



Badge # _____

Holding on to Hope

FAMILY JUSTICE CENTER

Today's Date:	Your Full Name:	Date of Birth:
Address:		Phone Number:

Age:		Primary Language:	
<input type="checkbox"/> 0-12 <input type="checkbox"/> 13-17 <input type="checkbox"/> 18-24 <input type="checkbox"/> 25-59 <input type="checkbox"/> 60+		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:	
Gender Identity:			
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other:		<input type="checkbox"/> Choose not to report	
Race/Ethnicity:			
<input type="checkbox"/> American Indian	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	
<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Pacific Islander	
<input type="checkbox"/> Multiple Races/Ethnicities	<input type="checkbox"/> Other:	<input type="checkbox"/> Choose not to report	
Please check any that apply to you:			
<input type="checkbox"/> Cognitive/Physical/Mental Disability	<input type="checkbox"/> Deaf or Hard of hearing	<input type="checkbox"/> Homeless	
<input type="checkbox"/> Immigrant/Refugee/Asylum Seeker	<input type="checkbox"/> Veteran	<input type="checkbox"/> LGBTQ+	
<input type="checkbox"/> Limited English Proficiency	<input type="checkbox"/> Other:	<input type="checkbox"/> Choose not to report	
Please check the experience that brought you here today. You may check more than one.			
<input type="checkbox"/> Adult Sexual Abuse as a child	<input type="checkbox"/> Child Sexual Assault or Abuse	<input type="checkbox"/> Human Trafficking: Labor	
<input type="checkbox"/> Adult Sexual Assault	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Stalking or Harassment	
<input type="checkbox"/> Adult Physical Violence	<input type="checkbox"/> Elder Abuse or Neglect	<input type="checkbox"/> Other:	
<input type="checkbox"/> Child Abuse or Neglect	<input type="checkbox"/> Human Trafficking: Sex	<input type="checkbox"/> Other:	

Additional Experience Information
Was the incident that brought you in today reported to police?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Police Department?
If so, do you know or have a police report number?
<input type="checkbox"/> Yes Report Number: _____ <input type="checkbox"/> I have one, but I do not know what it is.
If not, would you like to report it to the police?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Dependents	
Do you have any Children?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Children Information:	
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F Age: D.O.B.:
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F Age: D.O.B.:
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F Age: D.O.B.:
Name:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F Age: D.O.B.:
Is there a current court order for custody/visitation?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have concerns for their wellbeing?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Offender Information	
Full Name:	Date of Birth:
Address:	
Is the Offender on Probation or Parole?	
<input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> None <input type="checkbox"/> Not Sure	
Is there a Protective Order in place?	If not, would you like one?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Were you in a relationship with the offender?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long:	
Do you live together?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for how long:	
Do you have children together?	
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many:	

Mandated Reporting Policy Acknowledgement	
The Holding on to Hope, County of Monterey Family Justice Center includes staff who are mandated reporters. Mandated reporters have a duty to report information you disclose if you are determined to be a danger to your self or others.	
Information that is not confidential	Action that will be taken
If we suspect abuse, endangerment, or neglect of a child, dependent or elder	Duty to report to Child or Adult Protective Services
If we hear and believe you are in danger of hurting yourself.	Duty to notify law enforcement or other relevant professionals
If we hear you or a person you know if going to hurt another person	Duty to warn the person and report it to law enforcement.
Court ordered release of information	We will try to keep the information private, but the court may order information released.

By signing below, you acknowledge the Holding on Hope, County of Monterey Family Justice Center has informed you and that you have reviewed and understand the mandated reporting policy.

Client Signature

Date

Initial Service Request:
What can we help you with today?
<input type="checkbox"/> Talk to a Domestic Violence, Sexual Assault or Human Trafficking Counselor
<input type="checkbox"/> Talk to a District Attorney Victim Advocate
<input type="checkbox"/> Help obtaining a restraining/protective order
<input type="checkbox"/> Create a Personal safety plan for myself and my family
<input type="checkbox"/> Talk to someone about my emotional well-being and/or my children's
<input type="checkbox"/> Talk to someone about divorce and/or child custody concerns
<input type="checkbox"/> Talk to Law Enforcement
<input type="checkbox"/> Talk to a Chaplin to obtain Spiritual Support
<input type="checkbox"/> Help with providing food and basic needs for my family
<input type="checkbox"/> Help finding a Shelter
<input type="checkbox"/> I need help with something else:

Who is with you today?		
Name:	Relationship:	Date of Birth:

Emergency Contact Information	
Full Name:	Phone Number:
Relationship to you:	

Confidentiality Agreement

For the safety and privacy of those using the services at Holding on to Hope, County of Monterey Family Justice Center, I agree not to disclose to anyone the names, descriptions, or any other information regarding any individual I may learn about at the Family Justice Center.

Client Signature

Date

Adult Visitor Signature

Date

Adult Visitor Signature

Date