|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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. |
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| 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 Staff  Confidential Victim Advocacy  Individual Peer Counseling  Domestic Violence Support Group  Shelter Services  Adult Therapeutic Services  Child Therapeutic Services  Supervised Visitation (Off-site)  Immigration Services  Medi-Cal/Cal Fresh  Domestic Violence Education  Safety Planning  Assistance with Requesting a Restraining Order (all types)  Pro Bono Attorney Consultation  California Victim Compensation Board applications  General 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***