

SHELTER CONTACT SHEET

Date: _____ Time: _____ Advocate: _____

Referred by: _____

Type of Contact: Shelter _____ Phone _____ Drop in _____ Other: _____

Woman/ Survivor's Information		Partner's Information	
Name:	Phone #:	Name:	
Address:		Address:	
City/State/Zip:		City/State/Zip:	
Tribe:		Tribe:	
District:		District:	
Birth Date:	Age:	Birth Date:	Age:
Marital Status:		Marital Status:	
Accommodations Needed:		Other:	

In case of emergency contact:

(Name) _____ (Phone) _____

Children's Names and Ages:

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Name: _____ Age: _____ Name: _____ Age: _____

Are you a veteran? _____ Do you speak Native language? _____ What is your ethnicity? _____

Is an Order for Protection in place or pending? Yes ___ No ___ Which Court? _____

In order to provide appropriate legal advocacy and support, and increase your safety including utilizing the justice system, please let the advocate know if you have out-standing fines, tickets or other legal issues we can assist you with.

Is your partner on Probation? _____ What court? _____

Were the police called regarding your situation? Yes _____ No _____

Who was the officer(s) that responded? _____

***Actions taken by officer:



