

# DOMESTIC VIOLENCE CIVIL PROTECTION ORDER (DVCPO) INTAKE FORM

Start Here

[DATING VIOLENCE]

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:	
<b>Animal Type &amp; Breed</b>	<b>Animal's Name</b>
_____	_____
_____	_____
_____	_____

## Cell Phone Information (optional)

<b>**Petitioner (you) will be responsible for paying for any costs for the cell phone service and devices**</b>
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
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## Counseling\*

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