

CRYSTAL JUDSON FAMILY JUSTICE CENTER

Reception Form

Date: _____
Time: _____

PLEASE PRINT

Last Name	First Name	Middle Name	Date of Birth
Current Home Address		City	Zip Code
Safe Phone Number(s) where you may be contacted:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race (choose one): <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Am. Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Race <input type="checkbox"/> Other _____	Ethnicity (choose one): <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Do you have children: <input type="checkbox"/> Y <input type="checkbox"/> N Age(s) _____
	Name of Abuser/Relationship to Client:		Any children under 18 here with you today? <input type="checkbox"/> Y <input type="checkbox"/> N Age(s) _____
	Gender of Abuser: <input type="checkbox"/> Male <input type="checkbox"/> Female	Abuser Date of Birth:	
Household income: <input type="checkbox"/> \$0-\$20,000 <input type="checkbox"/> \$20,000-\$35,000 <input type="checkbox"/> \$35,000-\$50,000 <input type="checkbox"/> \$50,000+ (Note: All services are free of charge at the Family Justice Center)			
Are you disabled? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, type of disability _____			
Are you affiliated with the military <input type="checkbox"/> Y <input type="checkbox"/> N If so, what branch _____ <input type="checkbox"/> Active Duty <input type="checkbox"/> Dependent <input type="checkbox"/> Retired <input type="checkbox"/> Reserve <input type="checkbox"/> Other _____			
Interpreter needed? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, language or type _____			

Who is here with you today?

Name:	Relationship:
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- Have you been to the Family Justice Center before? Y N If Yes, when? _____
- How did you hear about the Family Justice Center? _____
- Have you seen a Family Justice Center Advertisement? Yes No. If yes, what media form was it? television advertisement radio advertisement poster
- Have the police responded to a domestic violence incident? Y N If yes, when? _____
- Are you currently living with the abuser? Y N

What is the reason for your visit today to the Family Justice Center? (choose all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Protection Order Assistance | <input type="checkbox"/> Spiritual Support |
| <input type="checkbox"/> Family Law Assistance | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Other Legal Assistance | <input type="checkbox"/> DSHS/Public Assistance |
| <input type="checkbox"/> Housing/Shelter | <input type="checkbox"/> Prosecutor/Law Enforcement Assistance |
| <input type="checkbox"/> Military Resources | <input type="checkbox"/> I have an appointment with : _____ |
| <input type="checkbox"/> Food for my family | <input type="checkbox"/> I need help with the following: _____ |

By my signature below, I allow the FJC to enter information regarding my visit to the FJC into a confidential database for statistical and quality assurance purposes. If you decline to sign, your services will not be affected in any way.

Signature

Date

CLIENT CLEARED: <input type="checkbox"/> Y <input type="checkbox"/> N	DATE:	TIME:	BY:
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