



**RIVERSIDE COUNTY
FAMILY JUSTICE CENTER**

RFJC [] SWFJC [] IFJC []

Date: _____

Intake #: _____

INTAKE

Name: First: _____ Middle: _____ Last: _____

Address: _____ City: _____ Zip: _____

Phone: (Home) _____ (Work) _____ (Cell/Mssg) _____

Is this a safe phone number to call? (please circle one) Y N

DOB: _____ Age: _____ Gender: F M

Ethnicity: African American _____ Asian Pacific _____
Caucasian _____ Hispanic or Latino _____ Other _____
Native American _____ Alaska Native _____
Native Hawaiian/Pacific Islander _____

Marital Status: (M) _____ (D) _____ (W) _____ (S) _____ (SEP) _____

Primary Language: _____ Interpreter Needed: Y N

Are you receiving financial assistance?: Y N Amount: _____ (month)

Do you have any special needs?: Y N

If yes, please explain _____

Medications currently taking/prescribed: _____

Do you need medical attention? Y N

Pregnant?: Y N U

Military Affiliation?: Y N Branch: _____

CHILDREN:

Do you have children? Y N

Name of Child: _____

_____	DOB _____	Age _____	M	F
_____	DOB _____	Age _____	M	F
_____	DOB _____	Age _____	M	F
_____	DOB _____	Age _____	M	F

CPS Report?: Y N Outcome: _____

Do your children have any special needs?: Y N

If yes, please explain: _____

OFFENDER:

Name: First: _____ Middle: _____ Last: _____

DOB: _____ Gender: F M Address: _____

Relationship to offender: _____

Have the police responded to a domestic violence incident?: Y N report #: _____

Is the offender currently on probation/parole? Y N

Is there a current restraining order? Y N County: _____

What type of visitation/custody is ordered? _____

Are there weapons in the home? Y N

Military Affiliation?: Y N Branch: _____

Emergency contact: First: _____ Middle: _____ Last: _____

Emergency phone #: _____ Relationship to you: _____

Date	Time	Partner	Date	Time	Partner
_____	_____	_____ <input type="checkbox"/>	_____	_____	_____ <input type="checkbox"/>
		_____ <input type="checkbox"/>	_____	_____	_____ <input type="checkbox"/>