

YOUR INFORMATION

1. _____
First Name Middle Name Last Name Maiden Name

2. **Home Address:** _____
Street Apartment/Building

_____ **City** _____ **State** _____ **Zip code**

Is it safe to receive mail at the above address? _____

Alternate Safe Mailing Address: _____
Street Apartment/Building

_____ **City** _____ **State** _____ **Zip code**

County of Residence: _____
How long have you lived in your county of residence? _____

How long have you lived in Texas? _____

3. Please record the contact information where our agency can reach you in the spaces below.

Home Phone: _____ **Is this number safe? Yes** _____ **No** _____

Work Phone: _____ **Is this number safe? Yes** _____ **No** _____

Cell Phone: _____ **Is this number safe? Yes** _____ **No** _____

Email Address: _____
Is this email address safe? Yes _____ **No** _____

Person to contact in case of emergency: _____
Relationship: _____ Phone: _____

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

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FAMILY VIOLENCE PREVENTION SERVICES, INC. APPLICATION FOR LEGAL SERVICES

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? _____ Undocumented? _____

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

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

Active duty? _____ Reserves? _____ 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 a spouse? ___ 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? _____

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? _____

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ADVERSE PARTY INFORMATION

Below, please provide some information about the adverse party (spouse, former partner, other parent, etc.) If you do not have a Social Security Number or Driver's License number available for the adverse party, please write "N/A" in the appropriate space(s).

9. _____
First Name Middle Name Last Name Maiden Name

10. Address: _____
Street Apartment/Building

City State Zip Code

11. Your relationship to Adverse Party: _____

12. Date of Birth: _____ Age: _____ Place of Birth: _____

Social Security Number: _____-_____-_____

Driver's License: _____ State of License: _____

Race: _____ Height: _____ Weight: _____ Sex: _____

Hair Color: _____ Eye Color: _____ Skin Color: _____

13. Home Phone: _____ Work Phone: _____

14. Is the Adverse Party currently in the military? Yes: _____ No: _____

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

Active Duty or Reserves? _____ Which Base? _____

Is the Adverse Party retired or separated from the military? Yes: _____ No: _____

If yes, how long ago? _____ Was he/she honorably discharged? _____

Adverse Party's Employer: _____

Work Address: _____
Street City State Zip

15. Is the Adverse Party a U.S. Citizen? Yes: ___ No: _____

16. Does the Adverse Party have a mental or physical condition? Yes: _____ No: _____

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

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17. Did you ever reside with the Adverse Party? Yes: _____ No: _____

If you answered "yes," when did you separate? _____

INFORMATION ABOUT CHILDREN

18. List all of your minor children, even if they have different parents or are not 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 Residence

Child's Present Residence

Child's School/Daycare

Child's School/Daycare

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CASE INFORMATION

19. What are the current court orders (e.g. Protective Order, Divorce Decree, Custody Agreement, Child Support Order, etc.) in your case and when were the orders signed?

20. If you have a Protective Order against the Adverse Party, has the Adverse Party violated your Protective Order? (e.g. continued abuse, harassment, stalking, contact with a protected person, coming to or near a protected location, possession of a firearm, etc.) Yes:_____ No:_____

21. Is the Adverse Party keeping your children in violation of a court order? Yes:_____ No:_____

22. Is the Adverse Party failing to pay child support in violation of a court order? Yes:_____ No:_____

23. Is the Adverse Party failing to return your personal property in violation of a court order?
Yes:_____ No:_____

24. Have you reported any violations to the police? Yes:_____ No:_____

25. Do you want to change the existing orders? Yes:_____ No:_____

26. If you answered “yes,” what do you want to change and why do you want the order changed?

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FAMILY VIOLENCE PREVENTION SERVICES, INC. APPLICATION FOR LEGAL SERVICES

27. If you are seeking a modification, have there been any INCIDENTS OF DOMESTIC VIOLENCE since your last court order? Yes: _____ No: _____

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.

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 your spouse 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 your spouse 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 your spouse arrested? Yes _____ No _____

28. Please state the nature of the VIOLATIONS OF YOUR CURRENT COURT ORDER by the Adverse Party towards 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:

Date of violation: Month _____ Day _____ Year _____

Explain the violation: _____

Was law enforcement contacted? Yes _____ No _____

Was the adverse party arrested? Yes _____ No _____

Date of violation: Month _____ Day _____ Year _____

Explain the violation: _____

Was law enforcement contacted? Yes _____ No _____

Was the adverse party arrested? Yes _____ No _____

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Date of violation: Month _____ Day _____ Year _____

Explain the violation: _____

Was law enforcement contacted? Yes _____ No _____

Was the adverse party arrested? Yes _____ No _____

29. Are there any negative facts that the Adverse Party can/will use against you? (e.g. criminal history, alcohol/drug abuse, physical abuse, etc.)

30. Have you ever been arrested? If so, for what and when?

31. Have you been sanctioned for violating a court order? If so, for what violation?

32. 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:

33. If the Adverse Party is currently on probation or parole, what is the name and address of the probation or parole officer? _____

34. Do you understand that your case may be refused if you do not provide an accurate address for the Adverse Party so that he/she may be served? Yes _____ No _____

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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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