

Date: ____/____/____

The San Diego Family Justice Center
Returning Client Form

Client Name: _____

Date of Birth: ____/____/____

Address: _____

Address Change: ☐ Y / ☐ N

Safe Phone Number: () ____ - ____

Safe Cell: () ____ - ____

Phone Number Change: ☐ Y / ☐ N

Purpose of last visit:

Date of last visit: _____

Purpose of today's visit:

☐

Consent

I consent to being contacted for purposes of conducting research, evaluation and/or to participate in a focus group in order to improve the services provided at the Family Justice Center.

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Family Justice Center Confidentiality Agreement:

For the safety and privacy of those using the services at Family Justice Center, I agree not to disclose to anyone the names, descriptions, or any information regarding any individual I may learn about at the Family Justice Center.

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Consent

I consent to sharing my demographic information with the Family Justice Center's onsite community partners.

Signature

Date

Updated February 2009