DOMESTIC VIOLENCE & RESTRAINING ORDERS CLIENT INTAKE QUESTIONNAIRE:

IF YOU ARE IN DANGER, CALL 911. National Domestic Violence Hotline: 1-800-799-7233 (text START to 88788). If someone who may harm you could see this form or your email, do not complete it at home — call us at (661) 505-3122 instead.

CONFIDENTIAL. This questionnaire is for people seeking protection from abuse, people who have been served with a restraining order, and people who need to renew, change, end, or enforce an existing order. Restraining order laws vary by state. Share only what you are comfortable sharing; we can discuss any question privately. If a question does not apply, write "N/A."

NAME OF THE CLIENT:

[__] Full Legal Name: _____

Date of Birth: _____ Syndicate Plan Member ID: _____

Safe mailing address (may be a P.O. box or trusted person): _____

City: _____ County: _____ State: _____ Zip: _____

Safe phone: _____ Safe email: _____

Is it safe to leave a voicemail or send a text? [__] Yes [__] No

Safest times to contact you: _____ Primary language: _____

PART 1 — YOUR SITUATION

1.1 Which describes you?

- [__] A. I need protection from someone → complete Parts 2–6
- [__] B. I have been served with a restraining order request → complete Part 7
- [__] C. There is an existing order I need to renew, change, end, or enforce → complete Part 8
- [__] D. I am seeking help for a family member or loved one

1.2 Type of order involved:

- [__] Domestic violence restraining order
- [__] Civil harassment restraining order
- [__] Elder / dependent adult abuse order
- [__] Workplace violence order
- [__] Gun violence / firearm removal order
- [__] Criminal protective order (from criminal case)
- [__] Emergency protective order (from police)
- [__] Not sure

PART 2 — THE PERSON YOU NEED PROTECTION FROM

Full Name: _____ Date of Birth / Age: _____

Address (if known): _____

Employer / work address: _____

Phone: _____ Vehicle (make / model / plate): _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____

2.1 Your relationship to this person:

[__] Spouse / former spouse
[__] Domestic partner / former partner
[__] Dating / former dating partner
[__] Live together / used to
[__] Parent of my child
[__] Family member (parent, child, sibling, in-law)
[__] Caregiver
[__] Neighbor / acquaintance / co-worker
[__] Stranger
[__] Other

2.2 Does this person have or have access to firearms or other weapons? [__] Yes [__] No

2.3 Does this person have a history of violence, arrests, or protective orders? [__] Yes [__] No

2.4 Does this person use drugs or alcohol in a way that increases danger? [__] Yes [__] No

PART 3 — WHAT HAS HAPPENED

3.1 Types of abuse (check all that apply):

[__] Physical abuse
[__] Sexual abuse
[__] Threats or intimidation
[__] Stalking / following / tracking
[__] Harassment (in person, phone, online)
[__] Isolating or controlling behavior
[__] Destroying property
[__] Harm or threats to pets
[__] Child abuse
[__] Elder / dependent adult abuse
[__] Financial abuse / control
[__] Strangulation / choking

Strangulation or choking, threats to kill, and access to guns are serious danger signs. Please tell us if any apply.

3.2 Date of most recent incident: _____ Location: _____

3.3 Briefly describe the most recent incident (or check here to discuss privately [__]): _____

_____

_____

_____

3.4 Past incidents (approximate dates and what happened): _____

_____

_____

3.5 Were police called or a report made? [__] Yes [__] No

Agency and report number(s): _____

3.6 Were you injured or did you receive medical treatment? [__] Yes [__] No

3.7 Evidence you have:

[__] Photos of injuries / damage
[__] Texts / emails / voicemails / social media
[__] Medical records
[__] Police reports
[__] Witnesses
[__] Journal / notes of incidents
[__] Video / recordings
[__] Other

Keep evidence in a safe place the other person cannot access, such as with a trusted friend or in a secure online account.

PART 4 — WHAT YOU WANT THE ORDER TO DO

4.1 Orders requested (check all that apply):

- [__] No contact of any kind
- [__] Stay away from me
- [__] Stay away from my work
- [__] Stay away from my vehicle
- [__] Turn in firearms
- [__] Child / spousal support
- [__] Property / phone account control
- [__] No abuse, threats, stalking, or harassment
- [__] Stay away from my home
- [__] Stay away from my children's school / child care
- [__] Move out of our shared home
- [__] Temporary child custody & visitation orders
- [__] Protect my pets
- [__] Pay costs caused by abuse

4.2 Other People to Be Protected (children, family members living with you):

Name	Age	Relationship to You	Lives With You?

