

CRIME VICTIMS CENTER / ORDER OF PROTECTION
1750 Madison, 1st Floor
(901) 222-4013

Please read before completing the Order of Protection Intake Form.

YOUR NAME _____

OTHER PERSON'S NAME _____

In order to assist you with your complaint, your information must be complete.

____ YES	____ NO	1. Do you have a <u>photo</u> state I.D., driver's license, or work I.D.?
____ YES	____ NO	2. Do you have a <u>complete address</u> for the person on whom you are filing a complaint? A home address must include a street #, apt. #, and zip code. A work address may be used if you do not have the home address; but the work address must include company, complete street address, work phone #, and work hours.

If you answered "NO" to #2 above, you will not be able to get an Ex-parte Order of Protection today. Law Enforcement needs a complete address to serve the respondent with papers to appear for a hearing. You can return when you have a complete address.

If you have been a victim of domestic violence, you are still eligible for other services provided here at the Crime Victims Center. Please ask to speak to your advocate for more information.

For victims of Domestic Violence, the Order of Protection Office offers one primary service:

ORDER OF PROTECTION

An order of protection is a court document which orders the other person not to assault, threaten, damage property, stalk, or contact you in any way. If you are requesting an order of protection, you must have one of the following relationships: current or former spouse; live or formerly lived together; dating or formerly dated, had a sexual relationship; or related by blood or marriage. Your counselor will prepare the paperwork for your case, including a statement of what happened to you that caused you to fear for your safety. You will swear to this statement, and you will sign the petition for the ex parte order (a temporary order). After your paperwork is processed, your counselor will give you post interview instructions and advise you of the possible hearing date, which will be in about two weeks. **If your Ex-parte Order (Temporary Order) is approved by the court, you must appear for the hearing and present evidence to prove your complaint against the respondent (the person you are filling against).**

PLEASE NOTE: IF YOU HAVE A DIVORCE PENDING AGAINST THE INDIVIDUAL IN ANOTHER COURT, YOUR CASE MAY BE TRANSFERRED BY THE JUDICIAL COMMISSIONER TO THAT COURT FOR FINAL DECISION ON YOUR ORDER OF PROTECTION PETITION.

I understand that the Court will review the information I have provided to the Crime Victims Center/Order of Protection Office and will make the decision to grant an Ex-Parte Order or deny my petition.

Signature _____

Date _____

Print Name _____

Intakes _____

CRIME VICTIMS CENTER / ORDER OF PROTECTION INTAKE FORM

DOMESTIC VIOLENCE COMPLAINTS

PLEASE PRINT

Date _____

CSLR _____

Time Complaint Logged-in _____

Time Complainant Seen by Counselor _____

INFORMATION ABOUT YOU

NAME _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

SEX _____ **RACE** _____ **DATE OF BIRTH** _____ **AGE** _____

SOC. SEC.# _____ **DR. LIC.#** _____ **STATE** _____

HOME PHONE _____ **CELL PHONE** _____ **MESSAGE PHONE** _____

WHERE EMPLOYED _____ **WORK HOURS** _____

WORK ADDRESS _____ **WORK PHONE** _____

E-MAIL ADDRESS _____

Please proceed to the next page

DO NOT WRITE IN THIS BOX -- IT IS FOR OFFICE USE ONLY

ACTION TAKEN: DATE TO HR/OP: _____

WR/OP **REF'L** **INTAKE ONLY**

IF WR, TYPED: Y Unfinished items: _____

COMMENTS: **DV: Y N** **CROSS**

LOG PAGE #'S OF RELATED COMPLAINTS _____

ID VERIFICATION _____ **LINKED:** _____ **LOG PAGE #** _____

C's ID #: _____

R's ID #: _____

ENTERED IN COMPUTER _____

Reports Printed:

ARCHIVE REPEAT REPORT ON C:	Attached	None
ARCHIVE REPEAT REPORT ON R:	Attached	None
CURRENT REPEAT REPORT ON C:	Attached	None
CURRENT REPEAT REPORT ON R:	Attached	None

