



Ending Violence...One Home at a Time

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INTAKE FORM

Last Name: _____ First Name: _____ MI: _____
 Street: _____ Birth date: ____/____/____ S.S.#: ____/____/____
 City/Zip: _____ E-mail: _____
 Phone #: _____ 2nd Phone #: _____
 Ethnicity: _____ Driver License #: _____
 Employer(s): _____ Income (Net/wk): _____ (all sources)
 Car (make): _____ Car (model/year): _____ Plate#: _____

Marital Status: Single Married: _____ times Divorced Separated since _____

****FILL OUT INFORMATION FOR EACH PARTNER YOU HAVE CHILDREN WITH****

Children's Names	Other Parent's Name	Child's D.O.B.	Male/Female	Living with you?
			M / F	Yes / No
			M / F	Yes / No
			M / F	Yes / No
			M / F	Yes / No
			M / F	Yes / No

VICTIM INFORMATION:

Last Name: _____ First Name: _____
 Street: _____ Age / DOB: _____
 City/ST/Zip _____ Relationship to you: _____
 Phone #: _____ (2nd) Phone #: _____
 Work Phone –OR– Company Name / City: _____
 Are you still in a relationship?: Yes / No Do you live together? Yes No How long in a relationship: _____
 Restraining Order: Current Prior: ____ times NEVER Partner's Language: _____
 # of children with this partner: _____ # of children partner has from other relationships: _____

CURRENT PARTNER INFORMATION:

Last Name: _____	First Name: _____	
Street: _____	Age / DOB: _____	
City/ST/Zip _____	Relationship to you: _____	
Phone #: _____	(2 nd) Phone #: _____	
Work Phone –OR- Company Name / City: _____		
Are you still in a relationship?: Yes / No	Do you live together? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long in a relationship: _____
Restraining Order: <input type="checkbox"/> Current <input type="checkbox"/> Prior: ___ times <input type="checkbox"/> NEVER	Partner’s Language: _____	
# of children with this partner: _____	# of children partner has from other relationships: _____	

FORMER PARTNER INFORMATION #1:

Last Name: _____	First Name: _____	
Street: _____	Age / DOB: _____	
City/ST/Zip _____	Relationship to you: _____	
Phone #: _____	(2 nd) Phone #: _____	
Work Phone –OR- Company Name / City: _____		
Are you still in a relationship?: Yes / No	Do you live together? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long in a relationship: _____
Restraining Order: <input type="checkbox"/> Current <input type="checkbox"/> Prior: ___ times <input type="checkbox"/> NEVER	Partner’s Language: _____	
# of children with this partner: _____	# of children partner has from other relationships: _____	

FORMER PARTNER INFORMATION #2:

Last Name: _____	First Name: _____	
Street: _____	Age / DOB: _____	
City/ST/Zip _____	Relationship to you: _____	
Phone #: _____	(2 nd) Phone #: _____	
Work Phone –OR- Company Name / City: _____		
Are you still in a relationship?: Yes / No	Do you live together? <input type="checkbox"/> Yes <input type="checkbox"/> No	How long in a relationship: _____
Restraining Order: <input type="checkbox"/> Current <input type="checkbox"/> Prior: ___ times <input type="checkbox"/> NEVER	Partner’s Language: _____	
# of children with this partner: _____	# of children partner has from other relationships: _____	

VIOLENCE AND/OR ABUSE:

Describe the incident that led *you* to be referred to this program – Do not detail the other person’s actions:

Date Occurred: _____ Charge(s): _____

YOUR ACTIONS: _____

What was your reason for choosing those actions? _____

Was this your last incident towards this person? **YES / NO**

When was your ***most recent*** hurtful behavior toward this person? _____

Describe what actions YOU did at that time: _____

What was your reason for choosing those actions? _____

When was your ***most serious*** hurtful behavior towards this person? _____

Describe **YOUR** actions you chose at that time: _____

What was your reason for choosing those actions? _____

How many times have you been harmful towards this person? _____

How many **OTHER** partners have you been hurtful towards? _____

Who else have you hurt in a relationship? (Be sure to detail this person's information on the second page)

