



ORDER OF PROTECTION/TRAFFIC INTAKE

DATE: _____

BACKGROUND INFORMATION ON PARTIES

I. CLIENT:

NAME: _____ BIRTHDAY: _____ SSN: _____ D/L: _____

STREET ADDRESS: _____ CITY/ STATE/ZIP: _____

CONTACT NUMBERS: (HOME) _____; (CELL) _____; (WORK) _____

(E-MAIL) _____; TIME AT CURRENT RESIDENCE _____

EMPLOYER'S NAME: _____ JOB TITLE: _____ PAY: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

LENGTH OF TIME AT CURRENT JOB: _____ OTHER INCOME: _____

OTHER NAMES KNOWN BY: _____ PLACE OF BIRTH: _____

CHICAGO-AREA FAMILY MEMBERS: _____

II. OTHER PARTY INFORMATION:

NAME: _____ BIRTHDAY: _____ SSN: _____ D/L: _____

STREET ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

CONTACT NUMBERS: (CELL) _____; (WORK) _____ (E-MAIL) _____

EMPLOYER'S NAME: _____ JOB TITLE: _____ PAY: _____

ADDRESS: _____ CITY/COUNTY/STATE/ZIP: _____

LENGTH OF TIME AT CURRENT JOB: _____ OTHER INCOME: _____

HIGHEST SCHOOLING COMPLETED: _____ OTHER NAMES KNOWN BY: _____

PLACE OF BIRTH: _____ CHICAGO-AREA RESIDENT SINCE: _____

CHICAGO AREA FAMILY MEMBERS: _____

BACKGROUND INFORMATION ON ORDER OF PROTECTION

ARE YOU THE PETITIONER OR RESPONDENT? _____

NAME OF THE OTHER PARTY _____

YOUR RELATIONSHIP TO THE OTHER PARTY: _____

OTHER PROTECTED PARTIES _____

IF YOU ARE THE PETITIONER....WHAT HAPPENED? WHY DO YOU WANT AN ORDER OF PROTECTION:

WITNESS NAMES/ADDRESSES/TELEPHONE NUMBERS: _____

IF YOU ARE THE RESPONDENT.....WHAT HAPPENED? WHAT IS YOUR SIDE OF THE STORY: _____

WITNESS NAMES/ADDRESSES/TELEPHONE NUMBERS: _____

STATUS OF PENDING CASES

IS COURT CASE PENDING?_____ IF YES, NEXT COURT DATE/TIME/ROOM: _____

WHAT IS NEXT COURT DATE FOR: _____

DO YOU HAVE AN ATTORNEY? _____ IF YES, WHO? _____

DO YOU WANT TO CHANGE ATTORNEYS?_____ IF YES, WHY? _____

WHAT DO YOU WANT ATTORNEY TO DO FOR YOU? _____

FOR OFFICE USE ONLY:

ATTORNEY NOTES:

REFERRED BY: _____

FEE: _____