



FAMILY VIOLENCE/ STALKING INTAKE

Name: _____ Date: _____

County where you reside: _____

Are you currently employed? Y N Average **yearly** income: \$ _____

Phone number where we can leave a confidential message: _____

Email Address: _____ Social Security No.: _____ - _____ - _____

Emergency Name and Phone Number Contact: _____

How were you referred to our office: _____

Name of Aggressor/ Stalker: _____ County of Residence: _____

Address: _____

Email Address: _____ Social Security No.: _____ - _____ - _____

Work Address: _____

Relationship to Aggressor/ Stalker: _____

Description of Family Violence/ Stalking: Specify what occurred that caused you to seek a Protective Order from the Aggressor/Stalker:

Proof: What proof do you have to support your allegations? For example, pictures of bruises, text messages and/or police reports?

Children

Name	DOB	Resides with?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe the children's involvement in the alleged violence/stalking:

Have you ever filed bankruptcy? Y N Are you considering filing bankruptcy? Y N

- Please Note: The information provided is secure and confidential and is protected by attorney-client privilege. However, until you sign a contract or pay a retainer, Hait & Kuhn does not represent you in any matter and will not take phone calls or receive correspondence on your behalf.

Notes: _____

Retainer Quoted: \$ _____ Monthly Payment: \$ _____ Est. Total: \$ _____