How were you violent during those relationships? _____

Have you used alcohol or other drugs before or during any of your violence? **YES / NO**

If YES, what did you use? _____

Do you have any weapons? **YES / NO** If YES, what kind? _____

Where are those weapons kept? _____

Have you ever threatened your current or ex-partner with a weapon? **YES / NO** When? _____

Have you ever used a weapon against her? **YES / NO** When? _____

If you answered YES to using or threatening to use weapons, describe YOUR actions: _____

Have you ever threatened to kill or seriously harm your partner, ex-partner or others? **YES / NO**

If YES, who? _____ When? _____

What did you say / threaten to do? _____

Have you ever spied on a partner by checking up on them? **YES / NO**

If YES, when and how? _____

SUBSTANCE USE / ABUSE

Do you currently use alcohol? **YES / NO** If YES, how many times per month? _____

How much at each occasion? _____

Do you currently use other illegal drugs? **YES / NO** If YES, what type(s)? _____

How many times per month do you use each of the above illegal drugs? _____

Have you abused alcohol or other drugs in the past? **YES / NO** If YES, when? _____

What kind(s) of substances have you abused in the past? _____

Are you currently in substance abuse counseling? **YES / NO** If YES, where? _____

For what reason? _____

PHYSICAL / MENTAL HEALTH

Are you currently taking any prescribed medications for *physical* reason(s)? **YES/ NO**

If YES, for what *physical* health reason(s)? _____

What medications do you take, and what dosages? _____

Have you ever attempted or threatened suicide? **YES / NO** If YES, when? _____

What method(s) did you use/threaten? _____

Were you hospitalized due to suicide attempt(s)? **YES / NO**

If YES, for how long? _____ Where were you hospitalized? _____

Have you had any thoughts of suicide? **YES / NO** If YES, when was the most recent? _____

Do you have a current plan to harm yourself or others? **YES / NO** If YES, what is your plan? _____

Are you currently in any form of counseling? **YES / NO**

Name of Counselor: _____ Town: _____

Name of Agency: _____ Phone: (____) _____ - _____

Are you on any prescribed medications for *mental* health reasons? **YES / NO**

If YES, for what reasons? _____

What medications do you take, and what dosages? _____

Who prescribes these medications? _____

Have you taken medications in the past for physical or mental health reasons? **YES / NO**

If YES, what kind of medications and for what reasons? _____

Legal Information

Have the police been called due to your actions? **YES / NO**

Have you ever been charged with a crime? **YES / NO**

If YES, why have police been called, and what have you been charged with during your life? Please list dates and places for each offense:

Have you ever been incarcerated? **YES / NO** If YES, when / how long? _____

Are you on parole / probation? **YES / NO** If YES, when does it expire? _____

Which court(s)? _____ Who is/are your P.O.s? _____

Does your partner / ex-partner have a Family Protection /No Contact Order against you? **YES / NO**

If YES, when does it expire? _____ What court is it out of? _____

What are the conditions of this order? _____

What is the reason this FPO/No Contact Order was placed against you? _____

Have you had an FPO against you in the past? **YES / NO** If YES, how many? _____

What years were those orders in effect? _____

What were the reason(s) those orders were placed against you? _____

Have you violated any of those orders? **YES / NO** If YES, how many times? _____

How have you violated those order(s)? _____

Child Information

Are you required to make child support payments? **YES/NO** If YES, what amount per week? \$_____

Are these payments voluntary or court required? _____ Are they deducted? _____

Have you been making these payments as required? **YES / NO**

Do you have any involvement with DHHR? **YES / NO**

If YES, what is your case worker's name? _____

What branch office? _____

****If you have an open CPS case, please provide a copy of your service plan ASAP****

What are the requirements of your service plan? _____

Has a child abuse report ever been filed on you? **YES / NO**

If YES, what was the result of the investigation? _____

Referral Information

How did you find out about CAV? _____

Who referred you to CAV? _____

I verify that the above information in this document is truthful and accurate, that I will inform CAV immediately if any of the above information changes or is updated in any way, and that I have had a chance to have my questions answered.

Your Name (**PRINTED**) _____

Your Signature _____

Date _____ / _____ / _____