

Domestic Violence Advocacy Questionnaire

Date _____

Your Name _____ [] Female [] Male Birth Date _____

Are you under 18 years of age? [] yes [] no

If yes, name of parent/guardian _____ Relationship to you _____

Petitioner's Place of Birth _____ Race [] Black [] White Ethnic Origin _____

Address: _____ City _____ State _____ Zip Code _____

Tel. No. () _____ - _____ Alternate No.() _____ - _____ Name and Relation of Contact Person _____

Does the person who you are filing against know this address? [] yes [] no

Employer _____

Employer's address _____

Telephone Number () _____ - _____ Ext _____

Does the person who you are filing against know where you work? [] yes [] no

Is the person you are filing against aware of another place you frequent? [] yes [] no

Name of Place _____ Address _____

What is your relationship to the person who you are filing against?

[] Married [] Divorced [] Dating, if yes, how long? _____ [] Roommate
[] Boyfriend [] Former Boyfriend [] Intimate Partner [] Neighbor
[] Girlfriend [] Former Girlfriend [] Other, please specify: _____

Do you or have you **ever** lived with the person you are filing against? [] yes [] no

Are requesting the exclusive use of the dwelling where you are/were living with the person that you are filing against?
[] yes [] no

Are you a victim of: [] verbal abuse [] psychological abuse [] sexual abuse [] physical abuse [] stalking

The last episode of abuse took place:

[] This week [] Last week [] A month ago [] Three months ago
[] Six months ago [] One year ago [] More than one year ago [] other _____

Are there any children ***in common*** with the person you are filing against? [] yes [] no

Children's Name	Date of Birth
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____

The following information requested is for the person you are filing against:

Name _____ [] Female [] Male Birth Date _____

Is the Respondent known by a nickname/alias? _____

Is this person under 18 years of age? [] yes [] no

If yes, name of parent/guardian _____ Relationship to him/her _____

Respondent's Place of Birth _____ Race [] Black [] White Ethnic Origin _____

Address: _____ City _____ State _____ Zip Code _____

Telephone Number () _____ - _____ Alternate Number () _____ - _____

What is a good time to find this person at home? _____

Is there any other address where the respondent can be served? _____

What is the best time to find the respondent at the address above? _____

Employer _____

Employer's address _____

Telephone Number () _____ - _____ Ext _____

Days off from work _____ Work hours _____

Physical Description: Height ___ ft ___ in Weight ___ lbs Hair color _____ Eye color _____

Any distinguishing marks, scars or tattoos? [] yes [] no If yes, please identify one _____

Vehicle information: Year _____ Make _____ Model _____ Color _____

Does this person own, possess and/or is known to possess a firearm? [] yes [] no [] I don't know

If yes, what type(s) _____ Has the Respondent threatened to use it against you? [] yes [] no []

Is this person required to carry/use a firearm in the capacity of his/her job? [] yes [] no

Does this person have a drug problem? [] yes [] no [] I don't know

Does this person have an alcohol problem? [] yes [] no [] I don't know

Does this person have a history of ***clinically diagnosed*** mental health problems? [] yes [] no [] I don't know

Do you fear that the respondent will abuse, remove or hide minor children?

Since when have you known this person (date)? _____