

## Wyoming Domestic Violence/Sexual Assault Program Intake Form

### Victim Information

Program Name: \_\_\_\_\_ Completed by: \_\_\_\_\_  
 Intake Date: \_\_\_\_\_ Intake Time: \_\_\_\_\_ AM PM  
(MM/DD/YYYY) (HH:MM)

Name: \_\_\_\_\_  
(First) (Middle) (Last)

DOB: \_\_\_\_\_ Program Victim #: \_\_\_\_\_  
(MM:DD:YYYY)

Current Address: \_\_\_\_\_  
(Street) (City) (County) (State)

Home Phone: \_\_\_\_\_ OK to Call Home? Yes:\_\_\_ No:\_\_\_  
(Area Code and Phone Number)

Work Phone: \_\_\_\_\_ OK to Call Work? Yes:\_\_\_ No:\_\_\_  
(Area Code and Phone Number)

Alternate Phone: \_\_\_\_\_ OK to Call Alternate? Yes:\_\_\_ No:\_\_\_  
(Area Code and Phone Number)

<b>Employment Status:</b>	<b>Marital Status:</b> <small>(at time of incident)</small>	<b>Ethnicity:</b> <small>(check all that apply)</small>	<b>Gender:</b>
Employed:___ Unemployed:___	Single:___ Separated:___	White:___ Asian:___	Male:___
Disability:___ Retired:___	Married:___ Live-In:___	Hispanic/Latino:___ Native American:___	Female:___
Student:___	Divorced:___ Widowed:___	Afr. American:___ Pacific Islander:___	Unknown:___
Occupation: _____		Other (specify): _____	
Employer: _____			

<b>Education Level:</b>	<b>Financial Assistance</b>	<b>Other Household Income:</b> <small>(check all that apply)</small>
Some H.S.:___ College/Votech:___	Do you need financial assistance?	Child Sup:___ Disability:___
H.S. Grad:___ Some Grad School:___	Yes:___	Public Assist:___ S.S.I.:___
GED:___ Grad Degree:___	No:___	Pension:___ Spouse:___
Some College/Votech:___		Other (specify): _____

<b>Victim Special Needs:</b> <small>(check all that apply)</small>	<b>Has the offender abused you in the past?</b>
Pregnant:___ Elderly:___	Sexually? Never:___ Daily:___ Weekly:___ Monthly:___
Medical/Phys. Health:___ Mental/Emo. Health:___	About every 3 months:___ About once a year:___
Child Care:___ Homosexual:___	Physically? Never:___ Daily:___ Weekly:___ Monthly:___
Disability:___ Immigrant/Refugee:___	About every 3 months:___ About once a year:___
Financial:___ At-Risk Popul.:___	Emotionally? Never:___ Daily:___ Weekly:___ Monthly:___
Alcohol Abuse:___ Drug Abuse:___	About every 3 months:___ About once a year:___
Rural Area:___ Spanish Speak.:___	Does the victim live with the offender? Yes:___ No:___
Tribal Area:___ Asian Speak.:___	
Other (specify): _____	

**Offender Information**

**Name:** \_\_\_\_\_  
 (First) (Middle) (Last)

**DOB:** \_\_\_\_\_  
 (MM/DD/YYYY)

**Current Address:** \_\_\_\_\_  
 (Street) (City) (County) (State)

**Home Phone:** \_\_\_\_\_  
 (Area Code and Phone Number)

**Employment Status:**

Employed:\_\_\_\_ Unemployed:\_\_\_\_  
 Disability:\_\_\_\_ Retired:\_\_\_\_  
 Student:\_\_\_\_ Don't Know:\_\_\_\_  
 Occupation:\_\_\_\_  
 Employer:\_\_\_\_\_

**Marital Status :**  
 (at time of incident)

Single:\_\_\_\_ Separated:\_\_\_\_  
 Married:\_\_\_\_ Live-In:\_\_\_\_  
 Divorced:\_\_\_\_ Widowed:\_\_\_\_  
 Don't Know:\_\_\_\_

**Ethnicity:**  
 (check all that apply)

White:\_\_\_\_ Asian:\_\_\_\_  
 Hispanic/Latino:\_\_\_\_ Native American:\_\_\_\_  
 Afr. American:\_\_\_\_ Pacific Islander:\_\_\_\_  
 Don't Know:\_\_\_\_  
 Other (specify):\_\_\_\_\_

**Gender:**

Male:\_\_\_\_  
 Female:\_\_\_\_  
 Unknown:\_\_\_\_

**Education Level:**

Some H.S:\_\_\_\_ College/Votech:\_\_\_\_  
 H.S. Grad:\_\_\_\_ Some Grad School:\_\_\_\_  
 GED:\_\_\_\_ Grad Degree:\_\_\_\_  
 Some College/ Votech:\_\_\_\_ Don't Know:\_\_\_\_

