

FAMILY SAFETY CENTER

WHAT TO EXPECT DURING YOUR VISIT TODAY

- Your visit today may vary in time expectancy depending on the services requested and needed.
- **IN ORDER TO FILE FOR AN ORDER OF PROTECTION YOU MUST HAVE A COMPLETE ADDRESS FOR THE ABUSER TO BE SERVED!!!!**
- Filling out your paperwork completely and thoroughly will help speed up the process.
- On average the process takes **2-3 hours**. If you are unable to wait today, fill out the paperwork and leave it with the receptionist and return when you can complete the process.

DURING YOUR VISIT TODAY MANY NEEDS CAN BE ADDRESSED:

- If you need speak to your assigned detective, please let the receptionist know.
- If your abuser lives outside of Shelby County, TN please let the receptionist know.
- We will process your request for the Temporary Order of Protection today and you will be given a court date for your order of protection hearing.
- We also offer referral services for counseling, emergency housing, utility, or rental assistance, etc.

**Family Safety Center of Memphis and Shelby County
INTAKE INFORMATION**

FIRST NAME _____ **LAST** _____ **DOB** ___/___/___

WHAT ARE YOUR NEEDS/GOALS TODAY? (I WOULD LIKE TO TALK TO SOMEONE ABOUT)

<input type="checkbox"/> Order of Protection	<input type="checkbox"/> Counseling	<input type="checkbox"/> Pregnant Mom's Empowerment Program	<input type="checkbox"/> Other _____
<input type="checkbox"/> Emergency Housing	<input type="checkbox"/> Child Therapy	<input type="checkbox"/> Criminal Injuries Compensation	
<input type="checkbox"/> Court Advocate	<input type="checkbox"/> Job/Educational Training	<input type="checkbox"/> Sexual Assault	
<input type="checkbox"/> Legal Assistance - OP			

HAVE YOU BEEN ARRESTED AND HAVE PENDING CHARGES FOR DOMESTIC ABUSE? YES NO

ARE YOU HERE FOR AN ORDER OF PROTECTION? YES NO (IF YES, PLEASE SEE BELOW)

1. You must have a COMPLETE PHYSICAL ADDRESS for the abuser whom you are filing on.
2. We must have a valid address for law enforcement to serve the abuser with court papers.

DO YOU HAVE A SAFE PLACE TO STAY? YES NO

DID THE POLICE HAVE YOU SPEAK WITH AN ADVOCATE FROM THE FAMILY SAFETY CENTER ON THE PHONE WHILE TAKING YOUR REPORT? YES NO

DO YOU HAVE AN APPOINTMENT TO SPEAK WITH A DV DETECTIVE/INVESTIGATOR TODAY?
 YES NO

-----Office use only-----

FAMILY SAFETY CENTER OF MEMPHIS/SHELBY COUNTY INTAKE FORM

Today's date: _____

First Visit to Family Safety Center? YES NO

CLIENT INFORMATION

Client's First Name: _____

Middle: _____

Last: _____

Pronoun: He She They/Them

Is this your legal name? If not, what is your legal name? _____

LGBTQ

Birth date: _____

Age: _____

Gender:

Yes No

Yes No

/ /

M

TRANSGENDER

F

OTHER

Street address: _____

City _____

State & Zip Code _____

Safe Phone# _____

Safe Email Address _____

SSN# _____

Employer: _____

Employer Address: _____

Employer phone no.: _____

()

Referred by: Law Enforcement District Attorney Office

Social Service

TV/Radio

Family/Friends Internet Church/Minister

Print Ad

Other _____

Demographic Information

Education Level

Relationship to Abuser

Income Level

Military Affiliation

Military Status

8th grade or less

Spouse

\$0 - 20,000

None

Active Duty

Some High School

Ex-Spouse

\$20,001 - \$35,000

Air Force

Reserves

High School Grad/GED

Boyfriend/Girlfriend

\$35,000 - \$50,000

Army

Retired

Some College

Ex-Boyfriend/Ex-Girlfriend

\$50,001 or more

Coast Guard

Other: _____

Tech School/Vocational

Child's Parent

Marines

Bachelor's Degree

Other _____

Navy

Advanced Degree

Other _____

Your Current Marital Status: Single Married Divorced Separated Widowed

Ethnicity: Native American Asian/Pacific Islander African American/Black Hispanic/Latino Multiracial

White/Caucasian Other Decline to Answer

Do you have a Disability?

YES NO Decline to answer

In order to assess safety, we would like to know if you could be pregnant:

YES NO UNCERTAIN DECLINE TO ANSWER

IN CASE OF EMERGENCY

Name of local friend or relative (not living at same address): _____

Relationship to Client _____

Home phone no.: _____

Work phone no.: _____

()

()

Please List all Minor Children:

Race | Gender | Is Abuser the Parent? | Disability? | Living with you

Name _____ DOB ___/___/___ _____ YES NO YES NO YES NO

Name _____ DOB ___/___/___ _____ YES NO YES NO YES NO

Name _____ DOB ___/___/___ _____ YES NO YES NO YES NO

Name _____ DOB ___/___/___ _____ YES NO YES NO YES NO

Name _____ DOB ___/___/___ _____ YES NO YES NO YES NO

ABUSER INFORMATION

First Name _____ Middle _____ Last _____ Alias/AKA _____

Has this person been arrested for the current incident? YES NO Is this person currently in jail? YES NO

Date of Birth _____ / _____ / _____ Approx. Age _____ SSN # _____ Abuser Phone #: () _____

