

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 stalking or sexual assault, 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 Stalking or Sexual Assault, 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 had more than one altercation with the person. 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).**

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

STALKING OR SEXUAL ASSAULT 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 ALLEGED STALKER OR SEXUAL ASSAILANT

NAME _____ **AKA** _____

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

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

SOC. SEC.# _____

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

WHERE EMPLOYED _____ **WORK HOURS** _____

WORK ADDRESS _____ **WORK PHONE** _____

DESCRIPTION

HEIGHT _____ **WEIGHT** _____ **HAIR COLOR** _____ **EYE COLOR** _____

VISIBLE DISTINGUISHING FEATURES (SCARS, TATTOOS): _____

HOW DO YOU KNOW THIS PERSON? _____

VEHICLE DESCRIPTION: **MAKE** _____ **MODEL** _____ **COLOR** _____

TAG NUMBER _____ **STATE** _____ **YEAR** _____

BEST TIME FOR SHERIFF TO SERVE PAPERWORK : _____

INFORMATION ABOUT PREVIOUS COMPLAINTS

HAVE YOU EVER FILED A COMPLAINT IN THIS OFFICE BEFORE? YES _____ NO _____

IF YES, WAS IT ON THE SAME PERSON? YES _____ NO _____ **WHEN** _____

IF YOUR PRESENT COMPLAINT IS ABOUT STALKING OR BEING SEXUALLY ASSAULTED

DO YOU HAVE EVIDENCE TO PROVE YOUR CASE IN COURT?	_____ YES	_____ NO
DO YOU HAVE A LOG OF THE DATES AND TIMES OF THE INCIDENTS?	_____ YES	_____ NO
DO YOU HAVE A WITNESS WITH THEIR COMPLETE ADDRESS AND PHONE NUMBER?	_____ YES	_____ NO
DID YOU FILE A POLICE REPORT? A POLICE REPORT SHOULD BE FILED!!!	_____ YES	_____ NO

Please proceed to the next page

INFORMATION ABOUT THIS COMPLAINT

- 1. DID THIS INCIDENT OCCUR IN SHELBY COUNTY? YES ____ NO ____
- 2. IF NO, WHERE DID THE INCIDENT OCCUR? _____
- 3. GIVE A SUMMARY (**SHORT STATEMENT**) OF WHAT HAPPENED? **The two (2) Most Recent Incidents:**

PLEASE PRINT!!!

(1) _____

(2) _____

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

4. WITNESS (ES) TO INCIDENT

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

- 5. HAS THIS PERSON BEEN FOLLOWING YOU? YES ____ NO ____
- 6. HAS THIS PERSON BEEN COMING TO YOUR HOME OR PLACE OF EMPLOYMENT WITHOUT YOUR PERMISSION?
YES ____ NO ____
- 7. HAS THIS PERSON BEEN DROPPING THINGS OFF AT YOUR PROPERTY THAT DISTRESSES YOU? YES ____ NO ____
- 8. HAS THIS PERSON BEEN CONSTANTLY CALLING YOU WITH THREATS? YES ____ NO ____
- 9. HAS THIS PERSON BEEN SENDING YOU THREATENING TEXT MESSAGES OR EMAILS? YES ____ NO ____
- 10. DO YOU THINK THIS PERSON MAY HAVE MENTAL HEALTH OR ADDICTION ISSUES? YES ____ NO ____
- 11. ARE THERE ANY COURT CASES PENDING IN WHICH YOU AND THIS PERSON ARE INVOLVED? YES ____ NO ____
- 12. DO YOU HAVE A RESTRAINING ORDER ON THIS PERSON? YES ____ NO ____
- 13. DO YOU ALREADY HAVE AN ORDER OF PROTECTION ON THIS PERSON? YES ____ NO ____
- 14. HAS THIS PERSON'S ACTIONS CAUSED YOU TO FEEL TERRORIZED, FRIGHTENED, INTIMIDATED, THREATENED, OR HARASSED?
YES ____ NO ____ IF YES, WHICH ONE? _____
- 15. DOES THIS PERSON OWN OR POSSESS A FIREARM? YES ____ NO ____
- 16. DO YOU REQUEST THIS PERSON BE PROHIBITED FROM OWNING, POSSESSING, OR USING A FIREARM? YES ____ NO ____

IF YOUR PRESENT COMPLAINT IS ABOUT HARASSING PHONE CALLS

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**)

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?

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 ____

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

8. Did you receive these threatening calls at home? Yes ____ No ____

9. Did you receive these threatening calls at work? Yes ____ No ____

10. Did you receive these threatening calls on your cell phone? Yes ____ No ____

11. Did the threats come through your texts, email, Instagram, MySpace, Facebook, Snapchat or any other social media account? Yes ____ No ____

12. Did anyone hear these calls or see the threatening messages? Yes ____ No ____

If yes, please list:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

13. Do you have a log of these threatening calls or copies of the email/messages/texts?

Yes ____ No ____