



## DOMESTIC VIOLENCE QUESTIONNAIRE

**Client's name:**

**Your present address:**

*Please specify if this is your usual home, or if this is an address that has to be kept confidential.*

**Opponent's name:**

**Opponent's current address:**

**Are you seeking protection by way of an injunction?** Yes  No

*An application to the Court will be required, supported by a full statement from you and you may have to give evidence against your opponent. Please note that any information to identify your opponent is very useful including a recent photograph, car registration number and employment address.*

**Date of most recent incident of violence?**

*Please provide full details of the incident.*

**Reported to police?** Yes  No

**Crime reference no:**

**Are there criminal proceedings?** Yes  No

**Bail conditions?** Yes  No

*Please specify what the conditions are.*

**Are you now in a place of safety?** Yes  No

*Please specify if you are still at home or in a refuge.*

**Are you in fear of further violence if you remain at your present address?** Yes  No

**Does your partner have any right to live in your home?** Yes  No

*This could be due to a marriage/civil partnership, shared ownership of the property, or a shared tenancy agreement. Please confirm the basis of you partner's right.*

Witnesses to the incident? Yes  No

*Please identify any witnesses and provide contact details including name, address and telephone number and confirm whether they are prepared to give evidence.*

Were any children in the household at the time? Yes  No

Are social services involved with the family? Yes  No

*Please specify if the children are on the child protection register, the name of the allocated social worker and identify the relevant Local Authority.*

Injuries sustained? Yes  No

Medical treatment received? Yes  No

*Please provide details of treatment provided, by whom and the address of the hospital/GP consulted by you, with any reference numbers. Please provide a letter authorising your medical practitioner to release details from your medical records to us.*

Weapon used? Yes  No

Other aggravating features? Yes  No

*For example, stalking behaviour, disconnection of phone, threats to children, alcohol/drugs misuse.*

Previous incidents of violence? Yes  No

*Please provide the above information in respect of any other incidents upon which you intend to rely.*

Previous injunction applications? Yes  No

*Please provide documentation in relation to such applications and specify the date of any orders made, the Court and case number, the solicitors who acted on your behalf. Please provide your authority to enable the previous solicitors to release their file to us.*

Does your partner have previous convictions? Yes  No

*Please specify as far as you are able what the convictions are, particularly for offences of violence.*

Has your partner been violent in other previous relationships? Yes  No

*Please specify if you have any contact with a previous partner who may be able to provide information regarding such behaviour.*

Any other information that you consider to be relevant? Yes  No