

DOMESTIC VIOLENCE CIVIL PROTECTION ORDER (DVCPO) INTAKE FORM

Start Here

[NO KIDS PACKET]

I am seeking protection for a minor child, NOT for me Yes No
If eligible, I want to talk to an advocate about safety planning and resources Yes No

Petitioner is YOU
Respondent is the person you want protection from

Do you have a case in this court now or in the past Yes No (you are in the Domestic Relations Court now)
If YES, what type of case? Domestic Violence Divorce/Dissolution

Your Information

Gender: Male Female Preferred Gender Identity: Male Female
How are you related to the Respondent? I am his/her: _____
Last Name: _____ DOB: _____
First Name: _____ Police Dept where you live: _____
Middle Name: _____ Does Respondent know your address? Yes No
Former Name: _____ Police Dept where you work: _____
Race: _____ Does Respondent know where you work? Yes No
Safe email address: _____
Your home address. Do you want your home address confidential? Yes No
Address: _____ City: _____ Zip: _____
 Single House Up Down Apt # _____
Phone #: _____ Cell Home Work Is the phone # Confidential? Yes No
Can the Court call or leave a message at this number? Yes No
If NO, what is a safe phone #? _____ Whose phone # is this? My _____

Respondent's Information

Gender: Male Female Race: _____
Last Name: _____ Eye Color: _____ Hair Color: _____
First Name: _____ DOB: _____
Middle Name: _____ Height: _____
Former Name: _____ Weight: _____
Respondent is active in the United States Military Yes No
Email address: _____
Address where Respondent can be found:
Address: _____ City: _____ Zip: _____
 Single House Up Down Apt # _____
Phone #: _____ Cell Home Work

Who Needs Protection?

(include your own name if you need protection – your relationship to Petitioner is SELF)

Name	Gender	Relationship to Respondent	Relationship to Petitioner	Race	DOB	Lives with Petitioner?
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Residence Information

Have you lived with Respondent in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you live with Respondent now?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want exclusive temporary possession of the residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does Respondent have keys to the residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Vehicle Information

Do you want exclusive temporary possession of a vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, Make _____ Model _____ Year _____ Color _____	
Does Respondent have keys to this vehicle?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Pet & Companion Animal Information

Do you have animals in the home you want with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, list the animals:	
Animal Type & Breed	Animal's Name
_____	_____
_____	_____
_____	_____

Cell Phone Information (optional)

Petitioner (you) will be responsible for paying for any costs for the cell phone service and devices
Do you want to separate your cell phone account from Respondent's? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete info below:
Respondent's billing cell phone number: _____
Cell phone numbers to transfer to your cell phone plan including numbers of minor children in your care: _____

Financial Support*

Do you want financial support from Respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No

Counseling*

Do you want Respondent to complete counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No

Custody

Do you want temporary custody of children you have with Respondent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a custody/visitation order in place now from any court? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what court? _____

*Support & counseling will NOT be discussed at Ex Parte hearing.
These may be discussed at the next hearing.
Counseling may include batterer or substance abuse issues.

Court Orders

Are there any protection orders PROTECTING you now? Yes No
Have there been any protection orders PROTECTING you in the past? Yes No
Are there any protection orders AGAINST you now? Yes No
Have there been any protection orders AGAINST you in the past? Yes No

Court Cases (list all cases involving Respondent that you know of)

Case type examples: Custody, Visitation, Child Support, Divorce, CPS, Criminal, Animal Cruelty, No Contact Orders, etc.

Court Type examples: Domestic, Juvenile, Municipal, Criminal

Case Type	Case Name	Case #	County or City	Court Type	Result

Weapons & Firearms

Does Respondent have any weapons? Yes No

If YES, list describe them & where they are located:

Weapon Type

Weapon Location

What to do next . . .

1. Did you complete all items in every section of this form?
2. Please double-check and make sure every item of every section is completed.
3. If everything in the form is completed, take this completed form to the Specialist.

Thank you

We appreciate your patience as we help you with each step of the process.