

FAMILY VIOLENCE PREVENTION SERVICES, INC. APPLICATION FOR LEGAL SERVICES

4. Below, please provide some information about yourself. If you do not have a Social Security Number or Driver's License, please write "N/A" in the appropriate space(s).

Social Security Number: _____ - _____ - _____

Driver's License: _____ **State of License:** _____

Age: _____ **Date of Birth:** _____ **Race:** _____

Sex (female/male): _____

Place of birth: _____
City State Country

5. Please record your citizenship or immigration information below. If a category does not apply to you, please write "N/A" in the appropriate space(s).

Are you a U.S. Citizen? Yes: _____ **No:** _____

If not, do you have a VISA? _____ Work Pass? _____ Other? _____

Are you a Permanent Resident? _____ Are you Undocumented? _____

6. Are you currently in the military? Yes: _____ No: _____

If yes, what branch? _____ Current rank? _____ Number of years? _____

Active Duty or Reserves? _____ Which Base? _____

Are you retired or separated from the military? Yes: _____ No: _____

If yes, how long ago? _____ Were you honorably discharged? _____

7. Are you living by yourself? ___ with the other parent? ___ with relatives? ___ with a friend? ___

Name(s): _____

Relationship(s): _____

8. _____
Employer Name Address

How long have you been employed there? _____

Are you full-time or part-time? _____

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If you are not currently employed, please answer the following:

Have you ever been employed? Yes_____ No_____

If you answered “no,” please explain below why you have never been employed:

If you answered “yes,” please provide the following information:

Dates of last employment: _____

Name of last employer: _____

Why are you not currently employed? _____

Below, please list any bad facts (e.g. alcohol/drug abuse, criminal record, mental health issues, family violence) that the other parent may try to use against you in court:

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FAMILY VIOLENCE

Family or domestic violence can be defined as a pattern of behavior in any relationship that is used to gain or maintain power and control over an intimate partner. Abuse is physical, sexual, emotional, economic, and psychological actions or threats of actions that influence another person. It includes any behaviors that frighten, intimidate, terrorize, manipulate, hurt, humiliate, blame, injure or wound someone. Domestic violence may result in emotional trauma and physical injury and may include the abuse of children and other family members, as well as intimate partners.

A protective order is a civil court order issued to prevent continuing acts of family violence. It may prohibit the offender from committing further acts of family violence, harassing or threatening the victim directly or indirectly, or going to or near a school or day-care center that a child protected under the order attends.

- 9. Do you have a Protective Order? Yes _____ No _____
If you answered "yes," please provide a copy to our office.
- 10. If you do not have a Protective Order, do you feel you need one? Yes _____ No _____
- 11. Have you ever filed charges against the other parent? Yes _____ No _____

If charges have been filed against the other parent, are you aware of any scheduled court dates?

If you answered "yes," what are the dates? _____

To assist our agency in assessing the urgency of your case, please state the nature of the violence that happened to you and/or your children. Give the month, day, and year of each incident and explain what the adverse party did. Please note if there are police reports and give the case numbers, if so. Please include ALL the incidents of violence you experienced, including those that are not very recent and those that did not involve the police. If you do not remember the dates of incidents of violence, please write "N/A" in the appropriate space(s). If the violence you experienced occurred over a long period of time or constantly during your relationship and you cannot recall a specific incident, please record the long term mistreatment and explain the frequency with which it happened.

Date of Incident: _____ **or Frequency of Abuse:** _____

Location of Violence: _____

Description of Violence: _____

Were the police contacted? Yes _____ No _____

If the police were contacted, was the other parent arrested? Yes _____ No _____

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Date of Incident: _____ or Frequency of Abuse: _____

Location of Violence: _____

Description of Violence: _____

Were the police contacted? Yes _____ No _____

If the police were contacted, was the other parent arrested? Yes _____ No _____

Date of Incident: _____ or Frequency of Abuse: _____

Location of Violence: _____

Description of Violence: _____

Were the police contacted? Yes _____ No _____

If the police were contacted, was the other parent arrested? Yes _____ No _____

Date of Incident: _____ or Frequency of Abuse: _____

Location of Violence: _____

Description of Violence: _____

Were the police contacted? Yes _____ No _____

If the police were contacted, was the other parent arrested? Yes _____ No _____

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18. Other Parent's Employer: _____

Address: _____
Street City State Zip

How long has the other parent been employed there? _____

Yearly Income \$ _____ Per hour \$ _____ Per month \$ _____

19. Other sources of income: Social Security \$ _____ SSI \$ _____ TANF \$ _____

Worker's Compensation \$ _____ Child Support \$ _____ Other \$ _____

Dates he/she started receiving these benefits: _____

20. How long has the other parent lived in his/her county of residence? _____

How long has the other parent lived in his/her state of residence? _____

Is the other parent a U.S. Citizen? Yes: ___ No: _____

21. Does the other parent have a mental or physical condition? Yes: _____ No: _____

If you answered "yes," explain the condition and indicate whether he/she has any diagnosis:

