



Safe Exchange
Intake Application

Date: _____

Personal Information

Name: _____ Date of Birth: _____ Race: _____ Gender: _____

Phone #: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact: _____ Relationship: _____ Phone #: _____

Children:

Name: _____ DOB: ____/____/____ Gender: _____ Race: _____ Needs a translator: Y / N
Name: _____ DOB: ____/____/____ Gender: _____ Race: _____ Needs a translator: Y / N
Name: _____ DOB: ____/____/____ Gender: _____ Race: _____ Needs a translator: Y / N
Name: _____ DOB: ____/____/____ Gender: _____ Race: _____ Needs a translator: Y / N
Name: _____ DOB: ____/____/____ Gender: _____ Race: _____ Needs a translator: Y / N

Vehicle Information

1. Type: _____	Color: _____	License Number: _____
2. Type: _____	Color: _____	License Number: _____
3. Type: _____	Color: _____	License Number: _____

Name of Other Party: _____ Relationship: _____



Legal Information

Case #: _____ CVD/JA _____ Date: _____

Judge: _____

Attorney: _____ Attorney's Phone #: _____

Exchange Schedule: _____

Health Information

Specify any Disabilities or Medical Concerns:

Self: _____

Children: _____

Has Child Protective Services (CPS) been involved with your family? Yes/No Date: _____

Describe the outcome: _____

Caseworker (if currently involved): _____ Contact Information: _____

Check all of the following that apply to your situation:

There is a restraining order in place: Case # _____ CVD _____ (Submit Copy)

The Police have been contacted about any violation(s) of the restraining order.

o # of times: _____

There are pending criminal charges against the other party.

o Court Date(s): _____

o Case #: _____ CR _____

Case #: _____ CR _____

o Charges: _____

I have been convicted of a felony.

• Specify: _____

The other party has been convicted of a felony.

• Specify: _____

The other party has been **physically** abusive to me.



- The other party has been **sexually** abusive to me.
- The other party has been **emotionally** abusive to me.

- I have been **threatened** with a weapon during a domestic dispute with the other party.
- A deadly weapon has been **used** against me in a domestic dispute with the other party.

- My child has **witnessed...** (Check all that Apply):
 - Physical abuse
 - Sexual abuse
 - Emotional abuse
 - Did not witness abuse

- My child has been abused... (Check all that Apply):
 - Physically
 - Sexually
 - Emotionally
 - Has not been abused

Do you have any reservations about participating in the Safe Exchange Program? Yes/No

Are there any other issues/concerns in which Family Abuse Services of Alamance County or another organization might be able to assist? _____

When do you ideally see your family no longer needing these services? _____

Please include any additional information relevant to your case.

Signature: _____ Date: _____