

**PROTECTION FROM ABUSE DATA SUMMARY SHEET**

INTERVIEWED BY : \_\_\_\_\_ DATE: \_\_\_\_\_ CIV \_\_\_\_\_

ATTORNEY: \_\_\_\_\_

1. Victim's Name: \_\_\_\_\_ 2. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Address: \_\_\_\_\_

4. Phone Number (\_\_\_\_) \_\_\_\_\_ 5. Additional Phone Number: \_\_\_\_\_

6. Current Address: \_\_\_\_\_

\_\_\_\_\_ 7. Phone Number (\_\_\_\_) \_\_\_\_\_

8. Place of Employment: \_\_\_\_\_

9. Address: \_\_\_\_\_

\_\_\_\_\_ 10. Phone Number: (\_\_\_\_) \_\_\_\_\_

11. Work days and hours of work: \_\_\_\_\_

12. Relationship to Defendant: Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Other: \_\_\_\_\_

13. Defendant's full name: \_\_\_\_\_

14. Address: \_\_\_\_\_

\_\_\_\_\_ 15. Phone Number: (\_\_\_\_) \_\_\_\_\_

16. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 17. Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

18. Name of Defendants Employer: \_\_\_\_\_

19. Address: \_\_\_\_\_

20. Phone Number (\_\_\_\_) \_\_\_\_\_ 21. Days and hours of work: \_\_\_\_\_

22. Additional addresses of Defendant: \_\_\_\_\_

23. Do the Victim and Defendant live together? Yes \_\_\_ No \_\_\_ If yes, how long? \_\_\_\_\_

24. If no, who is living there now? \_\_\_\_\_

Did they live together in the past? Yes \_\_\_ No \_\_\_ When? \_\_\_\_\_

25. If the Victim and Defendant live together, is the residence owned ? \_\_\_\_\_ or rented? \_\_\_\_\_

If owned, is it jointly owned? Yes \_\_\_\_\_ No \_\_\_\_\_

If rented, is there a written lease? Yes \_\_\_\_\_ No \_\_\_\_\_ An oral lease? Yes \_\_\_\_\_ No \_\_\_\_\_

If a written lease, who are listed as occupants? \_\_\_\_\_