



Civil | Eviction | Probate | Family Law | Real Estate

**Domestic Violence / Restraining Order / Civil Harassment Intake**

**Victim's Information**

Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

What is your relationship to the aggressor? \_\_\_\_\_

- I authorize emails concerning my case
- I authorize a follow up call concerning my consultation

**AGGRESSOR'S INFORMATION**

Name \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Driver's License \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**Physical and Personal Characteristics of the Aggressor:**

Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_

Eye color \_\_\_\_\_ Race \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_



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**YOUR RELATIONSHIP TO THE ABUSER**

- We are now married or registered domestic partners
- We are dating or used to date or we are or used to be engaged
- We used to be married or registered domestic partners  We are the parents of a child or children under 18 years old.
- We live together
- We used to live together
- We are related by blood, marriage, or adoption
- We have signed a Voluntary Declaration of Paternity for our children

**FACTS OF THE CASE**

Do you want an order to protect family or household members? PLEASE CIRCLE: Yes / No  
If YES, please list the individuals:

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Name	DOB	Relationship to you
Lives with you? Yes / No		

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Name	DOB	Relationship to you
Lives with you? Yes/ No		

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Name	DOB	Relationship to you
Lives with you? Yes/ No		

Have you been involved in another court case with this person? Yes / No  
If so: Case Number: \_\_\_\_\_ Year Filed: \_\_\_\_\_ Where: \_\_\_\_\_

Do they own guns? Yes / No

Do you want child custody/visitation with this action? Yes / No

Do you want child support with this action? Yes / No

Are you requesting property control? Yes / No

-Of what property? \_\_\_\_\_

Any special requests to be ordered?

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**SPECIFIC ABUSE HISTORY**

1) Date of most recent abuse? \_\_\_\_\_ Who was there? \_\_\_\_\_

Description of abuse:

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Did they threaten to use a gun or weapon? Yes/ No

Describe injuries:

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Were the police called? Yes/ No

If YES, did you get emergency protection orders from the police when they arrived? Yes/ No

2) Date of next most recent abuse? \_\_\_\_\_ Who was there? \_\_\_\_\_

Description of abuse:

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Did they threaten to use a gun or weapon? Yes/ No

Describe injuries:

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Were the police called? Yes/ No

If YES, did you get emergency protection orders from the police when they arrived? Yes/ No

Were there any previous abuse incidents? Yes/ No

**I, the undersigned, declare the following:**

It has been disclosed to the Customer that Inland Valley Doc Prep is owned and operated by document preparers that are prohibited by law from giving legal advice. The Customer acknowledges that the Preparer is prohibited by law from giving legal advice and shall hold Preparer harmless of the outcome of court rulings, hearings, and any motions filed against the Customer. The Customer understands that he or she is responsible for his or her legal decisions and declarations made by Preparer which is incorporated in the documents prepared by this Preparer. The Customer also acknowledges that Inland Valley Doc Prep does not represent Customer and that Customer must appear for himself/herself in all Court proceedings and hearings. The Client must take responsibility for Customer's actions and arguments. Inland Valley Doc Prep is responsible for meeting the proper statutes in relations to preparation of Customer's paperwork and pleadings, including formatting the documents properly.

By checking this box and signing below, I agree with the above declaration.

**DATE:** \_\_\_\_\_

**Please Print Name**

**Signature**