22. Where may the other parent be served (other than his/her home address) with custody papers?

Address: _____
Street City State Zip

Who lives there? _____

23. Has the other parent ever been arrested? Yes _____ No _____

If you answered "yes," please provide details of the arrest(s):

<u>Date of arrest</u>	<u>Place of arrest</u>	<u>Reason/Charge</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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RELATIONSHIP INFORMATION

24. Date the relationship began: Month _____ Day _____ Year _____

25. Are you and the other parent still living together? _____

26. If not, what is the Date of Separation? Month _____ Day _____ Year _____

If you and the other parent are separated, has he/she visited the child/ren? Yes ____ No _____

If yes, describe the circumstances: _____

27. **List all of your minor children, even if they have different parents and even if they are not currently living with you:**

Child #1 Sex: _____

Child #2 Sex: _____

Child's Full Name

Child's Full Name

Name of Child's Other Parent

Name of Child's Other Parent

Child's Social Security Number

Child's Social Security Number

Child's Date of Birth

Child's Date of Birth

Child's Place of Birth

Child's Place of Birth

Child's Present Address

Child's Present Address

Child's School/Daycare

Child's School/Daycare

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Child #3 Sex: _____

Child #4 Sex: _____

Child's Full Name

Child's Full Name

Name of Child's Other Parent

Name of Child's Other Parent

Child's Social Security Number

Child's Social Security Number

Child's Date of Birth

Child's Date of Birth

Child's Place of Birth

Child's Place of Birth

Child's Present Address

Child's Present Address

Child's School/Daycare

Child's School/Daycare

Child #5 Sex: _____

Child #6 Sex: _____

Child's Full Name

Child's Full Name

Name of Child's Other Parent

Name of Child's Other Parent

Child's Social Security Number

Child's Social Security Number

Child's Date of Birth

Child's Date of Birth

Child's Place of Birth

Child's Place of Birth

Child's Present Address

Child's Present Address

Child's School/Daycare

Child's School/Daycare

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28. Are all of your children in your possession? Yes _____ No _____

If you answered "no," please state the names of the children who are not in your possession, where they are presently living, and explain why they are currently living apart from you:

29. Do you want custody of the minor children you have with the other parent? _____

Does the other parent want custody of your minor children? _____

30. Are you pregnant? _____ If yes, when is your due date? _____

Who is the father of this child? _____

31. Do all of the children you are seeking custody of have their father's last name on their birth certificate?

Yes _____ No _____ If you answered "no," name the children who do not:

32. Name of any children OVER 18 years and still enrolled in school: _____

33. Name of any children UNDER 18 years and married: _____

34. Name of any children with mental/physical disabilities: _____

_____	_____	\$ _____
Child's Name	Type of Disability	Medical Expenses

_____	_____	\$ _____
Child's Name	Type of Disability	Medical Expenses

35. Does any child own any property, such as a bank savings account, land, car, motorcycle, or anything else of value? Yes _____ No _____

If you answered "yes," list the property and its value:

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36. Has anyone from CHILD PROTECTIVE SERVICES ever contacted you? Yes _____ No _____

If you answered "yes," please provide the case worker's name, phone number, and the circumstances:

37. Have you contacted the Attorney General's office for child support? Yes _____ No _____

38. Have you or the other parent been to court for child support? Yes _____ No _____

If you answered "yes," provide copies of any court orders to our office.

INSURANCE

39. Does the other parent have life insurance on himself/herself or the children? Yes _____ No _____

If yes, name of company and account number: _____

40. Do you have medical insurance on yourself and the children? Yes _____ No _____

If yes, name of company and account number: _____

MODIFICATION INFORMATION

41. Do you have an existing custody or child support order? Yes _____ No _____

If you answered "yes," what is the date of the order? _____

Do you want to change that order? Yes _____ No _____

If you answered "yes," what do you want to change and why do you want the order changed?

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YOUR FINANCIAL INFORMATION

The following information will be used to determine financial eligibility and compile an affidavit that you will be required to sign and notarize in order to have the filing fees in your case waived if we are able to accept your case. Thus, this information **MUST** be accurate.

<u>Monthly Income</u>	<u>Amount</u>
a) Gross Income from Employment	\$ _____
b) Child Support	\$ _____
c) Retirement	\$ _____
d) SSI/Social Security	\$ _____
e) TANF	\$ _____
f) Food Stamps	\$ _____
g) Unemployment Benefits	\$ _____
h) Military Housing Allowance	\$ _____
i) Military Food Allowance	\$ _____
j) Other income Source of other income: _____	\$ _____
k) Current Partner's Income (if your current partner is NOT the adverse party)	\$ _____

Number of Dependents: _____

(Dependents include any children under age 18, including children NOT of the marriage)

Do you have any bank accounts in your name? Yes _____ No _____

If you answered "yes," please list all accounts and balances:

Account Type/ Balance: _____

Account Type/Balance: _____

Do you have any retirement accounts in your name? Yes _____ No _____

If you answered "yes," please list the account balance:

Account Balance: _____

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