



Today's Date: _____

Referred by: _____

PLEASE ANSWER THESE QUESTIONS AS COMPLETELY AS POSSIBLE.

CLIENT

Spouse/Former Spouse or Other Parent

NAME _____

NAME _____

AGE _____ DATE OF BIRTH _____

AGE _____ DATE OF BIRTH _____

ADDRESS _____

ADDRESS _____

CITY _____

CITY _____

STATE, ZIP _____

STATE, ZIP _____

RESIDENT OF IL. SINCE _____

RESIDENT OF IL. SINCE _____

PHONE _____

PHONE _____

CELL _____

CELL _____

EMAIL _____

EMAIL _____

WORK PHONE _____

WORK PHONE _____

OCCUPATION _____

OCCUPATION _____

EMPLOYER _____

EMPLOYER _____

CURRENT INCOME _____

CURRENT INCOME _____

YEARS AT JOB _____

YEARS AT JOB _____

SOCIAL SECURITY # _____

(FORMER) SPOUSE'S S.S. # _____

HAVE YOU BEEN REFERRED BY AN RFTA PARTNERING ORGANIZATION? YES () NO()

HAVE YOU EXPERIENCED PHYSICAL OR SEXUAL ABUSE? (CIRCLE) YES / NO

DO YOU MEET RFTA'S FINANCIAL ELIGIBILITY CRITERIA OF LIVING AT OR NEAR THE NATIONAL POVERTY LINE? (CIRCLE) YES / NO

IF YES, WILL YOU BE ABLE TO FURNISH FINANCIAL DOCUMENTS THAT CORROBORATE THAT? (CIRCLE) YES / NO

IF YOU CANNOT PROVIDE DOCUMENTATION , PLEASE EXPLAIN: _____

WHAT COUNTY DO YOU CURRENTLY RESIDE IN? _____

DO YOU HAVE A PENDING (CIRCLE) DIVORCE / CUSTODY / CRIMINAL CASE?

IF YES, WHAT COUNTY IS IT FILED IN? _____

CONTACT INFORMATION:

HOW OFTEN DO YOU CHECK YOUR E-MAIL ADDRESS? _____

MAY WE CONTACT YOU THROUGH? (CIRCLE) E-MAIL TELEPHONE REGULAR MAIL

MAY WE LEAVE A MESSAGE ON YOUR VOICEMAIL? (CIRCLE) YES / NO

DO YOU HAVE SAFETY CONCERNS WITH US CONTACTING YOU? (CIRCLE) YES / NO

IF YES, PLEASE EXPLAIN: _____

ARE YOU CURRENTLY MARRIED TO THE OTHER PARTY? (CIRCLE) YES / NO

IF CURRENTLY OR PREVIOUSLY MARRIED TO OTHER PARTY:

DATE OF MARRIAGE _____

LOCATION OF MARRIAGE (CITY, COUNTY, STATE) _____

DATE OF DISSOLUTION _____

LOCATION OF DISSOLUTION (COUNTY, STATE) _____

<u>NAMES OF CHILDREN:</u>	<u>Birth Date</u>	<u>Name of Other Parent</u>	<u>Custody with:</u>
_____	_____	_____	Me / Other Parent
_____	_____	_____	Me / Other Parent
_____	_____	_____	Me / Other Parent
_____	_____	_____	Me / Other Parent
_____	_____	_____	Me / Other Parent

WITH WHOM DO THE CHILDREN CURRENTLY RESIDE? _____

DO YOU INTEND TO ASK THAT THE OTHER PARTY HAVE: (CIRCLE) CUSTODY / VISITATION / NO VISITATION / SUPERVISED VISITATION

CURRENTLY, DO BOTH PARTIES HAVE ACCESS THE CHILDREN? (CIRCLE) YES / NO
IF YES, PLEASE DESCRIBE: _____

EDUCATIONAL BACKGROUND:

YOURSELF

OTHER PARTY

Highest Level of Education Grade Schl/High Schl/College Grade Schl/High Schl/College/More
Degree or Certification _____ _____
Special Trade / Skill _____ _____

