

Personal Contact Form

Number for domestic violence specialists:
Location/Community:

Case Number: ,
Woman's Age:

1. Place of Contact:

Home



Work



Bus



Beauty salon



Shelter



Park



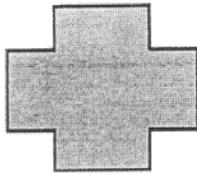
School



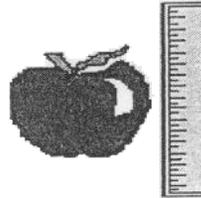
Supermarket



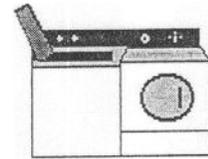
Clinic



School



Laundry mat



2. Does your husband/boyfriend/partner use alcohol or drugs?

Yes ___ No ___



3. During the last year were you physically abused (hit, kicked, slapped) by another person?

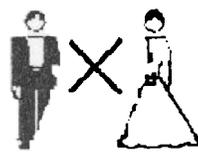
Yes ___ No ___

Who mistreats you?

Husband



Ex-husband



Boyfriend



Partner



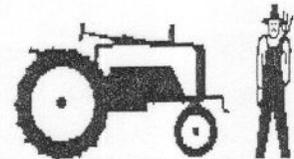
Relative



Stranger

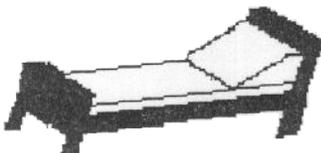


Boss



4. Have you been forced to have sexual relations in the last year?

Yes ___ No ___



Who Forced you?

husband



ex-husband



boyfriend



partner



relative



stranger



boss



5. Are you afraid of your husband, boyfriend, partner, ex-husband, or other person mentioned before?

Yes _____ No _____

6. Have you prepared a safety plan?



Money _____



Clothing/suitcase _____



Another safe place _____



Documents _____



Children/family _____



Car keys _____



Transportation _____



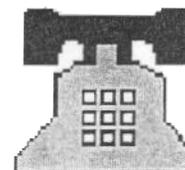
Phone numbers:

Shelter _____

Police _____

Cab co. _____

Other emergency numbers _____



National Domestic Violence Hotline
Number: 1-800-799-7233