

Intervene NOW! Intake Form

Date Distributed: _____

Name: _____ Date of Birth: _____

PO: _____ Case Manager: _____ Ethnic background: _____

Basic Contact Information

Street: _____ Town: _____ Zip Code: _____

Primary Phone: _____ Home Work Cell Can leave message Can Text

Secondary Phone: _____ Home Work Cell Can leave message Can Text

Emergency Contact

Name: _____ Relationship: _____ Phone: _____

Occupation: _____ Employer: _____

Relationship History

Marital Status:

Married Not married, but living together Separated Divorced Never married

Partner's name: _____ Spouse Significant Other Her phone _____

Her mailing address: _____ Her age: _____

Do you currently live with your partner? Yes No

How long have you been with your current partner? _____

If currently married, how long have you been married? _____

If separated, when did you separate? _____

Is the victim in the incident for which you have been referred your current partner? Yes No

Yes, then Skip to the next section:

What is your relationship to the victim? _____

Victim's name: _____

Victim's address: _____

Victim's age: _____

Victim's phone: _____

What was the nature of the incident for which you were referred to this program?

Have there been other DV charges? Yes No

Were alcohol and/or drugs used before or during any of your violence? Yes No

Do you have weapons or have you been in possession of weapons in the last year? Yes No

If so, where are these weapons now? _____

Have you ever threatened to use a weapon on the victim or someone else? Yes No

Have you ever spied on the victim, your partner or another women? Yes No

Have you ever made a suicide attempt? Yes No

Have you ever threatened to kill yourself? Yes No

Health/Treatment History

Are you currently receiving any counseling, substance abuse treatment, etc.? Yes No

<i><u>Name of Program</u></i>	<i><u>Location of Program</u></i>	<i><u>Dates Attended</u></i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever attended a batterers intervention or anger management class? Yes No

<i><u>Name of Program</u></i>	<i><u>Location of Program</u></i>	<i><u>Dates Attended</u></i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been admitted to a psychiatric facility? Yes No

<i><u>Name of Program</u></i>	<i><u>Location of Program</u></i>	<i><u>Dates Attended</u></i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you currently taking any prescription medicine? Yes No

Have you taken prescription medicines in the past? Yes No

Legal History

Have you ever been convicted of a crime? Yes No

If yes, what was the most recent? _____

What was your most serious crime? _____

Have you ever been incarcerated? Yes No When? _____

Are you on probation/parole? Yes No Until when? _____

Does your victim have a Order of Protection against you? Yes No

Has anyone ever had an Order of Protection against you? Yes No

Children:

<i>Names</i>	<i>Date of Birth</i>	<i>Child's Mother's Name</i>	<i>Child's Gender</i>	<i>Child Living w/you</i>

Are you required to make child support payments? Yes No

Has a child abuse report ever been filed on you? Yes No

Was the allegation supported or denied? Yes No

Are you currently involved with the Children's Division? Yes No

Signature: _____ Date: _____