



Confidential

# Defenders of Children

## INTAKE FORM

Please fill out the form entirely and return the form with documents that support the abuse allegations to **P.O. Box 10128, Phoenix, AZ 85064**. Helpful information may include *copies* of DCS and Police reports, as well as Medical and Mental Health reports, including psychological evaluations, along with statements from witnesses of the abuse. Please include complete documents; we will not accept selective pages from a document as supportive.

*Please do NOT send original documents. Please do NOT fax more than 25 pages.*

Other documents may be requested following a review of the materials received by Defenders of Children.

Referral source: \_\_\_\_\_

Date Received \_\_\_\_\_

### ***Reporter's Information***

Your name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_ Is this your residence?  Y  N

Home telephone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Your email: \_\_\_\_\_

May we leave a message? \_\_\_\_\_ Fax: \_\_\_\_\_

Your relationship to the child(ren): \_\_\_\_\_

Your custody status: \_\_\_\_\_

Do you have an attorney? \_\_\_\_\_ Phone \_\_\_\_\_

Attorney's name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### ***Other Parent or Guardian***

Other Party (OP): \_\_\_\_\_

OP Date of birth: \_\_\_\_\_

Residence: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_

Last known employer: \_\_\_\_\_

Relationship to child(ren): \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Does OP have custody? \_\_\_\_\_

Does OP have criminal / domestic violence history?  Y  N

IF so, explain: \_\_\_\_\_

\_\_\_\_\_

Does OP have Attorney? \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Child(ren)**

Child(ren)'s name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Child(ren) lives with: \_\_\_\_\_ Residence address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Mother: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Father: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Other: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Does child(ren) have attorney?  No  yes Attorney's name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Other: \_\_\_\_\_

**Department of Child Safety (DCS) and Law Enforcement Information**

Have you contacted DCS? \_\_\_\_\_ Most recent date contacted: \_\_\_\_\_

Is DCS currently investigating? \_\_\_\_\_ Outcome of investigation(s): \_\_\_\_\_

Have you contacted Police? \_\_\_\_\_ Most recent date contacted: \_\_\_\_\_

Other information: \_\_\_\_\_

**Medical and Mental Health Information**

Name of child's physician/hospital or clinic: \_\_\_\_\_

Are there any medical records to support the allegations? \_\_\_\_\_ What doctor/institution? \_\_\_\_\_

Have psychological evaluations been performed on You? \_\_\_\_\_ Child? \_\_\_\_\_ OP or Alleged Abuser? \_\_\_\_\_

Does the child have a counselor? \_\_\_\_\_ Has the child reported abuse to a therapist or professional? \_\_\_\_\_

If so, when? \_\_\_\_\_ Name of therapist/professional: \_\_\_\_\_

Have there been forensic interviews by other professionals? DCS? \_\_\_\_\_ Police? \_\_\_\_\_ Child Specialist? \_\_\_\_\_ Other? \_\_\_\_\_

If so, when? \_\_\_\_\_ Name of interviewer/institution: \_\_\_\_\_

Other information: \_\_\_\_\_

**Case Information**Is there a current court case?  Y  N Family Court or Juvenile Court (circle one) Case No. \_\_\_\_\_Is this a custody dispute?  Y  N Divorce proceeding?  Y  N Dependency?  Y  N

Do you have a court date pending? \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

Purpose of court hearing or appearance: \_\_\_\_\_

Judge's name: \_\_\_\_\_ Other information: \_\_\_\_\_

**Statistical Information (Internal use only)**

Your Race/Ethnicity \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ How many live in your household? \_\_\_\_\_

Household Income:  \$00-23,999  \$24,000-34,999  \$35,000-59,999  \$60,000+***Please use the space below to briefly describe the possible abusive situation that the child(ren) is in:*****\*\*\* Use additional paper as needed \*\*\***


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***Please answer to the best of your ability the following items:***

1) Since this began, I have gone to \_\_\_\_\_ number of other agencies for help. These are the agencies:

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[example: Local Police Department, Department of Child Safety (DCS)]

2) I have received:  No help  Hardly any help  Some help  Inadequate help  Adequate help in protecting the children.

3) Please choose the one sentence that best describes you in this situation:

- I wish I could find help for the child(ren).
- I am preoccupied with thoughts of helping the child(ren).
- I am desperate to find help for the child(ren).
- I have almost given up finding help for the child(ren).
- This is my last hope to find help for the child(ren).

4) Because I have not found help for the child(ren), my work and personal life are affected (choose one):

- Slightly  Significantly  Enormously

5) Comments: \_\_\_\_\_

## AUTHORIZATION AND RELEASE OF LIABILITY

The undersigned, \_\_\_\_\_  
for and on behalf of himself/herself/themselves and the minor child(ren) known as \_\_\_\_\_

hereby authorize(s) Defenders of Children to investigate and review all information provided to Defenders of Children by the undersigned or others, relating to allegations of abuse and/or neglect involving the children. By signing this document, the undersigned acknowledges that Defenders of Children's sole interest in this matter is the safety and well-being of the child(ren) and Defenders of Children will not align itself with any party related to this matter unless, at its sole discretion, Defenders of Children determines that such alignment is in furtherance of the safety and well-being of the child(ren)

By signing this document, the undersigned acknowledges that Defenders of Children retains sole authority and discretion relating to all decisions regarding its involvement in this matter, including but not limited to whether and/or when it will agree to provide services, the nature and scope of any services it provides, and when its involvement in this matter will cease.

