

DOMESTIC VIOLENCE INTAKE QUESTIONNAIRE
(for internal use only)

YOUR NAME: _____ DATE: _____

1. Who told you about the filing of an Injunction? _____
2. What do you hope this will do for you? _____
3. Have you had an INJUNCTION FOR PROTECTION before? YES ___ NO ___
4. If you called law enforcement regarding this incident, who responded?
DeSoto County Sheriff's Office ___ Arcadia Police Department ___ Case No. (if known) ___
Officer's name: _____
5. In the past, have you ever called law enforcement because of something the Respondent did to you? If so, Case No. _____ YES ___ NO ___
6. Has the Respondent ever slapped, grabbed, shoved, pushed, choked, bit or kicked you? YES ___ NO ___
7. Has the Respondent ever pulled your hair, pinned you against something, held you down, destroyed or damaged property, or burned you? YES ___ NO ___
8. Has the Respondent ever forced you to have sex or to engage in sex that made you feel uncomfortable? YES ___ NO ___
9. Has the Respondent threatened to kill you? YES ___ NO ___
Threatened to kill your children? YES ___ NO ___
10. Has the Respondent held a weapon (knife, gun, bat, etc.) threatening you? YES ___ NO ___
11. Is the Respondent controlling and/or jealous? YES ___ NO ___
12. Is the Respondent following and/or harassing you? YES ___ NO ___
13. Is the Respondent violent with others besides family members? YES ___ NO ___
14. Does Respondent have a criminal history? YES ___ NO ___
15. Does the Respondent abuse alcohol and/or illegal drugs? YES ___ NO ___
16. Has the Respondent ever been treated for Mental Illness? YES ___ NO ___
17. Has the Respondent ever attempted to commit suicide? YES ___ NO ___
18. Has the Respondent ever harmed or threatened to harm you? YES ___ NO ___

COMMENTS: _____
