



# DRO SERVICES INTAKE FORM

Circle if you are the Petitioner or the Respondent. Please fill out this form completely.

Name \_\_\_\_\_ DOB \_\_\_\_\_ SS# \_\_\_\_\_

Mailing Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home No. \_\_\_\_\_ Cell No. \_\_\_\_\_ E-mail address: \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Title or Position: \_\_\_\_\_

Name of Attorney \_\_\_\_\_ Are you active military or a veteran? YES OR NO

### List the name of the children of interest? (Children involved in this court case):

1) \_\_\_\_\_ DOB \_\_\_\_\_ 3) \_\_\_\_\_ DOB \_\_\_\_\_

2) \_\_\_\_\_ DOB \_\_\_\_\_ 4) \_\_\_\_\_ DOB \_\_\_\_\_

### List names of each person living in your home: (If you need additional space use the back of this form)

1) \_\_\_\_\_ DOB \_\_\_\_\_ 4) \_\_\_\_\_ DOB \_\_\_\_\_

2) \_\_\_\_\_ DOB \_\_\_\_\_ 5) \_\_\_\_\_ DOB \_\_\_\_\_

3) \_\_\_\_\_ DOB \_\_\_\_\_ 6) \_\_\_\_\_ DOB \_\_\_\_\_

For each individual living in your home have they had any contact with CPS or Department of Family and Protective Services regarding alleged abuse or neglect? YES OR NO Name of Person(s) \_\_\_\_\_

### What are your concerns about the other parent, his or her parenting of the child(ren): (Circle all that apply)

- 1. History of CPS Investigations No Yes Is a case currently open? \_\_\_\_\_
- 2. History of Alcohol/Drug Abuse No Yes When was the last time? \_\_\_\_\_
- 3. Has there been any history of Domestic Violence No Yes When was the last incident? \_\_\_\_\_
- 4. Do you believe there is a potential for family violence in the future? No Yes
- 5. Has a Protective Order been issued No Yes Is the order active now? \_\_\_\_\_

### FOR OFFICE USE ONLY.....Intake Performed by \_\_\_\_\_

Date: \_\_\_\_\_ Type of Study \_\_\_\_\_ Cause No. \_\_\_\_\_ Fees \_\_\_\_\_

In the Interest of \_\_\_\_\_ Court \_\_\_\_\_ Language \_\_\_\_\_

NOTE: \_\_\_\_\_

Provided: \_\_\_\_\_ Intake Letter \_\_\_\_\_ Questionnaire \_\_\_\_\_ Additional HM \_\_\_\_\_ Child not of Interest

\_\_\_\_\_ Criminal Background \_\_\_\_\_ Central Registry \_\_\_\_\_ Adoption Letter

References: \_\_\_\_\_ 3 Personal References \_\_\_\_\_ Teacher \_\_\_\_\_ Child Care Provider

\_\_\_\_\_ Medical Provider \_\_\_\_\_ Counselor \_\_\_\_\_ Class Schedules