

JUVENILE DEPENDENCY MEDIATION SERVICES INTAKE FORM

Your Name_____

First Middle Last

Address_____ Home Phone_____

City/State/Zip_____ Work Phone_____

CHILDREN: List your children

| <u>Name</u> | <u>Age</u> | <u>Date of Birth</u> | <u>Sex</u> | <u>Living With</u> |
|-------------|------------|----------------------|------------|--------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

PERSONAL INFORMATION

Your Age_____ Date of Birth_____ Place of Birth_____

Circle the highest grade you completed: (1 – 8) (9 10 11 12) (13 14 15 16) 17 18+

High School College

How much do you earn: Weekly_____ Monthly_____ Annually_____

Employed by:_____ Job Title:_____

Work Address:_____ Phone:_____

Who is your Attorney_____ Phone_____

Has there been any injunctions and/or court proceedings filed regarding Domestic Violence_____

Yes/No

SIGN HERE_____ DATE_____