**CONFIDENTIALITY:** The undersigned further acknowledges that Defenders of Children staff practice consistent with their professional and ethical duties, responsibilities, and obligations. To that end, the undersigned acknowledges that behavioral health professionals at Defenders of Children have a mandatory duty pursuant to A.R.S. § 13-3620 to report abuse, physical injury, and neglect to/of children, including denial of nourishment, medical care, and surgical care, to the appropriate authorities. Similarly, attorneys are ethically required to report information to appropriate authorities to the extent they reasonably believe necessary to prevent the client from committing a criminal act that the lawyer believes is likely to result in death or substantial bodily harm. Attorneys may also report to authorities any information the lawyer finds reasonably necessary to prevent the client from committing a crime or fraud.

The undersigned acknowledges and understands that the Defenders of Children In-house Legal Assistance Program and services provided by its Legal Department do not constitute legal representation unless or until a separate legal representation agreement has been executed between the client and Defenders of Children's Legal Department.. Accordingly, Defenders of Children is not retained by nor does it represent any party in this matter at the time the undersigned signs this Authorization and Release.

While Defenders of Children may assist a party in obtaining referrals to outside attorneys and law firms, Defenders of Children accepts no responsibility for any representations, express or implied, made by such attorneys or law firms or for the quality or accuracy of legal advice given or work undertaken by such practitioners or the refusal of any attorney or law firm to undertake representation. The same applies to any referrals for physicians or mental health professionals or others that may be referred to the undersigned or agents or assigns.

It is Defenders of Children's practice not to disclose any confidential information it receives to the media, the public in general, and/or in communications about its work, and Defenders of Children will always use its best efforts to obtain your permission prior to disclosing any confidential information.

In further consideration of services rendered and/or to be rendered by Defenders of Children, the undersigned do(es) hereby agree to indemnify and hold harmless Defenders of Children and its officers, directors, shareholders, members, employees, agents, representatives, volunteers, successors, insurers, and assigns and any other person, firm, or corporation bound to defend or pay judgments against it, from and against any and all claims, demands or causes of action, including attorneys' fees incurred in the defense of such claim(s).

The undersigned expressly warrants to Defenders of Children that he/she/they is/are of legal age and legally competent to execute this Release on behalf of himself/herself/themselves and the above named minor child(ren) (with the exception of minor children seeking legal assistance), that Defenders of Children made no other promise or statement or representation of any agent of Defenders of Children, and that he/she/they execute(s) this Release of his/her/their own free will and accord without reliance on any representations or promises of any kind or nature not expressly set forth herein.

The undersigned acknowledge(s) and warrant(s) that he/she/they has/have read this Authorization and Release of Liability and fully understand(s) same.

**The undersigned further verifies that he/she has received a copy of the Arizona Constitution, Article 2, Section 2.1, Victims Bill of Rights, from Defenders of Children.**

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Please have this document notarized below or, in the alternative, include a copy of your valid driver’s license.

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

Before me, the undersigned notary, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, who acknowledges that he/she has read and understands the effect of this Release, has the appropriate authority to execute same for and on behalf of himself/herself and the minor child(ren) and has executed same for the purposes and consideration set forth therein.

\_\_\_\_\_  
Signature

My commission expires:

Arizona Constitution, Article 2, Section 2.1 Victims Bill of Rights

(A) To preserve and protect victims' rights to justice and due process, a victim of crime has a right:

1. To be treated with fairness, respect, and dignity, and to be free from intimidation, harassment, or abuse, throughout the criminal justice process.
2. To be informed, upon request, when the accused or convicted person is released from custody or has escaped.
3. To be present at and, upon request, to be informed of all criminal proceedings where the defendant has the right to be present.
4. To be heard at any proceeding involving a post-arrest release decision, a negotiated plea, and sentencing.
5. To refuse an interview, deposition, or other discovery request by the defendant, the defendant's attorney, or other person acting on behalf of the defendant.
6. To confer with the prosecution, after the crime against the victim has been charged, before trial or before any disposition of the case and to be informed of the disposition.
7. To read pre-sentence reports relating to the crime against the victim when they are available to the defendant.
8. To receive prompt restitution from the person or persons convicted of the criminal conduct that caused the victim's loss or injury.
9. To be heard at any proceeding when any post-conviction release from confinement is being considered.
10. To a speedy trial or disposition and prompt and final conclusion of the case after the conviction and sentence.
11. To have all rules governing criminal procedure and the admissibility of evidence in all criminal proceedings protect victims' rights and to have these rules be subject to amendment or repeal by the legislature to ensure the protection of these rights.
12. To be informed of victims' constitutional rights.

(B) A victim's exercise of any right granted by this section shall not be grounds for dismissing any criminal proceeding or setting aside any conviction or sentence.

(C) "Victim" means a person against whom the criminal offense has been committed or, if the person is killed or incapacitated, the person's spouse, parent, child or other lawful representative, except if the person is in custody for an offense or is the accused.

(D) The legislature, or the people by initiative or referendum, have the authority to enact substantive and procedural laws to define, implement, preserve and protect the rights guaranteed to victims by this section, including the authority to extend any of these rights to juvenile proceedings.

(E) The enumeration in the constitution of certain rights for victims shall not be construed to deny or disparage others granted by the legislature or retained by victims.