

Domestic Violence Case Intake Assessment

Client Information

Full Name

Date of Birth

Contact Number

Address

Preferred Contact Method

Incident Details

Date of Incident

Location of Incident

Description of Incident

Relationship to Alleged Abuser

Previous Incidents

Safety Assessment

Is the client in immediate danger?

Are children or dependents involved?

Does anyone require medical attention?

Support Needs

Does the client need legal support?

Is emergency shelter needed?

Would the client like counseling services?

Other Needs or Requests