4.3 Stay-away addresses (home, work, school, child care): _____

_____

PART 5 — CHILDREN & OTHER CASES

5.1 Do you and this person have children together? [__] Yes [__] No

Child's Name	Date of Birth	Lives With	Witnessed or Harmed?

5.2 Are there existing custody, divorce, or support cases or orders? [__] Yes [__] No

If yes, explain: _____

_____

5.3 Is there a criminal case against this person? [__] Yes [__] No

If yes — court and case number: _____

5.4 Has Child Protective Services been involved? [__] Yes [__] No

PART 6 — SAFETY & SUPPORT

6.1 How safe do you feel right now?

[__] Safe [__] Somewhat safe [__] Not safe

6.2 Do you need emergency shelter or help relocating? [__] Yes [__] No

6.3 Do you want to keep your address confidential? [__] Yes [__] No

Many states offer an address confidentiality program (such as California's Safe at Home) that provides a substitute address.

6.4 Do you need help changing locks, phone numbers, or accounts? [__] Yes [__] No

6.5 Other support you would like:

[__] Counseling [__] Support group

[__] Help for children [__] Financial assistance

[__] Immigration relief for victims [__] Crime victim compensation

If this conduct was a crime, please also complete our Crime Victim Advocacy Intake Form.

PART 7 — IF YOU WERE SERVED WITH A RESTRAINING ORDER REQUEST

Do not contact the protected person in any way, even if they contact you first. Violating an order is a crime. Do not write details of the alleged incidents on this form; we will discuss them privately.

7.1 Date served: _____ Court / County / State: _____

Case Number: _____ Hearing date / time: _____

7.2 Name of person requesting the order: _____ Relationship: _____

7.3 Temporary orders already in effect against you:

[__] No contact / stay-away [__] Move out of home

[__] Turn in firearms [__] Temporary custody change

[__] Support [__] Other

7.4 Do you own or have access to firearms or ammunition? [__] Yes [__] No

Most restraining orders require you to surrender or sell firearms within a short deadline and bar you from obtaining them while the order is in effect.

7.5 Is there a related criminal case or police investigation? [__] Yes [__] No

If so, anything you say or file in the restraining order case could affect the criminal case. Consult a criminal defense lawyer before responding.

7.6 Consequences you are concerned about:

[__] Employment [__] Professional license

[__] Security clearance / military [__] Child custody

[__] Housing [__] Immigration

[__] Firearm rights [__] Other

7.7 Your position:

[__] Oppose the order [__] Agree to some terms

[__] Seek a mutual agreement [__] Not sure

7.8 Character or Other Witnesses:

Name	Relationship	Phone / Email

PART 8 — EXISTING ORDER

8.1 Your role:

[__] I am the protected person [__] I am the restrained person

8.2 Court / County / State: _____ Case Number: _____

Date issued: _____ Expiration date: _____

8.3 What do you need?

[__] Renew before it expires [__] Change / modify terms

[__] End the order early [__] Report a violation

[__] Transfer / register in another state

Requests to renew generally must be filed BEFORE the order expires. Protective orders are generally enforceable in every state.

8.4 If reporting a violation — date(s), what happened, police report no.: _____

_____

PART 9 — DOCUMENT CHECKLIST

Please provide copies of the following, if available and safe to do so. Check each item you are including.

[__] Restraining order papers [__] Proof of service

[__] Police reports [__] Photos of injuries / damage

[__] Texts / emails / voicemails [__] Medical records

[__] Custody / divorce orders [__] Criminal case documents

[__] Journal / list of incidents [__] Photo of the restrained person

Certification:

I declare that the information provided in this questionnaire is true, correct, and complete to the best of my knowledge. I understand this information is provided to Syndicate Subscription Legal Plans in confidence for the purpose of evaluating my domestic violence / restraining order matter.

Signed and dated this ____ day of _____, 20___

Signature: _____

Print Name: _____

Please Print and Email to STEVE@STEVEMUELLERLEGAL.COM, or save this document as a PDF and email to STEVE@STEVEMUELLERLEGAL.COM,
Your information will be reviewed within one hour.