



Confidential
CLINICAL SERVICES
ADULT CLIENT PRE-INTAKE PACKET

Welcome. We are glad you're here.

For purposes of this content contained herein, “you”, “your”, “yours”, and “I”, refers to the adult individual listed below, who is seeking therapy services from Defenders of Children (“DofC”) Clinical Services.

(Please complete one intake form for each client)

Your Legal Name (the Client) and Date of Birth:	Today’s Date:
Your Gender/Gender Identification:	Your Current Address:
How did you hear about us?	Your Home/Cell Phone: Permission to call and leave voicemails? <input type="checkbox"/> Yes or <input type="checkbox"/> No If “Yes”, please provide your initials: _____
Email Address: Permission to send emails? <input type="checkbox"/> Yes or <input type="checkbox"/> No If “Yes”, please provide your initials: _____	Marital Status:
Primary Care Physician name and contact information (if applicable, <i>ROI, needed</i>): Psychiatrist name and contact information (if applicable/ <i>ROI, needed</i>):	When is your next medical appointment and your last annual check-up with your Primary Care Physician? Next: _____. Last: _____. When is your next psychiatric appointment and your last one with your psychiatrist?



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	Next: _____. Last: _____.
Emergency Contact Person Legal Name: Relationship to You:	Emergency Contact Phone (<i>ROI, needed</i>): Permission to call and leave voicemail? <input type="checkbox"/> Yes or <input type="checkbox"/> No If “Yes”, please provide your initials: _____
Your Lawyer Name and Contact information (if there’s a pending Family Court case and if applicable, <i>ROI Coordination of Care form, needed</i>):	Referral Source:

Your SS#: _____ (*for internal office use only*)

Other people who live in the home with the you: _____

Do you have a pending Family Court or DCS case that is related to why you are seeking services?

Yes or No Please explain:

_____.

Defenders of Children’s Disclosure Statement:

Clients are discouraged from having counselors at Defenders of Children Clinical Services subpoenaed for the purpose of litigation. The counselor’s role is not to make recommendations to the court concerning custody or parenting issues. The counselors have not been trained forensically or with the expertise to appear in court. If you are involved in domestic litigation or become a party to a divorce or custody action, you agree that you will not call Defenders of Children (DofC) counselors to court to testify. The Courts appoint professionals, who have had no prior contact with a family to investigate or custody evaluations and to make recommendations to the Court concerning parental responsibilities or parenting time in the best interests of the family’s children. The counselor’s/clinician’s role is to provide treatment and not to make recommendations to courts in domestic matters. It is DofC’s policy not to testify in such cases, because experience has shown that the professional relationship is often harmed when counselors testify in divorce and custody cases. Please discuss this with the DofC counselor during the referral intake appointment, if you have any further questions or concerns regarding the DofC’s divorce and custody litigation disclosure statement.



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The following Information is for statistical purposes only

- Age: _____
- Sex/Gender _____
- How many live in your household? _____
- Race: _____
- What is your national origin? _____
- Are you disabled? Y N
- Are you a veteran? Y N
- Are you homeless? Y N
- Do you need assistance with domestic violence safety planning? Yes No

I am the victim of the following crime(s) & check as many as may be applicable

(this information is mandatory under our grant funding):

Adult Sexual Assault		Human Trafficking: Labor or Sex	
Adults Sexually Abused/Assaulted as Children		Stalking/Harassment	
Child Pornography		Identity Theft/Fraud/Financial Crime	
Bullying (Verbal, Cyber, or Physical)		Kidnapping (noncustodial)	
Domestic and/or Family Violence		Kidnapping (custodial)	
DUI/DWI Incidents		Mass Violence (Domestic/International)	
Elder Abuse or Neglect		Other Vehicular Victimization (e.g. Hit and Run)	
Violation of Court Order		Robbery/Burglary	
Teen Dating Victimization		Survivors of Homicide Victims	
Adult Physical Assault (includes Aggravated and Simple Assault)		Hate Crime: Racial/Religious/Gender/Sexual Orientation/Other (explanation required)	



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CONTRACT OF AGREEMENT

1. The Client agrees to notify the therapist a minimum of 24 hours' advanced notice if the client cannot make it to their session and acknowledges that three (3) missed sessions without advanced notification may result in a termination of services, as we have many more clients who need services.
2. The Client is aware that these services are provided freely, under federal grant eligibility, with no cost to you and the client.
3. The Client understands that confidentiality is especially important. Anything said in the sessions stay in the sessions and is not discussed outside the office.

I, the undersigned Client have read and agree with the above rules and am willing to commit to the therapeutic process.

Client Printed Name and Signature: _____ Date: _____

My signature below indicates that I, the Defenders of Children agency representative have discussed this form with you and have answered any questions you have regarding this information.

