

**Family Justice Center**  
**Initial Domestic Violence Visit**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Staff: \_\_\_\_\_ New client or Returning Client?

Name (or Alias): \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: M F      Race: \_\_\_\_\_      Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ Parish: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Who referred you to the Family Justice Center? \_\_\_\_\_

What is your abuser's name? \_\_\_\_\_

How is the abuser related to you? \_\_\_\_\_

Are you currently living with your abuser? \_\_\_\_\_

What type of abuse is this in reference to? (circle all that apply)

**Physical    Emotional/Verbal    Sexual    Stalking    Harassing phone Calls/Texts    Threats**

Was a police report made? Yes or No

Do you need to speak to Law Enforcement and/or make a police report?

**Do you need a safe place to stay?** Yes or NO

**RISK ASSESSMENT**

When is the last time this occurred? - \_\_\_\_\_

How often does this occur? Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Other \_\_\_\_\_

**What types of abuse have occurred?**

**Physical:** \_\_\_\_\_ pushing/shoving \_\_\_\_\_ cut \_\_\_\_\_ slap \_\_\_\_\_ physical restraint \_\_\_\_\_ hit \_\_\_\_\_ assault  
w/weapon

Strangled \_\_\_\_\_ kicked \_\_\_\_\_ punched \_\_\_\_\_ burned \_\_\_\_\_ spit on \_\_\_\_\_ bit \_\_\_\_\_ pulled hair

Other: \_\_\_\_\_

**Threats:** \_\_\_\_\_ Threatened w/ weapon \_\_\_\_\_ Access to a Gun? \_\_\_\_\_ Threatened suicide

Threatened to kill you or someone you love \_\_\_\_\_ Other: \_\_\_\_\_

**Stalking:** \_\_\_\_\_ Follow you around \_\_\_\_\_ Let you know that you are being watched \_\_\_\_\_ Contact  
you via social media \_\_\_\_\_ Call/Text you repeatedly

**Sexual:** \_\_\_\_ Force you to have intercourse \_\_\_\_ Force you to perform oral sex \_\_\_\_ Force you to perform sexual acts with others \_\_\_\_ Any other forms of sexual assault \_\_\_\_\_

**Emotional/Verbal Abuse:** Excessive Jealousy \_\_\_\_ Isolation \_\_\_\_ Intimidation \_\_\_\_ Name calling \_\_\_\_ Choose who you can or cannot be friends with \_\_\_\_ Control the finances Isolation from family and/or friends \_\_\_\_\_

**Has a physician diagnosed the abuser with any mental or emotional illness? Yes No**

**If so, what type?** \_\_\_\_\_

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**Consent Form for Sharing Information  
at the Family Justice Center**

I, \_\_\_\_\_, understand it may become necessary for Family Justice Center staff to coordinate with other agencies to better assist me.

**These agencies may include:**

FJC Advocate, Project Celebration, Law Enforcement, South Bossier Counseling, David Raines Community Health Clinic (to name a few) as well as many local churches and organizations.

**Reminder: You are not required to file a police report or apply for a protective order to be eligible for services, but law enforcement is available should you need assistance. Staff may not reveal or discuss this information with anyone else unless it directly assists the client. All information is confidential. This policy of confidentiality does not expire.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**\*\*YOU MAY REVOKE YOUR CONSENT WITHOUT LOSING SERVICES\*\***

