



Referred by: \_\_\_\_\_

Agency: \_\_\_\_\_

Contact Phone/Email: \_\_\_\_\_

## Order of Protection Division Intake (Ongoing case)

**Welcome to Ascend Justice.** Our staff and volunteers provide free legal assistance to people seeking Orders of Protection.

### If you would like to apply for assistance:

1. Please read and sign the attached Safety and Confidentiality Agreement and fill out the rest of this form.
2. If you would like for us to communicate with your advocate about your case, please also complete the Release of Legal Information.
3. Drop both forms in the basket at our front desk or return them via fax (312-251-9801) or email ([druffatto@ascendjustice.org](mailto:druffatto@ascendjustice.org))
4. Someone from our office will contact you within one week to discuss your case.

**By completing this form, you are signifying that you wish Ascend Justice to consider your request for legal services. We have not agreed to be your lawyer in this or any other matter. However, the information you provide to our offices will be kept confidential unless and until you authorize any disclosure. We store information in LegalServer, our secure case management system (hosted by a third-party provider), and you have the ability to opt-out of this, but you must notify us of this decision. We will evaluate your case, decide whether we can assist you or represent you or not, and notify you of our decision. If you have any questions or if your contact information changes, contact us at 312-325-9155.**

When is your next court date? Date: \_\_\_\_\_ Time: \_\_\_\_\_ Room #: \_\_\_\_\_

What is your case set for on that date? \_\_\_\_\_

*Ascend Justice does not discriminate on the basis of race, color, creed, national origin, ancestry, religion, disability, sex, sexual orientation, gender identity, marital status, veteran status or age. Applicants/ clients wishing to lodge a complaint about discrimination in the provision of services can do so by contacting the Illinois Criminal Justice Information Authority. The ICJIA nondiscrimination policy can be found on the ICJIA website at <http://www.icjia.org/grants/grant-resources>. Applicants can also send complaints via e-mail to [CJA.CivilRightsOfficer@illinois.gov](mailto:CJA.CivilRightsOfficer@illinois.gov)*



## Safety and Confidentiality Agreement

- Ascend Justice staff and volunteers are required to keep client communications confidential.
- We will not disclose information about your case without a signed release of information.
- There are very few exceptions to our requirements to keep all of your communications confidential. One example of an exception is we have to reveal information if it is necessary to prevent a death or serious injury. We are happy to explain the exceptions if you have any questions or concerns.
- You are required by Ascend Justice to keep the identities and communications of other clients confidential, even though you are not legally responsible to do so.
- Because other clients are not legally bound to keep your information confidential, you should keep this in mind when revealing information to anyone other than a Ascend Justice staff member or volunteer.
- Due to the private nature of the interviews going on in our offices, please wait outside in the lobby until your name is called. If you need assistance, please ask at the front desk.
- If you have an immediate safety concern, alert a sheriff deputy or Ascend Justice staff member. Please also notify a sheriff deputy or Ascend Justice staff member if you are concerned about being followed outside by your abuser and would like an escort.
- As in domestic violence shelters, Ascend Justice has a “no hitting” of children rule in effect. You must find another way of disciplining your child while in our offices.
- Please do not answer a ringing telephone. The phones are to be answered by Ascend Justice staff ONLY.

I understand that Ascend Justice has not agreed to represent me in this matter and may provide advice and referrals. I understand and agree to these guidelines and accept services from Ascend Justice.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT YOURSELF:**

Name: \_\_\_\_\_ Maiden / Former name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Best phone to contact you: \_\_\_\_\_ Email address: \_\_\_\_\_

Please indicate any restrictions in calling/emailing/sending mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Citizenship Status:  U.S. Citizen  Other (Permanent Resident, Student Visa, Undocumented, etc.)