CD DATABASE:

C:	Y	N	C : # Prior: _____
R:	Y	N	

TIME CLIENT LEFT OFFICE: _____

INFORMATION ABOUT THE PERSON ON WHOM YOU ARE FILING A COMPLAINT

NAME _____ AKA _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

IF APARTMENT, NAME OF APARTMENT COMPLEX _____

1ST ALTERNATE ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

2ND ALTERNATE ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

HOME PHONE _____ **CELL PHONE** _____ **MESSAGE PHONE** _____

DESCRIPTION

SEX _____ RACE _____ DATE OF BIRTH _____ APPROXIMATE AGE _____ SOC. SEC.# _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

VISIBLE DISTINGUISHING FEATURES (SCARS, TATTOOS) _____

WHERE EMPLOYED _____ WORK HOURS _____

WORK ADDRESS _____ WORK PHONE _____

WHAT IS THIS PERSONS RELATIONSHIP TO YOU? (PLEASE CHECK ONE)

- | | |
|---|---|
| <input type="checkbox"/> (EX) HUSBAND / (EX) WIFE | <input type="checkbox"/> (EX) BOYFRIEND / (EX) GIRLFRIEND |
| <input type="checkbox"/> YOUR PARENT | <input type="checkbox"/> CHILD'S FATHER OR CHILD'S MOTHER |
| <input type="checkbox"/> BROTHER / SISTER | <input type="checkbox"/> INLAW (RELATED BY MARRIAGE) |
| <input type="checkbox"/> OTHER FAMILY MEMBER (RELATED BY BLOOD) | <input type="checkbox"/> ROOMMATE / FORMER ROOMMATE |
| <input type="checkbox"/> YOUR SON OR DAUGHTER | |

VEHICLE DESCRIPTION: MAKE _____ MODEL _____ COLOR _____

TAG NUMBER _____ STATE _____ YEAR _____

HAS THIS PERSON BEEN ARRESTED BEFORE? YES _____ NO _____

INFORMATION ABOUT THIS COMPLAINT

1. GIVE DATE, TIME & LOCATION THAT THE INCIDENT OCCURRED _____

2. DID THIS INCIDENT OCCUR IN SHELBY COUNTY? YES _____ NO _____

3. IF NO, WHERE DID THE INCIDENT OCCUR? _____

4. **WHAT HAPPENED? PLEASE PRINT!!!**

Petitioner's Signature: _____ **Date:** _____

5. WITNESS(ES) TO INCIDENT

NAME _____ (AGE) _____ ADDRESS _____ PH. _____
NAME _____ (AGE) _____ ADDRESS _____ PH. _____
NAME _____ (AGE) _____ ADDRESS _____ PH. _____
NAME _____ (AGE) _____ ADDRESS _____ PH. _____

