

DOMESTIC VIOLENCE INTAKE SHEET

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Please complete the following intake sheet & return to Ashley M. Myers, P.A. prior to your scheduled appointment. Please be advised that until an appointment has been scheduled and a retainer agreement executed, Ashley M. Myers, Esq. does not represent your interest as a client.

A Word About Domestic Violence

Domestic violence is serious and we take making and defending against allegations of domestic violence very seriously.

Unfortunately, domestic violence is an area of the law that is frequently used to manipulate the outcome in a family law case. Domestic violence is not to be used as a “work around” for determining matters such as custody, support, exclusive use of the marital home or property disputes. If that is your objective then you have come to the wrong place.

If you are a victim of domestic violence and you are in genuine fear for your safety or that of your children, you have come to the right place.

If you have been accused of domestic violence, whether you committed it or not, you are entitled to defend yourself and again, you have come to the right place.

If, after reading the above, you wish to cancel your appointment, please do so. If, after reading the above, you wish to proceed with your scheduled appointment, we look forward to meeting you and being of service.

Date of scheduled consult:	
Date you are completing this form:	
Potential Client is Petitioner or Respondent:	

Non-refundable Retainer: Varies per case

Attorney Hourly Rate: \$375/hour

Legal Assistant Hourly Rate: \$130/hour

PERSONAL INFORMATION

Petitioner's	
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name:	
Maiden name:	
Petitioner's address:	
Home phone:	
Work/alternative:	
Cell:	
Email:	

Respondent's name:	
Respondent's address:	
Home phone:	
Work/alternative:	
Cell:	
Email:	

Petitioner's Social Security Number:	
Petitioner's DOB:	
Respondent's Social Security Number:	
Respondent's DOB:	

REFERRED BY

Who may we thank for your business?	
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BACKGROUND

Date of Marriage:	
County of Marriage:	
Date of Separation:	
Who is in the Marital Home?:	
Marital Home Address?:	

Any other real estate?:	
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ABUSE ISSUES

Domestic violence takes many forms. Allegations of abuse may include, but not be limited to: shoving, pushing, hitting, punching, grabbing something out of the victim’s hand (a cell phone is common), throwing something at the victim (cell phones, remote controls, keys, bottles, glasses, plates), blocking the victim from entering or leaving a room, preventing the victim from being able to make a phone call, repeatedly driving by the victim’s home or place of business for no other legitimate purpose, cyber stalking, threats combined with the present ability to carry the threat out. Indicators may include the aggressor denying access to friends or family, cutting off or threatening to cut off all access to financial support, hurting the family pet.

Do your best to answer the questions below. This is the most important section of the intake sheet. If you do not know the answer to the question, simply write, “don’t know” in the space provided. If there are many incidences, be prepared to answer the questions below as to each incidence at your consultation.

Your honesty and frankness is critical, whether you are completing this intake as the one being accused of committing domestic violence or you are the victim of domestic violence. We cannot defend you or help you obtain injunctive relief without a complete picture of what has transpired, both recently, and over the course and history of your relationship with the other person involved.

Who has or is claiming abuse? Husband, Wife, Child, Girlfriend, Boyfriend, Another family member?	
Do the aggressor and victim live together? Or have they ever lived together?	
Who did the aggressor allegedly abuse?	
In what County / State did the abuse	

occur?	
When did the abuse occur?	
Did you file or were you served with an injunction for protection of any kind?	
If so, when was it filed?	
If you were served, when were you served?	
Is a hearing scheduled to your knowledge? If so, when?	
Please provide the date of 1 st incident or accusation of abuse that occurred within the last 2 years.	
Briefly describe the abuse / what happened?	
Were the police contacted?	
Was anyone arrested?	
Was anyone charged with a crime?	
Was medical treatment sought?	
Were any pictures taken?	
Did the abuse occur in front of children?	
Did anyone else witness the abuse?	
Have there been any other allegations or incidences of abuse at any time?	

EMPLOYMENT INFORMATION

Is anyone disabled? If so, who?:	
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Petitioner's Occupation:	
Petitioner's Employer, Name and Address:	
How long has Petitioner been employed with this employer?	
Petitioner's approximate income?	

Respondent's Occupation:	
Respondent's Employer, Name and Address:	
How long has Respondent been employed with this employer?	
Respondent's approximate income?	

PARTIES HEALTH:

Is the Respondent in good health? If not, list physical and or psychological problems:	
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Is the Petitioner in good health? If not, list physical and or psychological problems:	
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CHILDREN

This form provides for 5 children, if you have more, please add additional children's information.

How many children were born as a result of the parties' relationship?	
Were you married to each other when all the children were born?	
Were there any children that were prior to the marriage to the parent?	

CHILDREN CONTINUED

Names:

1.
2.
3.
4.
5.

Dates of Birth:

1.
2.
3.
4.
5.

Social Security Numbers:

1.
2.
3.
4.
5.

Is custody an issue?	
Who are the Children living with now?	

Where and with whom have they resided in the last five years? If different for different children, please let me know.

Address:	
Dates of Residence:	
With Whom at each address:	

Address:	
Dates of Residence:	
With Whom at each address:	

Address:	
Dates of Residence:	
With Whom at each address:	

Is anyone paying child support? Who?	
Is so, how much?	
Who, if anyone, is providing insurance?	
What kind? Health, Dental, Life?	
Is child doing well in school?	
Where does the child go to school?	

Any health problems?	
Who is child's pediatrician?	

Any behavioral issues?	
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Is child seeing a psychologist? If so, who?	
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Children from any other relationships?	
If so, names, ages and where they reside?	

WHAT WOULD YOU LIKE TO SEE BE THE OUTCOME? WRITE YOUR "WISH LIST."

PROPOSED SETTLEMENT OFFER?: DO YOU HAVE AN AGREEMENT OR A PROPOSAL YOU THINK WILL BE TAKEN? If so, what is it?