

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. Who are you living with and what is their relationship to you?

8. Are you employed? _____ Full time or Part time? _____ How long? _____

Employer Name Address

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

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10. Address: _____
Street Apartment/Building

City State Zip Code

11. Can the ADVERSE PARTY be served at the above address? _____ If not, at what address can the adverse party be served?

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

Social Security Number: _____ - _____ - _____

Driver's License: _____ State of License: _____

Race: _____ Height: _____ Weight: _____ Sex (male/female) : _____

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? _____

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:

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

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

18. What is your relationship to the Adverse Party? _____

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INFORMATION ABOUT CHILDREN

19. 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 #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

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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

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:

FAMILY VIOLENCE

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 includes physical, sexual, emotional, economic, and psychological actions or threats of actions that influence another person. 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 violence, please write "N/A" in the appropriate space(s). If the violence you experienced occurred over a long time or constantly during your relationship and you cannot recall a specific incident, please record the long term mistreatment and give the frequency with which it happened. You can use additional paper, if needed.

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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 adverse party 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 adverse party 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 adverse party arrested? Yes _____ No _____

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

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21. Are all of your minor children living with you? Yes _____ No _____
22. Have you contacted the D.A.'s office (or the Family Justice Center) for a Protective Order?
Yes _____ No _____
23. 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 _____
24. Have you had a previous Protective Order? Yes _____ No _____
25. Have you ever been to court before for any reason? Explain _____
-

PROPERTY INFORMATION

If you or your spouse own any of the following property, please check all that applies:

	You	Your Spouse	Joint Ownership	Value
House	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Car	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Retirement Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Saving Account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Certificate of Deposit (CD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Thrift Savings Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Rental Property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

YOUR FINANCIAL INFORMATION

The following information will be used to determine financial eligibility and to prepare an affidavit. If we are able to accept your case, you will be required to sign and notarize the affidavit, so that you will not have to pay filing fees. This information **MUST** be accurate.

Monthly Income

Amount

- a) **Gross Income from Employment** \$ _____
- b) **Child Support** \$ _____
- c) **Retirement** \$ _____
- d) **SSI/Social Security** \$ _____

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Monthly Income (continued)

Amount

- 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)

Your email address or phone number: _____

How did you access this application for legal services?

- Walk-in
- Phone
- Our Website
- Referral

If you were referred to our agency, how did you find out about our services?

- Battered Women and Children's Shelter
- Homeless Shelter _____
- Family Justice Center
- Court
- County Clerk
- District Clerk
- Flyer
- TV Advertisement
- Radio Advertisement
- Previous Client
- Health and Human Services
- Public Library
- Counselor _____
- Police Department
- Attorney _____
- Sheriff
- St. Mary's University Clinical Programs
- Social Worker _____
- Texas RioGrande Legal Aid
- Catholic Charities
- Website
- Other _____

"The information provided herein is true and correct to the best of my knowledge."

Signature

Date

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