ABUSER ADDRESS Address: _____ City: _____

NOTE: THIS MUST BE A PHYSICAL ADDRESS WHERE THE SHERIFF CAN SERVE THE ABUSER State: _____ ZIP: _____

Second Address (if available): _____ City: _____ State: _____ ZIP: _____

ABUSER EMPLOYMENT INFORMATION

Employer Name: _____ City: _____ State: _____ ZIP: _____

Employer Phone #: _____ Work Hours: _____

Abuser Vehicle Information

Make/Model _____ License Plate # _____ Color _____ State _____

Additional Information on Abuser:

Height _____ Weight _____ Hair Color _____ Eye Color _____ Race _____ Gender _____

Scars or Tattoos? _____

Do you and the abuser live together? YES NO

If you live with the abuser, has he/she/they moved out of the residence? YES NO

If you live together, who owns/leases the residence? _____

Has the abuser been abusive to you in the past? YES NO Have you received medical treatment in the past? YES NO

Are there any court cases pending in which you and the abuser are involved? YES NO

If Married, Has a divorce been filed? YES NO Does the abuser have any alcohol/Drug/or mental health issues? YES NO

INFORMATION ABOUT YOUR COMPLAINT

Did Your Child Witness this incident of domestic violence? YES NO

Does your child (or children) need protection from the abuser? YES NO

If yes, please briefly explain why the child/children need protection below. Please note, this must be based on incidents of harm or threats by the abuser towards the child/children:

INFORMATION ABOUT YOUR COMPLAINT

Please be detailed about an incident. The incident statement should include what happened during the incident(s) against you, or your children by the abuser. If you have any questions, please ask a Family Safety Center Staff Member.

Date, Time and Location of Incident: ____/____/____ Time ____:____ AM PM Location: _____

Did the incident occur inside of Shelby County? YES NO If No, Where? _____

POLICE REPORT #

Incident Date: / /

What Happened? (Please Print):

PETITIONER'S (YOUR) SIGNATURE: _____ **Date:** ____/____/____

Were you injured? YES NO if so, did you receive medical treatment? YES NO Where? _____

Were the Police Called? YES NO Was a report Taken? YES NO UNSURE

Was anyone arrested? YES NO If so, Who? _____ What was the charge? _____

Were any weapons used? YES NO If so, What? _____

Have you received harassing phone calls or text messages? YES NO If so, how many? _____

Did this person threaten to hurt or kill you during these calls or text? YES NO How many threats via Phone/Text? _____

When did it start? ____/____/____ What is the date of the most recent? ____/____/____ Did you report to police? YES NO

FOR FSC STAFF ONLY

C's ID # _____ Log Page # _____

R's ID# _____ Court Date _____

TO BE COMPLETED WITH INTAKE PAPERWORK

HERTH HOPE INDEX – BEFORE NAVIGATOR MEETING

Listed below are a number of statements. Read each statement and place an [X] in the box that describes how much you agree with that statement right now.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. I have a positive outlook toward life.				
2. I have short and/or long range goals.				
3. I feel all alone.				
4. I can see possibilities in the midst of difficulties.				
5. I have a faith that gives me comfort.				
6. I feel scared about my future.				
7. I can recall happy/joyful times.				
8. I have deep inner strength.				
9. I am able to give and receive caring/love.				
10. I have a sense of direction.				
11. I believe that each day has potential.				
12. I feel my life has value and worth.				

PLEASE READ PRIOR TO ANSWERING:

No Matter how well a couple gets along, there are times when they disagree, get annoyed with one another, want different things from each other, or just have spats/fights because they are in a bad mood, tired, or are upset for some reason. Couples also have many different ways of trying to settle their differences. This is a list of things that MIGHT happen when you have differences with your partner. Some of these questions may be about you, others about your partner. Please circle or fill in the appropriate dot that best describes how many times these things have happened IN THE PAST 3 MONTHS

1. My Partner insulted me or swore at me:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

2. My Partner threw something at me that could have hurt:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

3. My Partner twisted my arm or hair:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

4. My Partner had a sprain, bruise, or small cut because of a fight with me:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

5. My Partner made me have sex without a condom:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

6. My Partner pushed or shoved me:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

7. My Partner used force to make me have oral or anal sex:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

8. My Partner used a gun or knife on me:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

9. My Partner passed out from being hit on the head by me in a fight:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

10. My Partner called me fat or ugly:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

11. My Partner punched or hit me with something that could hurt:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

12. My Partner destroyed something that belonged to me:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

13. My Partner went to a doctor because of a fight with me:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

14. My Partner choked me:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

15. My Partner shouted or yelled at me:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

16. My Partner slammed me against a wall:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

17. My Partner needed to see a doctor because of a fight with me, but didn't:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

18. My Partner beat me up:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

19. My Partner grabbed me:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

20. My Partner used force to make me have sex:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

21. My Partner stomped out of the house/room/yard during a disagreement:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

22. My Partner insisted I have sex when I didn't want to (but did not use physical force):

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

23. My Partner slapped me:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

24. My Partner had a broken bone from a fight with me:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

25. My Partner used threats to make me have oral or anal sex:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

26. My Partner burned or scalded me on purpose:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

27. My Partner insisted I have oral or anal sex (But didn't use physical force):

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

28. My partner accused me of being a lousy lover:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

29. My Partner did something to spite me:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

30. My partner threatened to hit or throw something at me:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

31. My partner still felt physical pain the next day because of a fight we had:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

32. My partner kicked me:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER

33. My partner used threats to make me have sex:

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Once	Twice	3-4 Times	6-10 Times	11-20 Times	More than 20 Times	NOT IN PAST 3 MONTHS	NEVER