

HAVEN | Healthy Alternatives To Violence Environments

LEGAL QUESTIONNAIRE

STAFF USE ONLY

Date Client completed: _____ Appointment Date: _____ Time: _____ (include am or pm)

DVTRO: DV SA OR Civil Harassment: SA (needs special appointment)

Office Intake Completed: _____ (Staff ID) Individual Service Sheet Completed: _____ (Staff ID)

Copy Uploaded to Osnum: _____ (Staff ID) Original in Master Client File: _____ (Staff ID)

HAVEN provides a legal clinic for Domestic Violence Restraining Orders. If you are filing this order against a person you have **NOT** had a domestic relationship with (e.g., spouse, previously dated, parents in common, related by marriage or adoption or lived together) you must file a Civil Harassment Order. This agency does **NOT** prepare Civil Harassment Orders unless you are the victim of sexual assault and are filing against your perpetrator. Please understand that when you are filing this order, you are acting as your own attorney (In Pro Per). HAVEN staff are not attorneys and **CANNOT** offer you legal advice, represent you in court, or speak for you during custody mediation. An advocate can be available to accompany you to court for moral support and to explain to you what happened during the court process. HAVEN will support you throughout this process as needed.

The following is information we need to prepare your statement for your restraining order. This information is very important to your order, please be as detailed as possible.

Your Name: _____
Last Name First Name Middle Name

Phone Number: _____ Is this a safe number to call? Yes No

_____ Date of Birth Gender Age Ethnicity/Race

_____ Eye Color Hair Color Height Weight

Your address: _____
Street City State Zip Code

Name of the person this action is to be filed against: _____

_____ Date of Birth Gender Age Ethnicity/Race

_____ Eye Color Hair Color Height Weight

Their address: _____
Street City State Zip Code

Please define your relationship with the abuser (Spouse, partner, boyfriend, girlfriend, relative, etc.)

When did your relationship begin? (Month / Year)? _____

If you are married or registered domestic partners, please give the date: _____

If you have ended the relationship with the abuser, please give the date relationship ended: _____

If you were living together and have separated, please give the date of separation: _____

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If you and the abuser are living in the same home, you can request a Move-Out Order. Please complete the following questions. (A Move-Out Order removes the abuser from a shared residence.)

Is this your primary residence: Yes No

Who is on the mortgage or rental agreement? You only Abuser only Both

Who pays the rent or mortgage? You only Abuser only Both Other: _____

Does the abuser have another place to go? Yes No

If yes, where can the abuser go and how do you know they can go there?

(A copy of your rental agreement / mortgage could be helpful if you need a Move-Out Order. A letter from the landlord stating that they want the abuser removed could also be helpful. Please bring this with you to your legal clinic if possible.)

Stanislaus County Superior Court has a one family, one case number policy. Have you and the abuser ever been involved in another Civil or Family Law action? (Such as prior restraining orders, child custody, divorce, legal separation, District Attorney Family Support Action, Domestic Partnership, etc.) Even if the action was filed and never completed, we still need this information.

No, there has never been another action

Yes, there has been a prior action

What was the type of action: _____

Case Number: _____

Do you have a copy of the previous order: Yes No

IF YOU HAVE MINOR CHILDREN TOGETHER, PLEASE LIST THEM BELOW

Name	Relationship	Age	Birth Date	Gender	Ethnicity
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DO YOU WANT AN ORDER TO PROTECT FAMILY OR HOUSEHOLD MEMBER?

Name	Relationship	Age	Birth Date	Gender	Ethnicity
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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Please list the children's addresses for the last five years. This is necessary if child custody is included on the Temporary Restraining Order. This is only for children you have with the abuser.

Dates	Address (City and State Only)	The children were with...
_____ to Present	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____
_____ to _____	_____	_____

Has there ever been a history of child abduction or threats of child abduction?
 No Yes, please explain

Has the person you are filing against ever abused the children? (Physically or Sexually).
 No Yes, please explain and give the name, age of the child and the type of abuse.

Have these incidents ever been reported?
 No Yes, please explain and identify who you reported to.

Are you currently pregnant? Has there been abuse during the current or past pregnancies?

Has the abuser ever been charged with a crime? No Yes, please provide the following information

Arrested by: _____ Charged with: _____

Date: _____ Outcome of charge? _____

Does the abuser use drugs? No Yes, what drugs and how often

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DESCRIBE THE MOST RECENT INCIDENT OF PHYSICAL OR VERBAL ABUSE

Date of the most recent abuse: _____

Who was there? _____

Where did it happen? _____

What did the person do or say?

Were you injured? No Yes, please describe

Were any weapons used to either injure or threaten

Were the Police called? No Yes, was an Emergency Protection Order issued? Yes No

Which Law Enforcement Agency responded? _____

What did the officer(s) do?

Report number: _____

Is there anything else you want the judge to know about this incident?

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DESCRIBE THE SECOND MOST RECENT INCIDENT OF PHYSICAL OR VERBAL ABUSE

Date of the most recent abuse: _____

Who was there? _____

Where did it happen? _____

What did the person do or say?

Were you injured? No Yes, please describe

Were any weapons used to either injure or threaten

Were the Police called? No Yes, was an Emergency Protection Order issued? Yes No

Which Law Enforcement Agency responded? _____

What did the officer(s) do?

Report number: _____

Is there anything else you want the judge to know about this incident?

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Please describe any patterns of verbal abuse. Please be as specific as possible and use the exact words that the abuser used.

Please describe any past abuse, both verbal, physical and sexual, not included in the most recent incidents.

Did any past abuse require medical attention? Please list dates, injuries, type of treatment, the hospital and the doctor who attended you.

Did any past abuse involve weapons or objects? This includes threats of using a weapon as well as physical use of a weapon.

Any documentation that you can provide to the court (police reports, hospital reports, Emergency Protective Orders, etc.) will help you with your request for a Temporary Restraining Order. If you had a Temporary Restraining Order or CLETS Restraining Order (after the hearing) please bring a copy if it is available.