**Victim Relationship to the Offender (at time of incident):**

Former Dating:\_\_\_\_ Spouse:\_\_\_\_  
 Former Spouse:\_\_\_\_ Sibling:\_\_\_\_  
 Dating:\_\_\_\_ Parent:\_\_\_\_  
 Child:\_\_\_\_ Other Relative:\_\_\_\_  
 Acquaintance:\_\_\_\_ Stranger:\_\_\_\_  
 Live in Partner:\_\_\_\_  
 Other(specify):\_\_\_\_\_

**Has the offender ever been abused?**

**As a Child:** Yes:\_\_\_\_ No:\_\_\_\_ Don't Know:\_\_\_\_  
**As an Adult:** Yes:\_\_\_\_ No:\_\_\_\_ Don't Know:\_\_\_\_

**Offender Special Needs:** (check all that apply)

Pregnant:\_\_\_\_ Elderly:\_\_\_\_ Physical Health:\_\_\_\_ Mental Health:\_\_\_\_ Rural:\_\_\_\_  
 Child Care:\_\_\_\_ Homosexual:\_\_\_\_ Disability:\_\_\_\_ Language:\_\_\_\_  
 Financial:\_\_\_\_ Alcohol Abuse:\_\_\_\_ Drug Abuse:\_\_\_\_ Immigrant/Refugee:\_\_\_\_  
 Other (specify):\_\_\_\_\_

**Has the offender ever been:**

In jail:\_\_\_\_ In a penitentiary:\_\_\_\_  
 On parole:\_\_\_\_ On probation:\_\_\_\_  
 Arrested:\_\_\_\_ Cited in a Protection Order:\_\_\_\_

**Is the offender currently:**

In jail:\_\_\_\_ In a penitentiary:\_\_\_\_  
 On parole:\_\_\_\_ On probation:\_\_\_\_  
 Arrested:\_\_\_\_ Cited in a Protection Order:\_\_\_\_

**Incident Information**

**Incident Date:** \_\_\_\_\_ **Estimated Incident Time:** \_\_\_\_\_ AM PM  
(MM/DD/YYYY) (MM:MM)

**Incident Location:** \_\_\_\_\_ **Incident City:** \_\_\_\_\_  
**Offender's Home:** \_\_\_\_\_ **Hotel/Motel:** \_\_\_\_\_ **Incident County:** \_\_\_\_\_  
**Victim's Home:** \_\_\_\_\_ **Street/Parking Lot:** \_\_\_\_\_ **Incident State:** \_\_\_\_\_  
**Public Area:** \_\_\_\_\_ **Vehicle:** \_\_\_\_\_  
**Rural Area:** \_\_\_\_\_ **Other (specify):** \_\_\_\_\_

**Offender Under Influence During Incident?** **Victim Under Influence During Incident?**

<b>Alcohol:</b> Yes:___ No:___ Don't Know:___	<b>Alcohol:</b> Yes:___ No:___ Don't Know:___
<b>Drugs:</b> Yes:___ (check all that apply) No:___	<b>Drugs:</b> Yes:___ (check all that apply) No:___
<b>Marihuana:</b> ___ <b>Meth:</b> ___	<b>Marihuana:</b> ___ <b>Meth:</b> ___
<b>Cocaine:</b> ___ <b>Crack:</b> ___	<b>Cocaine:</b> ___ <b>Crack:</b> ___
<b>Heroin:</b> ___ <b>Don't Know:</b> ___	<b>Heroin:</b> ___ <b>Don't Know:</b> ___

**Police Called about Incident?:** Yes:\_\_\_ No:\_\_\_  
**If No, do you want to contact Police?:** Yes:\_\_\_ No:\_\_\_

**Date Called:** \_\_\_\_\_ **Estimated Time Called:** \_\_\_\_\_ AM PM  
(MM/DD/YYYY) (MM:MM)

**DVPO Filed?** Yes:\_\_\_ **Stalking Order Filed?** Yes:\_\_\_  
No:\_\_\_ No:\_\_\_

**Police Disposition:**

**Offender Arrested:**\_\_\_ **Referred:**\_\_\_ **Mediation by Officer:**\_\_\_ **Separated Vic/Off:**\_\_\_  
**Offender Not Found:**\_\_\_ **Papers Filed Against:**\_\_\_ **Other (specify):**\_\_\_\_\_

**Offender Weapon:**  
(check all that apply)

**None:**\_\_\_  
**Knife/Cutting Instrument:**\_\_\_  
**Gun:**\_\_\_  
**Hands/Feet Only:**\_\_\_  
**Other (specify):**\_\_\_\_\_

