



## 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
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**LOCATION OF YOUR CHILDREN FOR THE LAST 5 YEARS**

Dates	Lived with	Address	Relationship to Child
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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 \_\_\_\_\_

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## 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; POSSESSION 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? \_\_\_\_\_

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## 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) \_\_\_\_\_ 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> 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:

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## 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):

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

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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):

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

Describe any injuries (use a separate sheet if necessary) \_\_\_\_\_

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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: \_\_\_\_\_

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