Defenders of Children Counselor/Clinician Print Name/Signature: _____ Date: _____

Agency Representative Print Name/Signature: _____ Date: _____



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Arizona Constitution, Article 2, Section 2.1 Victims' Bill of Rights

- A. To preserve and protect victims' rights to justice and due process, a victim of crime has a right:
- To be treated with fairness, respect, and dignity, and to be free from intimidation, harassment, or abuse, throughout the criminal justice process.
 - To be informed, upon request, when the accused or convicted person is released from custody or has escaped.
 - To be present at and, upon request, to be informed of all criminal proceedings where the defendant has the right to be present.
 - To be heard at any proceeding involving a post-arrest release decision, a negotiated plea, and sentencing.
 - To refuse an interview, deposition, or other discovery request by the defendant, the defendant's attorney, or other person acting on behalf of the defendant.
 - To confer with the prosecution, after the crime against the victim has been charged, before trial or before any disposition of the case and to be informed of the disposition.
 - To read pre-sentence reports relating to the crime against the victim when they are available to the defendant.
 - To receive prompt restitution from the person or persons convicted of the criminal conduct that caused the victim's loss or injury.
 - To be heard at any proceeding when any post-conviction release from confinement is being considered.
 - To a speedy trial or disposition and prompt and final conclusion of the case after the conviction and sentence.
 - To have all rules governing criminal procedure and the admissibility of evidence in all criminal proceedings protect victims' rights and to have these rules be subject to amendment or repeal by the legislature to ensure the protection of these rights.
 - To be informed of victims' constitutional rights.
- B. A victim's exercise of any right granted by this section shall not be grounds for dismissing any criminal proceeding or setting aside any conviction or sentence.
- C. "Victim" means a person against whom the criminal offense has been committed or, if the person is killed or incapacitated, the person's spouse, parent, child or other lawful representative, except if the person is in custody for an offense or is the accused.
- D. The legislature, or the people by initiative or referendum, have the authority to enact substantive and procedural laws to define, implement, preserve and protect the rights guaranteed to victims by this section, including the authority to extend any of these rights to juvenile proceedings.
- E. The enumeration in the constitution of certain rights for victims shall not be construed to deny or disparage others granted by the legislature or retained by victims.



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IMPORTANT COMMUNITY RESOURCES LIST

HOSPITALS:

- * Aurora Behavioral Health Hospital: 623-344-4400
(6015 W Peoria Ave, Glendale, Az 85302)
- *St. Luke's Behavioral Health Center: 602-251-8535 (1800 E. Van Buren St., Phoenix, AZ 85006)
- *Urgent Psychiatric Care: 602-416-7600
(1201 S 7TH Ave #150 Phoenix, AZ, 85007)
- *Community Bridges: 602-273-9999
(2770 E. Van Buren St. Phoenix, Az, 85008)
- *PRC West: 623-583-0232
(11361 N 99TH AVE. PEORIA, AZ 85345)

CRISIS LINES:

- Local Crisis Line: 602-222-9444
- Military Veterans Suicide Hotline: 1-800-273-TALK (PRESS 1)
- TAPS - Military Service Crisis Prevention 24-Hr Hotline 1-800-959 -8277
- National Suicide Prevention Lifeline — 1-800-273-8255 Or Text, "HOME" to 741741
- National Suicide Prevention Lifeline in Spanish: 1-800-273-TALK (PRESS 2) =

NON-CRISIS WARM LINES:

- 602-347-1100 (Maricopa County)
- 520-770-9909 (Pima County)
- 602-347-1100 (Non-Crisis Line/Peer and Emotional Support)
- ❖ Phoenix Police Department Non-emergency 602-262-6151
- Marc Community Resources INC: (Information & Resources Coordinator)- 480-994-4407, M-F 9AM-4PM: Help with Mental Health Support Groups, SMI, Petitioning, AHCCCS, SSI & SSD, Food Boxes, Psychiatric Hospitals
- American Association of Poison Control Centers — 1-800-222-1222
- CDC-INFO — 1-800-CDC-INFO (1-800-232-4636) or TTY 1-888-232-6348
- Rape and Incest National Network (RAINN) Crisis Hotline — 1-800-656-HOPE (1-800-656-4673)
- National Domestic Violence Hotline — 1-800-799-7233
- Adult Protective Services: (1-877-SOS-ADULT/1-877-767-2385)
- National Association of Anorexia Nervosa & Associated Disorders (ANAD) — (630) 577-1330
- National Alliance on Mental Illness (NAMI) — 800-950-NAMI
- Substance Abuse and Mental Health Services Administration (SAMHSA) — 1-800-662-HELP (4357)
- Mental Health Support Warm Line: 602-347-1100 (peer support expr w/ MH illness & recovery)
- National Human Trafficking Resource Center (NHTRC) — 1-888-373-7888 or text HELP to BeFree (233733)
- National Council on Problem Gambling — 1-800-522-4700

*****Arizona Community Information & Referral Line: 211Arizona.org or you may call 2-1-1 for the most up-to-date information in Arizona*****