

**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: \_\_\_\_\_

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