

RIVERSIDE COUNTY FAMILY JUSTICE CENTER

RFJC[]	SWFJC[]	IFJC[]	
	Date:		
	Intake #:		

INTAKE

Name: First	:	Middle:			La	st:				
Address:		City:			Zip:					
Phone: (Hon	ne)	(Work)				(Cell/N	Assg)			
Is this a safe	phone number to call? (pleas	se circle	one)			Y	N			
DOB:	Age African American): 	Gender			F	M			
Ethnicity:			Asian l				0.1			
	Caucasian		Hispan				Othe	r		
	Native American	2 2	Alaska	Nativ	e	()				
	Native Hawaiian/Pacific Is	slander				-				
Marital Statu	(D)	(W)		(S)		(SEP)				
Primary Lans	s: (M) (D) guage:	('') _		Interp	— reter N	eeded:	\overline{Y}	N		
Are vou rece	guage:iving financial assistance?: \any special needs?: \	7 N								
Do you have	any special needs?:	YN				0				
	ase explain									
	currently taking/prescribed:									
	medical attention?									
Pregnant?:		N	U							
Military Affi	liation?:	N	Branch	:						
CHILDREN										
Do you have	children?	N								
Name of Chil	ld:									
		_ DOB			_Age _		M	F		
		_ DOB			_Age _		M			
							M			
000000000000000000000000000000000000000		_ DOB .					M	F		
CPS Report?	Y N Outcome:									
•	dren have any special needs?	:	Y	N						
	, please explain:									
OFFENDER	\:	Mic	Idlar			Logt				
Name. Phst.	Gender: F M	NIIC	inte.			_ Last				
0 - 1 - 4: 1- :	4 - CC - 1									
Asve the poli	ce responded to a domestic	ziolence i	ncident?	V	N	report	#:			
	er currently on probation/pare		meraent:	Y	N	Toport				
	ent restraining order?			Y	N	Count	v:			
	visitation/custody is ordered	?		1	4.1	Court	ــــــ - ر-	design ports of the second		
	apons in the home?			Y	N					
Military Affil				Y	N	Branc	h:			
	ontact: First:	1	Middle:			Last:				
Emergency pl										
P										



Date_						
RFJC ()	SWFJC	()	IFJC ()

RIVERSIDE COUNTY FAMILY JUSTICE CENTER

Name: First_		Middle		Last	
Please check	all that apply	···			
□ I would li	ke to talk to s	someone about	□ domestic violen □ sexual assault	ce	
					Partner initial
□ I would l	ike to talk wi	th someone with	the Victim Witness D	Division.	
□ I would l	ike to talk wi	th someone with	Child Protective Serv	vices.	
□ I would l	ike assistance	obtaining a tem	porary restraining ord	er.	
□ I would l	ike legal assis	stance.			
□ I would l	ike to talk wi	th a Deputy Distr	rict Attorney.		
□ I would l	ike to talk to	a Chaplain to obt	ain spiritual support.		
□ I would l	ike to talk to	someone about li	fting a no contact/stay	y away order.	
□ I would l	ike to talk wit	th someone with	Adult Protective Serv	rices.	
□ I need a p	place to stay.				
□ I would l					
☐ I have co					
☐ I would I					
□ I would l					
□ I would li					
		a Peace Officer a	ssigned to my case).		
	****	oviding food for 1			
□ I would I					
If you have a	(#)				
I have appoin	ntment with:				٤,
•					
			JC PARTNER USE	ONLY	
Date	Time	Partner	Appointments made: Date	Time Partner	
Dute	Time	i di dici	Dute	i di titol	
					
			П	*	