6. WERE YOU INJURED? YES _____ NO _____

7. IF YOU WERE, DID YOU RECEIVE MEDICAL TREATMENT? YES _____ NO _____

TYPE OF INJURY _____
WHEN? _____ WHERE _____

8. WHERE THE POLICE CALLED? YES _____ NO _____ **WAS A REPORT TAKEN?** YES _____ NO _____

9. WAS ANYONE ARRESTED BY THE POLICE ON THIS INCIDENT? YES _____ NO _____

10. IF SO, WHO WAS ARRESTED AND WHAT WAS THE CHARGE(S)? _____

11. WERE THERE ANY WEAPONS USED? YES _____ NO _____ IF YES, WHAT KIND OF WEAPON? _____

12. WAS ANY PROPERTY DAMAGED? YES _____ NO _____ IF YES, WHAT? _____

COST TO REPLACE ITEM(S) _____

13. HAS THIS PERSON BEEN ABUSIVE TO YOU IN THE PAST? YES _____ NO _____

14. IF YES, BRIEFLY DESCRIBE PAST INCIDENT(S) _____

15. DOES THIS PERSON HAVE AN ALCOHOL OR DRUG PROBLEM OR MENTAL HEALTH ISSUES? YES _____ NO _____

IF YES, WHAT KIND OF ISSUES? _____

16. IF MARRIED, HAS A DIVORCE BEEN FILED? YES _____ NO _____

17. ARE THERE ANY COURT CASES PENDING IN WHICH YOU AND THE DEFENDANT ARE INVOLVED? YES _____ NO _____

18. DO YOU ALREADY HAVE AN ORDER OF PROTECTION ON THIS PERSON? YES _____ NO _____

19. DO YOU AND THIS PERSON HAVE MINOR CHILDREN TOGETHER? YES _____ NO _____

IF YES, LIST AGES OF MINOR CHILDREN _____

20. DOES THIS PERSON OWN OR POSSESS A FIREARM? YES _____ NO _____

21. DO YOU REQUEST THIS PERSON BE PROHIBITED FROM OWNING, POSSESSING, OR USING A FIREARM? YES _____ NO _____

THE CRIME VICTIMS CENTER HOUSES SEVERAL PROGRAM DESIGNED TO MEET THE NEEDS OF PEOPLE WHO HAVE BEEN VICTIMS OF DOMESTIC VIOLENCE. FOR MORE INFORMATION, CALL 222-3950.

**CRIME VICTIMS CENTER / ORDER OF PROTECTION
INTAKE REPORT: HARASSING PHONE CALLS AND/OR THREATENING TEXT MESSAGES**

YOUR NAME _____ OTHER PERSON'S NAME _____

1. What is the total number of calls you have received? (**You must have heard the other person speak OR recognize their number**) _____

2. Did the other person threaten to **hurt** you or threaten to **kill** you during any of these calls?
Yes _____ No _____
If YES, what did the person say or write?

3. How many calls did you receive which had **threats** to hurt or kill you? _____

4. What is the date of the first **threatening** call? _____

5. What is the date of the most recent **threatening** call? _____

6. Did the other person speak to you? Yes _____ No _____
OR leave a message? Yes _____ No _____

7. Did you recognize the other person's voice on these calls? Yes _____ No _____

8. Did you receive these threatening calls/texts at home? Yes _____ No _____
Did you receive these threatening calls/texts at work? Yes _____ No _____
Did you receive these threatening calls on your cell phone? Yes _____ No _____

9. Did the threats come through your email, Instagram, MySpace, Facebook, Snapchat or any other social media account? Yes _____ No _____
If yes, what account(s)?

10. Did anyone hear these calls or see the threatening messages? Yes _____ No _____
If so, please list:
Name: _____ Address: _____ Phone: _____
Name: _____ Address: _____ Phone: _____

11. Do you have a log of these threatening calls (e.g. date, time, what was said during each call)?
Yes _____ No _____

12. Do you save copies of the email/messages/texts? Yes _____ No _____

**ORDER OF PROTECTION
ADDITIONAL QUESTIONS FOR DV ORDERS OF PROTECTIONS**

YOUR NAME _____

DATE _____

1. Do you and the other party live together or have you lived together? Yes _____ No _____
2. If you live with the other person, has he/she moved out of the residence? Yes _____ No _____
3. Would you like the other person to leave the shared residence/home or apartment?
Yes _____ No _____
4. Do you have a safe place to stay? Yes _____ No _____
5. If you live together, who **owns** the house?

Or, if you live together, whose name(s) is on the **lease for** the house or apartment?

6. Do you request that the other party be required to attend counseling for domestic violence or substance abuse? Yes _____ No _____
7. Does the other party own or possess a firearm? Yes _____ No _____
If yes, has the other party used it or threatened to use it against you? Yes _____ No _____
8. Do you and the other party have any minor children **TOGETHER**? Yes _____ No _____
If yes, please complete the following:

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____

9. Did your children ever witness this incident of domestic violence? Yes _____ No _____
10. Have your children ever witnessed domestic violence between you and the offender?
Yes _____ No _____
11. Does the child/children need protection from the other party? Yes _____ No _____
12. If yes, please explain why the child/children need protection: _____

Please give the child/children's full name and age:

Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____
Name: _____	Age: _____