|  |  |  |
| --- | --- | --- |
| **Client Information:** | **Date:** | Click or tap here to enter text. |
| Last name: Click or tap here to enter text. | First Name: Click or tap here to enter text. | Middle Name:  | Date of Birth: Click or tap here to enter text. |
| Current Home Address, City, & Zip Code: Click or tap here to enter text. | Ethnicity: Click or tap here to enter text. |
| Current Mailing Address (If different from Home address): Click or tap here to enter text. | Preferred Language:  |
| Contact Number: Click or tap here to enter text.Is it safe for staff to leave a message at this number? [ ] Yes [ ] No  | If not, how should staff reach client?  Mail Email:  Other Contact Information:  |
|  |  |
| **Partner/Ex-Partner Information:** |
| Last Name: Click or tap here to enter text. | First Name: Click or tap here to enter text. | Middle Name:  | Relationship:  |
| Current Home Address, City, & Zip Code (If Different): Click or tap here to enter text. | Date of Birth:  |
| Is this person aware of the referral? Click or tap here to enter text. | Ethnicity:  |
|  |  |
| **Child(ren) Information:** |
| Name | DOB | Ethnicity | Lives with Client? | If Not, With Whom? |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. |   |   |   |   |

**What SFJC services are you requesting for this client: (please check all that apply)**

|  |  |
| --- | --- |
| [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  | Intake with Social Work StaffConfidential Victim Advocacy Individual Peer Counseling Domestic Violence Support Group Shelter ServicesAdult Therapeutic ServicesChild Therapeutic Services Supervised Visitation (Off-site)Immigration ServicesMedi-Cal/Cal FreshDomestic Violence EducationSafety PlanningAssistance with Requesting a Restraining Order (all types)Pro Bono Attorney ConsultationCalifornia Victim Compensation Board applicationsGeneral Resources and Referrals |

**Other concerns/issues for this client:**

|  |  |
| --- | --- |
| 1. Is the partner/ex-partner in the home? Click or tap here to enter text.
 | 1. Is the partner/ex-partner in custody? Click or tap here to enter text.
 |
| 1. Are there any police reports?
* *If yes, list jurisdiction:* Click or tap here to enter text.
* *Is Client the Victim or the Suspect?* Click or tap here to enter text.
 | 1. Are there open criminal cases?
* *If yes, case # & venue:*Click or tap here to enter text.
* *Is Client the Victim or the Defendant?*Click or tap here to enter text.
 |
| 1. Are there current protection orders?
* *If yes, case # & venue:* Click or tap here to enter text.
* *Is Client the Petitioner or the Respondent?* Click or tap here to enter text.
 | 1. Are there other current Family Law cases?
* *If yes, case # & venue:* Click or tap here to enter text.
 |
| 1. Has this client been referred to the Solano Family Justice Center before?
* if yes, through which agency: Click or tap here to enter text.
 | 1. Please list any other agencies currently working with this client: Click or tap here to enter text.
 |
| 1. Please provide information regarding the client’s domestic violence history (DV incidents, orders of protection, etc.) and other relevant information:Click or tap here to enter text.
 |
| 1. If you would like the client referred to a specific on-site partner, please list below:

[ ]  Courage Center [ ]  Victim/Witness (DA’s Office) [ ]  Trauma Recovery Center [ ]  Help bureau[ ]  Employment & Eligibility [ ]  Solano Advocates for Victim of Violence [ ]  Catholic Charities Immigration [ ]  Catholic Charities Mental Health Services  |

**referring agency information:**

|  |  |  |
| --- | --- | --- |
| Agency Name: Click or tap here to enter text. | Referring Staff: Click or tap here to enter text. | Title: Click or tap here to enter text. |
| Contact Email: Click or tap here to enter text. | Phone Number: Click or tap here to enter text. |
| Client signed release or provided verbal authorization for referral?Click or tap here to enter text. |

***\* Please fax completed form to 707-784-7691 \****

***or email to SFJCinfo@solanocounty.com***