**Type of Violence/Victimization:**  
(check all that apply)

**Abduction:**\_\_\_ **Sexual Assault:**\_\_\_  
**Assault:**\_\_\_ **Sexual Harassment:**\_\_\_  
**Battering:**\_\_\_ **Stalking:**\_\_\_  
**Exposure:**\_\_\_ **Threat of Harm:**\_\_\_  
**Intimidation:**\_\_\_ **Verbal/Emotional:**\_\_\_  
**Obscene Phone:**\_\_\_ **Violate Protection Order:**\_\_\_  
**Robbery:**\_\_\_ **Strangulation:**\_\_\_  
**Other (specify):**\_\_\_\_\_

**Victim Injury:**  
(check all that apply)

**None:**\_\_\_ **Severe Laceration:**\_\_\_  
**Broken Bones:**\_\_\_ **Loss of Teeth:**\_\_\_  
**Internal Injury:**\_\_\_ **Unconsciousness:**\_\_\_  
**Minor:**\_\_\_  
**Other (specify):**\_\_\_\_\_

**Children Information**

# of Children: \_\_\_\_

**Were any children exposed to incident?:**

Child #:	Age:	Gender(M/F):	Verbally**?	Verbally/Sight***?	Physically***?
1: _____ (First Name Last Name)	Age: ____	Gender(M/F): ____	Yes: ____ No: ____	Yes: ____ No: ____	Yes: ____ No: ____
2: _____ (First Name Last Name)	Age: ____	Gender(M/F): ____	Yes: ____ No: ____	Yes: ____ No: ____	Yes: ____ No: ____
3: _____ (First Name Last Name)	Age: ____	Gender(M/F): ____	Yes: ____ No: ____	Yes: ____ No: ____	Yes: ____ No: ____
4: _____ (First Name Last Name)	Age: ____	Gender(M/F): ____	Yes: ____ No: ____	Yes: ____ No: ____	Yes: ____ No: ____

\*Verbal includes the child being able to hear the incident without actually seeing the incident.  
 \*\*Verbal/Sight includes the child being able to hear the incident and also witnessed the incident.  
 \*\*\*Physical means the child was also physically harmed by the offender during the incident.

**Victim's Relationship to the Child(ren):**  
(Fill in blanks with appropriate number)

Child #1: \_\_\_\_ Child #3: \_\_\_\_  
 Child #2: \_\_\_\_ Child #4: \_\_\_\_

1: Father  
 2: Step-Father  
 3: Father's Intimate Partner  
 4: Mother  
 5: Step-Mother  
 6: Mother's Intimate Partner  
 7: Sibling  
 8: Grandparent  
 9: Other Relative  
 10: Other: \_\_\_\_\_

**Offender's Relationship to the Child(ren):**  
(Fill in blanks with appropriate number)

Child #1: \_\_\_\_ Child #3: \_\_\_\_  
 Child #2: \_\_\_\_ Child #4: \_\_\_\_

1: Father  
 2: Step-Father  
 3: Father's Intimate Partner  
 4: Mother  
 5: Step-Mother  
 6: Mother's Intimate Partner  
 7: Sibling  
 8: Grandparent  
 9: Other Relative  
 10: Other: \_\_\_\_\_

**Incident Information**

(continued on next page)

**Incident Description/Notes:**


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**Services Provided**

(check all that apply)

Crisis Intervention: \_\_\_\_ Batterers Support Services: \_\_\_\_  
 Info & Referral Services: \_\_\_\_ Transportation: \_\_\_\_ # of Trips: \_\_\_\_  
 Legal Advocacy: \_\_\_\_ Emergency Child Care: \_\_\_\_ # Children: \_\_\_\_  
 Medical Advocacy: \_\_\_\_ Training and Tech. Assistance: \_\_\_\_  
 Social Service Advocacy: \_\_\_\_ Personal Advocacy: \_\_\_\_  
 Individual Counseling: \_\_\_\_ Group Counseling: \_\_\_\_

**Turnaway Status**

(check all that apply)

No Space Available: \_\_\_\_  
 Space too Small: \_\_\_\_  
 Inappropriate: \_\_\_\_  
 Exhausted Stay: \_\_\_\_  
 No Funding: \_\_\_\_  
 Referred to Other: \_\_\_\_  
 Other: \_\_\_\_

**Exit Status**

(check all that apply)

Set up New Household: \_\_\_\_  
 Moved in w/ Relative/Friend: \_\_\_\_  
 Offender moved out: \_\_\_\_  
 Returned to Offender: \_\_\_\_  
 Without Notification: \_\_\_\_  
 Asked to Leave: \_\_\_\_  
 Not an Exit, In Use: \_\_\_\_  
 Other: \_\_\_\_

**Shelter Type Used**

(check all that apply)

Licensed: \_\_\_\_  
 Motel/Hotel: \_\_\_\_  
 Shared House: \_\_\_\_  
 Private House: \_\_\_\_  
 Other: \_\_\_\_