Race: (check all that apply)

- White  Black/African American  Latina/o (Hispanic)  Native Hawaiian/Other Pacific Islander
- Asian  American Indian/Alaskan Native  Middle Eastern North African (MENA)

Marital Status:

- Never Married  Married (Marriage Date: \_\_\_\_\_)  Divorced  Legally Separated  Widowed

Sexual Orientation:

- Heterosexual/Straight  Homosexual/Gay/Lesbian  Bisexual  Queer  Other  Do Not Wish to Respond

Gender Identity:

- Female  Male  Transgender female  Transgender male  Genderqueer/Gender non-conforming
- Other  Do Not Wish to Respond

Are you the head of household?  Yes  No Number of children: \_\_\_\_\_

Housing Type:  Own  Rent  Homeless  Temporary Housing

Highest level of education completed:

- No high school  Some high school  High school grad  Some college  College grad  Adv. degree

Do you have a disability?  Yes  No If yes, please specify: \_\_\_\_\_

Primary language spoken at home:  English  Spanish  Polish  Chinese  Other

Do you need an interpreter?  Yes  No If yes, what language: \_\_\_\_\_

Are you currently pregnant?  Yes  No Are you a veteran?  Yes  No

Have you talked to a lawyer about a divorce, custody, visitation, or support?  Yes  No

Do you have a case or court date for a divorce/parentage/child support/criminal case?  Yes  No

If yes, what kind of case? \_\_\_\_\_ Next court date: \_\_\_\_\_ Location: \_\_\_\_\_

**Other Benefits (check all that apply):**

**Non Cash Benefits:**  None

- Food stamps/Link/SNAP
- Special Supp. Nutrition (WIC)
- TANF Child care
- TANF Transportation
- Other TANF
- Section 8/public housing/rent assistance
- Other

**Medical Benefits/Insurance:**  None

- Medicaid
- Medicare
- State children's health insurance  
(if client under 18)
- Veteran's administration medical services
- Private insurance

**Income (check all that apply and write the monthly amount (before taxes):**  None

- Employment/Earned Income  Full Time or  Part Time \$ \_\_\_\_\_
- Unemployment insurance \$ \_\_\_\_\_
- SSI \$ \_\_\_\_\_
- Social Security disability \$ \_\_\_\_\_
- Veteran's disability \$ \_\_\_\_\_
- Private disability \$ \_\_\_\_\_
- Workers compensation \$ \_\_\_\_\_
- TANF \$ \_\_\_\_\_
- General Assistance \$ \_\_\_\_\_
- Retirement income (Social Security) \$ \_\_\_\_\_
- Veteran's pension \$ \_\_\_\_\_
- Pension from former job \$ \_\_\_\_\_
- Child Support \$ \_\_\_\_\_
- Alimony/spousal support \$ \_\_\_\_\_
- Other source \$ \_\_\_\_\_
- Total:** \$ \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING INFORMATION ABOUT YOUR ABUSER:**

**Abuser's Name:** \_\_\_\_\_ **Maiden / Former name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt. #:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Citizenship Status:**  U.S. Citizen  Other (Permanent Resident, Student Visa, Undocumented, etc.)

**Race:** *(check all that apply)*

- White  Black/African American  Latina/o (Hispanic)  Native Hawaiian/Other Pacific Islander  
 Asian  American Indian/Alaskan Native  Middle Eastern North African (MENA)

**Gender Identity:**

- Female  Male  Transgender female  Transgender male  Genderqueer/Gender non-conforming  
 Other  Do Not Wish to Respond

**What is the Abuser's relationship to you?** \_\_\_\_\_

**Does the Abuser know where you are currently living?**  Yes  No

**Information about abuse that has occurred:**

Please describe the most recent incident of abuse: Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

Briefly state what happened: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check the types of abuse that occurred during the most recent incident:**

- Physical (hitting, pushing, other)  Sexual  Child abuse  Emotional abuse (threats, controlling)

**Please check the types of abuse that have occurred at any time during your relationship:**

- Physical (hitting, pushing, other)  Sexual  Child abuse  Emotional abuse (threats, controlling)

**Has the abuser made any threats about your citizenship status?**  Yes  No

**Do you have children in common with your abuser?**  Yes  No # of children in common \_\_\_\_\_

**If YES, please answer the following:**

**Has the abuser ever threatened to take the child/ren from your care before?**  Yes  No

**Has the abuser ever taken the child/ren from your care before?**  Yes  No

**OTHER LEGAL NEEDS**

**HOUSING**

Do you need to move out and terminate your lease early for safety concerns?  Y  N

Do you need to change the locks to your apartment so your abuser won't have access?  Y  N

- If yes to either question, what is the name of the landlord / property company?

\_\_\_\_\_

Are you homeless, living in a shelter or at risk of losing your home and have no place to go?  Y  N

**EMPLOYMENT:**

Do you need workplace accommodations to help you feel safe (such as a different work schedule, change of work telephone number, change of seating assignment, a transfer or reassignment, etc.)?  Y  N

Do you need to take time off from work in order to: attend court; move residences; or attend meetings with the State's Attorney's Office, your advocate, lawyer, or counselor?  Y  N

- If yes to either question, what is the name of your employer / supervisor?

\_\_\_\_\_

**CRIME VICTIMS COMPENSATION:**

Do you have out-of-pocket expenses as a result of being a victim of a crime?  Y  N

**CONSUMER LAW:**

Do you need information about consumer debt, filing for bankruptcy, or tax issues?  Y  N

**CHILD ABUSE/NEGLECT INVESTIGATIONS AND ADMINISTRATIVE APPEALS (DCFS):**

Do you have a DCFS child abuse/neglect case involving an out-of-home safety plan?  Y  N

Are there any deadlines or hearings in your DCFS case in the next 7 days?  Y  N

**ADDITIONAL SERVICE NEEDS**

**Who referred you to the courthouse today?**

- Domestic Violence Advocate / Shelter Program
- Domestic Violence Help Line
- Family
- Friend
- Police
- State's Attorney
- Internet
- Other Legal Aid Program
- Other (Non DV) Social Services Agency
- Private Attorney
- Prior Use
- Self
- Other:

\_\_\_\_\_

**How were you referred to Ascend Justice specifically?**

- Courthouse Front Desk
- Domestic Violence court advocate
- Domestic Violence agency (other than by advocate)
- Domestic Violence Help Line
- Legal Aid agency
- Other:

\_\_\_\_\_

**Are you currently receiving any other social services?**

- Domestic Violence advocacy services
- Domestic Violence shelter / housing assistance
- Other shelter / housing assistance
- Counseling / mental health services
- Substance abuse counseling / treatment
- Financial assistance for child care
- Job training
- Other: \_\_\_\_\_

**Do you need any other assistance, in addition to an Order of Protection, to help with your future safety?**

- Yes    No

Are you currently homeless, living in a shelter, or at risk of losing your home with no place to go?  Y  N

Have you recently been hospitalized or needed to go to the hospital for an emergency?  Y  N

Are you currently unemployed or afraid you might lose your job?  Y  N

Do you feel that you need support in managing your everyday needs such as daycare, mental health support/counseling, education, transportation, public benefits, health care?  Y  N

**FOR OFFICE USE ONLY DO NOT COMPLETE THIS PAGE**

**Client Name:** \_\_\_\_\_

**Client Referrals**

- Clerk's Office** to file for an Order of Protection (Room 1400). Please see the handout you received when you checked in for additional information.
- Pro Bono Project** for representation by private attorney for an Order of Protection.  
Attorney Name: \_\_\_\_\_  
Firm: \_\_\_\_\_
- Court Advocate** for assistance related to domestic violence or an Order of Protection.  
Advocate Name: \_\_\_\_\_  
Agency: \_\_\_\_\_
- State's Attorney's Office** to discuss possible criminal charges against the abuser (Room 1600).
- Domestic Violence Help Line 1 (877) 863-6338** for 24-hour support, referrals to counseling or shelters, or safety planning.
- Legal Aid Agencies** for help with other legal issues. Please see the attached sheet. If applicable, please specify:  
Attorney Name: \_\_\_\_\_  
Agency: \_\_\_\_\_
- Other:** \_\_\_\_\_

Is the client a City of Chicago resident? YES / NO

Did he or she provide proof of Chicago residency? YES / NO

**Screening Attorney:** \_\_\_\_\_ **Date:** \_\_\_\_\_