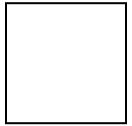


Date: _____

Date of follow up contact: _____

Result: Interview
 Lft Msg



INITIAL CONTACT FORM

Female Male

Name: _____ DOB/Age: _____ SSN: _____

SAFE Address: _____ City/State/Zip: _____

City of CURRENT residence (if different than above): _____

SAFE Phone Number:

Special Instructions for Calling?

 Home Work Cell **Msg Safe?**

 Home Work Cell **Msg Safe?**

Ethnicity: White AfrAmer Hispanic NatvAmer Asian Hawaiian Other

Disability? None Physical Mental

Education: <HS >HS ColGrad Post Grad

Monthly Gross Income: **Before Taxes and Expenses**	Applicant Only	Spouse	Total for Other Residents
Employment	\$ _____	\$ _____	\$ _____
Welfare/Public Assistance; <input type="checkbox"/> Soc Sec, SSDI, SSI <input type="checkbox"/> TANF, OAP, Etc.	\$ _____	\$ _____	\$ _____
Unemployment, Work Comp	\$ _____	\$ _____	\$ _____
Income from: <input type="checkbox"/> Dividends, Interest, Invest.'s <input type="checkbox"/> Rental Properties <input type="checkbox"/> Estates, Trusts, CD's, IRA's	\$ _____	\$ _____	\$ _____
Other Income: <input type="checkbox"/> Child Support, Maint. <input type="checkbox"/> Pension, VA Benefits <input type="checkbox"/> Support received regularly	\$ _____	\$ _____	\$ _____
TOTAL INCOME:	\$ _____	\$ _____	\$ _____

Assets (In Applicant's Name Only):

Savings Account \$ _____
Checking Account \$ _____
401K or Other Retirement Account \$ _____

#Adults in Household _____ **#Children in Household** _____

If no income is listed, what is source of support? _____

History of domestic violence in the relationship? Yes No If yes, has it been:

Physical Sexual Emotional Verbal Economic Threats Stalking

Notes:

Seeking Services for:

Notes regarding issue:

- Protection Order
- Divorce
- Legal Separation
- APR/Custody
- Child/Spousal Support
- Other: _____

Are minor children involved that are both yours and the other party's? Yes No

How many children? _____

Age(s): _____

Has Child Protective Services been involved? Yes No

Was a case opened? Yes No

Has/have the child/ren ever suffered or witnesses the abuse? Yes No

How long have you lived in Colorado? _____

How long have the children lived in Colorado? _____

Full name of the opposing party: _____

Has anything been filed with the court? Yes No If yes, Case Number: _____

Are there any pending court dates? _____

Access? <input type="checkbox"/> Yes <input type="checkbox"/> No	Household Total: _____	<input type="checkbox"/> <125% <input type="checkbox"/> <200% <input type="checkbox"/> 200%+
--	------------------------	--