBER FOR THE COURT TO CALL OR LEAVE A MESSAGE: Yes No

IF THE ABOVE NUMBER IS NOT SAFE, WHO CAN WE CALL TO GIVE YOU IMPORTANT INFORMATION FROM THE COURT REGARDING YOUR CASE: _____

Relationship to You: _____

SAFE EMAIL ADDRESS: (not necessary) _____

RESPONDENT INFORMATION

(Person you are filing against)

RESPONDENT'S NAME LAST: _____ FIRST _____ MI _____
GENDER: Male Female RACE: _____ DOB: _____
EYE (Color): _____ HAIR (Color): _____ HGT: _____ WGT: _____

RESPONDENT'S ADDRESS & CONTACT INFORMATION

(YOU MUST PROVIDE A FULL ADDRESS)

ADDRESS WHERE RESPONDENT CAN BE FOUND? _____
City _____ State _____ Zip _____ Single Dwelling Up Down Apt # _____
RESPONDENT'S PHONE NO: (not necessary) _____

PERSONS YOU ARE ASKING TO BE PROTECTED

LIST NAMES OF ALL PEOPLE YOU WANT TO PROTECT - THE PEOPLE YOU WANT TO PROTECT MUST LIVE IN YOUR HOME INCLUDE YOUR NAME IF YOU WISH TO BE PROTECTED.

PRINT NAMES DOB RELATIONSHIP RELATIONSHIP SEX RACE
(MUST HAVE) TO YOU TO RESPONDENT

(INCLUDE YOUR NAME AND INFORMATION IF YOU WISH TO BE PROTECTED)

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ADDITIONAL INFORMATION

DO YOU CURRENTLY RESIDE IN THE SAME RESIDENCE AS RESPONDENT: Yes No

HAVE YOU LIVED WITH THE RESPONDENT IN LAST FIVE (5) YEARS: Yes No

WHEN WAS THE LAST TIME YOU AND RESPONDENT LIVED IN THE SAME HOUSE? _____

ARE YOU REQUESTING EXCLUSIVE TEMPORARY POSSESSION OF THE RESIDENCE YOU

AND RESPONDENT RESIDE IN NOW OR HAVE RESIDED IN TOGETHER: Yes No

If Yes, List Address: _____

DOES RESPONDENT HAVE KEYS TO THE RESIDENCE: Yes No

ARE YOU REQUESTING EXCLUSIVE TEMPORARY POSSESSION OF A VEHICLE: Yes No

If Yes, Make _____ Model _____ Year _____ and Color _____

PETS: List any animals in your home that you wish to have exclusive possession and protect

(Please describe type of animal and name(s)) _____

FINANCIAL SUPPORT

Are you **REQUESTING** Respondent to provide **financial support** for you and the other family or household members named herein? Yes No **NOTE:** financial support and/or child support **will not** be addressed at the ex parte hearing (today's hearing) it **will be** addressed at the full hearing. The full hearing will be scheduled today.

Are you **REQUESTING** Respondent to provide **child support** for the children you have in common? Yes No **DO NOT CHECK YES** if you **ALREADY HAVE** a **CHILD SUPPORT ORDER** for the children you have in common.

COUNSELING

Are you **REQUESTING** Respondent complete batterer counseling, substance abuse counseling, or other counseling as determined necessary by the Court? Yes No Counseling **will not** be addressed at the ex parte hearing (today's hearing) it **may be** addressed at the full hearing. The full hearing will be scheduled today.

CUSTODY

Are you **REQUESTING** temporary custody of the minor children **You** have with **Respondent**? Yes No
 Is there a **CUSTODY ORDER** out of any Court? Yes No
 Is there **any JUVENILE COURT** involvement? Yes No
 Is there a **DIVORCE pending** or **dismissed** in any court? Yes No

PRIOR PROTECTION/RESTRAINING ORDERS/NO CONTACT ORDERS:

Are there **any Orders on your behalf** NOW? Yes No PAST? Yes No
 Are there **any Orders against you** NOW? Yes No PAST? Yes No

PRIOR COURT CASES

List all present/past cases (including civil, criminal, divorce, juvenile, custody, visitation, and bankruptcy cases) that relate to the Respondent, you, for children, your family or your household members. (If you do not know the case number, etc., add what you know about the case) **Include misdemeanor and felony cases present / past for YOU and RESPONDENT.**

CASE NAME	CASE NO.	COURT/COUNTY	TYPE OF CASE	RESULT
LIST ALL CASES FOR YOU and RESPONDENT OPEN OR CLOSED				

WEAPONS/FIREARMS

DOES RESPONDENT POSSESS ANY WEAPONS: Yes No *If Yes, please give description of weapon and location:* _____

_____ of _____

PETITIONER STATEMENT

