



CONFIDENTIAL

Defenders of Children

INTAKE FORM

Please fill out the form entirely and return the form with documents that support the abuse allegations to **P.O. Box 10128, Phoenix, AZ 85064**. Helpful information may include *copies* of CPS and Police reports, as well as Medical and Mental Health reports, including psychological evaluations, along with statements from witnesses of the abuse. Please include complete documents, we will not accept selective pages from a document as supportive.

Please do NOT send original documents. Please do NOT fax more than 25 pages.

Other documents may be requested following a review of the materials received by Defenders of Children.

Referral source: _____

Date Received _____

Reporter's Information

Your name: _____

Date of Birth: _____

Mailing Address: _____

City _____ State _____ Zip _____

County _____ Is this your residence? Y N

Home telephone: _____

Cell phone: _____

Emergency phone: _____

May we leave a message? _____ Fax: _____

Your relationship to the child(ren): _____

Your custody status: _____

Do you have an attorney? _____ Phone _____

Attorney's name: _____

Address: _____

Abuse Information

Alleged Abuser (AP): _____

AP Date of birth: _____

Residence: _____

City _____ State _____

Zip _____ County _____

Last known employer: _____

Relationship to child(ren): _____

Relationship to you: _____

Does AP have custody? _____

Does AP have criminal / domestic violence history? Y N

IF so, explain: _____

Does AP have Attorney? _____ Name: _____

Address: _____

Child(ren)

Child(ren)'s name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Child(ren) lives with: _____ Residence address: _____

City _____ State _____ Zip _____ County _____

Mother: _____ Date of birth: _____

Father: _____ Date of birth: _____

Other: _____ Date of birth: _____

Does child(ren) have attorney? No yes Attorney's name: _____

Phone: _____ Address: _____

Other: _____

Child Protective Services (CPS) and Law Enforcement Information

Have you contacted CPS? _____ Most recent date contacted: _____

Is CPS currently investigating? _____ Outcome of investigation(s): _____

Have you contacted Police? _____ Most recent date contacted: _____

Other information: _____

Medical and Mental Health Information

Name of child's physician/hospital or clinic: _____

Are there any medical records to support the allegations? _____ What doctor/institution? _____

Have psychological evaluations been performed on You? _____ Child? _____ Alleged Abuser? _____

Does the child have a counselor? _____ Has the child reported abuse to a therapist or professional? _____

If so, when? _____ Name of therapist/professional: _____

Have there been forensic interviews by other professionals? CPS? _____ Police? _____ Child Specialist? _____ Other? _____

If so, when? _____ Name of interviewer/institution: _____

Other information: _____

Case InformationIs there a current court case? Y N Family Court or Juvenile Court _____ Case No. _____Is this a custody dispute? Y N Divorce proceeding? Y N Dependency? Y N

Do you have a court date pending? _____ When: _____ Where: _____

Purpose of court hearing or appearance: _____

Judge's name: _____ Other information: _____

Statistical Information (Internal use only)

Your Race/Ethnicity _____ Age _____ Sex _____ How many live in your household? _____

Household Income: 00-14,999 15,000-33,999 34,000-59,999 60,000+***Please use the space below to briefly describe the abusive situation that the child(ren) is in:******** Use additional paper as needed *****

Please answer to the best of your ability the following items:

1) Since this began, I have gone to _____ number of other agencies for help. These are the agencies:

[example: Local Police Department, Child Protection Services (CPS)]

2) I have received: No help Hardly any help Some help Inadequate help Adequate help in protecting the children.

3) Please choose the one sentence that best describes you in this situation:

- I wish I could find help for the child(ren).
- I am preoccupied with thoughts of helping the child(ren).
- I am desperate to find help for the child(ren).
- I have almost given up finding help for the child(ren).
- This is my last hope to find help for the child(ren).

4) Because I have not found help for the child(ren), my work and personal life are affected (choose one):

- Slightly Significantly Enormously

5) Comments: _____

AUTHORIZATION AND RELEASE OF LIABILITY

The undersigned, _____
for and on behalf of himself/herself/themselves and the minor child(ren) known as _____

_____ hereby authorize(s) Defenders of Children to investigate, review and disseminate all information provided to Defenders of Children by the undersigned or others, relating to allegations of abuse and/or neglect involving the children. By signing this document, undersigned acknowledges that Defenders of Children's sole interest in this matter is the safety and well-being of the child(ren) and Defenders of Children will not align itself with any party related to this matter unless, at its sole discretion, Defenders of Children determines that such alignment is in furtherance of the safety and well-being of the child(ren).

By signing this document, undersigned acknowledges that Defenders of Children retains sole authority and discretion relating to all decisions regarding its involvement in this matter, including but not limited to whether and/or when it will agree to provide services, the nature and scope of any services it provides, and when its involvement in this matter will cease.

The undersigned acknowledge(s) and understand(s) that the Defenders of Children In-house Legal Assistance Program and the services provided by its Staff Attorney do not constitute legal representation. Accordingly, Defenders of Children is not retained by nor does it represent any party in this matter.

While Defenders of Children may assist a party in obtaining referrals to outside attorneys and law firms, Defenders of Children accepts no responsibility for any representations, express or implied, made by such attorneys or law firms or for the quality or accuracy of legal advice given or work undertaken by such practitioners or the refusal of any attorney or law firm to undertake representation. The same applies to any referrals for physicians or mental health professionals or others that may be referred to the undersigned or agents or assigns.

It is Defenders of Children's practice not to disclose any confidential information it receives to the media, the public in general, and/or in communications about its work, and Defenders of Children will always use its best efforts to obtain your permission prior to disclosing any confidential information. However, undersigned agrees to release Defenders of Children and its officers, directors, shareholders, members, employees, agents, representatives, volunteers, successors, insurers, and assigns who might be liable for any unintentional or intentional release of information, confidential or otherwise, including any information which, although it does not contain identifying information, is nonetheless interpreted as describing facts about this matter.

In further consideration of services rendered and/or to be rendered by Defenders of Children, the undersigned do(es) hereby agree to indemnify and hold harmless Defenders of Children and its officers, directors, shareholders, members, employees, agents, representatives, volunteers, successors, insurers, and assigns and any other person, firm, or corporation bound to defend or pay judgments against it, from and against any and all claims, demands or causes of action, including attorneys' fees incurred in the defense of such claim(s).

The undersigned expressly warrants to Defenders of Children that he/she/they is/are of legal age and legally competent to execute this Release on behalf of himself/herself/themselves and the above named minor child(ren), and that Defenders of Children made no other promise or statement or representation of any agent of Defenders of Children, and that he/she/they execute(s) this Release of his/her/their own free will and accord without reliance on any representations of any kind or character not expressly set forth herein.

The undersigned acknowledge(s) and warrant(s) that he/she/they has/have read this Release and fully understand it to be a release of all claims, known or unknown, present or future, that he/she/they has/have or may have against the parties released, arising out of the matters described.

Executed this _____ day of _____, 20____.

Print Name: _____

Signature: _____

Please have this document notarized below or, in the alternative, include a copy of your valid driver's license.

STATE OF: _____

COUNTY OF: _____

Before me, the undersigned notary, on this the _____ day of _____, 20____, personally appeared _____, who acknowledges that he/she has read and understands the effect of this Release, has the appropriate authority to execute same for and on behalf of himself/herself and the minor child(ren) and has executed same for the purposes and consideration set forth therein.

Signature

My commission expires: