

REFERRED BY: Advocate Name & Agency _____

VICTIM SERVICES UNIT
INTAKE FORM

Please fill out application completely

Client Information

Date: _____

Name _____ Maiden Name _____

Age _____ DOB _____

Address _____
(City State Zip County)

Phone Number(s) _____ Y/N E-mail: _____ Y/N

(Is it safe to contact you and/or leave a message via the numbers/email you have provided?)

Ethnicity

- Asian/Pacific Islander
- African American/Black
- Anglo/White

- Hispanic
- Native American/Alaskan
Tribe: _____
- Other: _____

Please mark all that applies to you:

- Veteran
- Homeless
- Deaf\Hard of Hearing
- Immigrant\Refugee

- Disabilities:
physical\mental\cognitive
- Limited English Proficiency
- LBGTO
- Other: _____

Information about Assailant

Name _____ Alias _____

Age _____ DOB _____

Address _____
City State Zip

Phone _____ Cell _____

Relationship

- Husband/Wife
- Former Husband/Wife
- Domestic Partner
- Former Partner
- Boyfriend/Girlfriend
- Family Member
- Other Relative
- Other Acquaintance
- Unknown Person

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Emergency contact

Name _____

Address _____
City State Zip

Phone _____ Cell _____

Family composition

If you have minors, we will need documentation that you have legal custody

Name	Age	Race	CDIB Y or N	Date of Birth	Relationship to You	Secondary Victim Y/N

Date of (latest) victimization _____

Type of crime (mark all that apply)

- Domestic Violence
- Sexual Assault
- Dating Violence
- Stalking
- Other _____
- Identity Theft
- Physical Assault
- Elder Abuse
- Drunk/Drugged Driving
- Vandalism
- Robbery/Burglary
- Elder Neglect
- Human/Sex Trafficking

Was a weapon used? Y/N If yes, type _____

Did attack involved strangulation/choking? Y/N

Did you file a Police Report? Y/N If No: Do you want to file Police Report? Y/N

Date of police report _____ County of report _____ Case # _____

Do you have a Protective Order? Y/N

(For property crimes, personal injury ONLY)

Have you filed for Victim compensation? Y/N

Have you filed for restitution? Y/N

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Employment

Fill out completely.

Are you currently employed? Yes No: Last date of employment _____

If yes, where are you employed? _____

What is your monthly income? \$ _____

Phone # _____

Is it OK to contact you and/or leave a message on this number? Yes No

Documents

Do you have a copy of the following?

- Birth certificate Social Security Card(s) for child(ren)
- Birth Certificate(s) for child(ren) Driver's License
- Social Security Card

Other Resources

Do you receive any of the following? Indicate how much you receive and if it is monthly, bi-weekly etc. Please provide a copy of your documentation (Your monthly income does not affect your application process)

- Child Support _____ Medical Insurance _____
- Food Stamps _____ Dental Assistance _____
- TANF _____ Housing Assistance _____
- SSI/SS _____ Counseling _____
- Unemployment _____ Other: _____
- WIC _____

Have you ever received assistance from the Iowa Tribe's Social Services Department? Y/N

If Yes, When? _____

Transportation

What is your current means of transportation?

- Bus Personal Vehicle Friend/Relative Other _____

Support System

Name Contact Information

Name Contact Information

Name Contact Information

Name Contact Information

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Assistance Needed:

Fill out the times below to schedule an interview with an advocate in person.

	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>
<i>AM</i>					
<i>PM</i>					

CERTIFICATION

By signing this application, I attest that the information provided is true and correct to the best of my knowledge. I understand if my application is approved, I will need to schedule an interview with an advocate to receive assistance.

By signing below, I also give permission for Iowa Tribe of Oklahoma Victim Services staff to contact the referral source for additional information to supplement my application.

Applicant Signature

Date

For questions, concerns, or to submit an intake to the Iowa Tribe of Oklahoma Victim Services Unit located at 335588 E 750 RD Perkins, OK. Please call 405-547-4234 or Fax 405-547-1060.

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Release of Information Form
Iowa Tribe of Oklahoma Victim Services Unit

I understand that Iowa Tribe of Oklahoma Victim Services Unit has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow Iowa Tribe of Oklahoma Victim Services Unit to release some of my personal information to certain individuals or agencies.

I, _____ (full name), authorize Iowa Tribe of Oklahoma Victim Services Unit to share the following specific information with:

Who I want to have my information:	Name/Title: Agency: Phone Number:
The information may be shared:	<input type="checkbox"/> in person <input type="checkbox"/> by phone <input type="checkbox"/> by fax <input type="checkbox"/> by mail <input type="checkbox"/> by e-mail ____ (initial) <i>I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.</i>
What info about me will be shared:	<u>(List as specifically as possible, for example: name, dates of service, program status).</u>
Why I want my info shared: (purpose)	<u>(List as specifically as possible, for example: to receive assistance with rent payment)</u>

Please Note: If the purpose for this release is not specific and/or the form is not filled out completely, this release becomes invalid.

I understand:

- _____ I do not have to sign a release form. It is my choice to allow the Iowa Tribe of Oklahoma Victim Services Unit to share my information or request information on my behalf.
- _____ I may receive services from the Iowa Tribe of Oklahoma Victim Services Unit even if I do not release this information.
- _____ Releasing or requesting this information could reveal my location. I also understand that as information is shared the possibility of privacy breaches increases too.
- _____ By signing a release of information, it is possible that some or all of my information will no longer be considered "privileged." **Both "privilege" and "waiver" have been explained to me**
- _____ This release is limited to what I write above. If I want the Iowa Tribe of Oklahoma Victim Services unit to give or get additional information about me or my case, I need to sign another time-limited release
- _____ I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either verbally or in writing.

This release expires on _____ (Month/Day/Year)(must have expiration date, example: 30 days from today)

Client Signature: _____ **Date:** _____

Parent/Guardian Signature (if applicable): _____ **Date :** _____

Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)

_____ I am choosing to renew or extend this release of information. The release now expires on _____.
MM/DD/YYYY

Client Signature: _____ **Date:** _____ **Witness:** _____

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VOCA GRANT: If you are requesting Legal Aid assistance, please fill out this form.

Applicant Name: _____	DOB: _____
AKA\Maiden Name: _____	Soc. Sec. No.: _____
Applicant Address: _____	
Primary Phone: _____	Alternate: _____
Defendant's Name: _____	DOB: _____
AKA\Maiden Name: _____	

Adults Involved (names)	Relationship	DOB	Kids Involved (names)	DOB

Police Contacted? Yes\No Date Contacted: _____ Police Agency: _____

Case#	County	Type	Date	Pending\Final Order

DHS Referral Date	County	Worker	Referral Status	Result

Deadline: _____	Case Number: _____	County: _____
What legal work is requested for client? _____		

- Referring Agency:
- Iowa Tribe
 - Logan County Comm. Services
 - Guthrie PD
 - Wings of Hope
- Other: _____

Advocate: _____ **Contact Phone:** _____ **Contact Fax:** _____.

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NECESSARY INFORMATION FOR LEGAL REFERRAL

FOR INITIAL FILING

Please fill out the appropriate questionnaires and return them to your attorney as quickly as possible, as that additional information may still be necessary after initial filing.

Client name: _____

Client's current address: _____

Type of Case:

Divorce; Date/ Location of Marriage: _____

Paternity Case filed by other parent: Type _____ Case No. _____ County _____

In the past 5 years, children have lived at the following places: Date and Location (at least city):

Names and current addresses of anyone children lived with in the last 5 years: (NOT parents)

Other cases involving these children with this parent: (Ex. any proceeding that could affect the current proceeding, including proceedings for enforcement and proceedings relating to domestic violence, protective orders, termination of paternal rights, or adoptions)

No

Yes; Type _____ Case No. _____ County _____

Name and address of anyone who has had physical custody of the children or who claims rights of legal custody of, or visitation with, the children: (Ex. grandparent, other family member)

Other: Temporary Order Emergency Custody/ Warrant of Custody

Why needed: _____

Any assets needed in TO (Ex. car, home, support \$): _____

Why needed: _____

Service Type: Certified mail Sheriff Private Process Server

Other parent's address: _____

Other place to serve (Ex. work): _____

Filing Fees: Paid by: _____ Paupers (fill out separate packet)