If You Own Real Estate Please Complete the Following:

Address _____ City _____ Zip _____
Is It Marital Property? Yes _____ No _____ Was this Purchased Prior to Marriage? Y / N
Who presently Lives There? _____
Date Purchased _____ Current Market Value _____
Current Monthly Paymt _____ Current Total Mortgage _____
Does Your Monthly Payment Include Taxes and Insurance? Yes _____ No _____

VEHICLES:

Your Car: YEAR _____ MAKE _____ MODEL _____
Other Party's Car: YEAR _____ MAKE _____ MODEL _____
Add'l Cars _____
Boats/RV's/Motorcycles _____

OTHER PROPERTY OWNED:

DO YOU OR THE OTHER PARTY HAVE ANY OTHER REAL ESTATE? YES () NO ()
DO YOU FEEL THE OTHER PARTY
MAY HAVE ANY ASSETS OF WHICH YOU ARE NOT AWARE? YES () NO ()

BUSINESS INTERESTS:

DO YOU HAVE ANY BUSINESS INTERESTS OTHER THAN YOUR JOB? YES () NO ()
DOES OTHER PARTY HAVE ANY BUSINESS INTERESTS BEYOND THEIR JOB? YES () NO ()

SECURITIES - STOCKS - BONDS - CERTIFICATES OF DEPOSIT:

Do You or Other Party Own: 401K, 403B, or Similar? Me () Other Party () Both ()
Stocks, Bonds, or C/D? Me () Other Party () Both ()
An IRA? Me () Other Party () Both ()
A Safe Deposit Box? Me () Other Party () Both ()
A PENSION PLAN? Me () Other Party () Both ()

Does the individual you're leaving have a psychiatrist or therapist? If so, whom?

Do you currently, or have you ever, had an addiction problem? (CIRCLE) YES / NO

If yes, please explain: _____

Does the individual you're leaving use/abuse drugs or alcohol?

BACKGROUND INFORMATION:

Do you have a family support system? Yes / No

For Yes **and** No please describe: _____

Does your abuser have a family support system? Yes / No

If Yes, do you have a relationship with your abuser's family? Yes / No

If Yes, please describe: _____

Does your abuser have a criminal history? Yes / No

If Yes, please describe: _____

Has there been any domestic violence charges filed in regards to you and your abuser? Yes / No

If Yes, please describe: _____

Do you have **ANY** criminal history or have charges **EVER** been filed against you? Yes / No

If Yes, please describe: _____

Have there been any instances of child abuse in regards to your abuser and your children? Yes / No

If Yes, please briefly describe: _____

Were charges filed? Yes / No

If Yes, what was the outcome of those charges? _____

Do you currently feel as if you or your children are in danger? Yes / No

If Yes, please describe why: _____

Do you currently have or have you ever had an order of protection against your abuser? Yes / No

If Yes, when was the order issued and is it still in effect? _____

Where are you currently living? _____

How long have you lived there? _____

Are you expecting to stay at your current place of residence for the foreseeable future? Yes / No

Are you currently or have you ever resided in a domestic abuse shelter? Yes / No

Do you have a job? Yes / No

If Yes, please describe your duties and income: _____

If No, please describe why: _____

Are you able to financially support yourself and your children? Yes / No

If No, please describe why: _____

Are you currently receiving government assistance (SNAP, TANF, Medicaid, Daycare, etc)? Yes / No

If Yes, which ones: _____

What caused the final separation between you and your abuser (Why are you no longer together)?

Had you tried unsuccessfully to leave before? Yes/ No

If Yes, please describe: _____

How long have you currently been separated? _____

What are your goals in legally separating yourself from your abuser?

What fears do you have about going through the legal process?

What steps have you taken towards becoming self-sufficient?

Where do you see yourself in the future?

Are there things you would not feel comfortable talking about with your attorney? If so, what are they?

Would you like your counselor to help you communicate with your attorney? _____

Do you have any fears/worries or feel uncomfortable talking with a counselor? _____

Is there anything else you would like us to be aware of at this time?

NAME: _____

DATE: _____