



Confidential
Defenders of Children
INTAKE FORM

Please fill out the form entirely and return the form with documents that support the abuse allegations, if applicable. Helpful information may include copies of DCS and police reports. EMAIL COMPLETED FORM TO: staff@defendersofchildren.org

Referral source: _____

Date Received _____

Reporter's Information

Other Parent or Guardian

Your name: _____

Other Party (OP): _____

Date of Birth: _____

OP Date of birth: _____

Mailing Address: _____

Residence: _____

City _____ State _____ Zip _____

City _____ State _____

County _____ Is this your residence? Y N

Zip _____ County _____

Home telephone: _____

His/her email: _____

Cell phone: _____

Last known employer: _____

Your email: _____

Relationship to child(ren): _____

May we leave a message? _____ Fax: _____

Relationship to you: _____

Your relationship to the child(ren): _____

Does OP have custody? _____

Your custody status: _____

Does OP have criminal / domestic violence history? Y N

Do you have an attorney? _____ Phone _____

IF so, explain: _____

Attorney's name: _____

Address: _____

Does OP have Attorney? _____ Name: _____

Address: _____

Child(ren)

Child(ren)'s name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Child(ren) lives with: _____ Residence address: _____

City _____ State _____ Zip _____ County _____

Mother: _____ Date of birth: _____

Father: _____ Date of birth: _____

Other: _____ Date of birth: _____

Does child(ren) have attorney? No yes Attorney's name: _____

Phone: _____ Address: _____

Other: _____

Department of Child Safety (DCS) and Law Enforcement Information

Have you contacted DCS? _____ Most recent date contacted: _____

Is DCS currently investigating? _____ Outcome of investigation(s): _____

Have you contacted Police? _____ Most recent date contacted: _____

Other information: _____

Medical and Mental Health Information

Name of child's physician/hospital or clinic: _____

Are there any medical records to support the allegations? _____ What doctor/institution? _____

Have psychological evaluations been performed on You? _____ Child? _____ OP or Alleged Abuser? _____

Does the child have a counselor? _____ Has the child reported abuse to a therapist or professional? _____

If so, when? _____ Name of therapist/professional: _____

Have there been forensic interviews by other professionals? DCS? ___ Police? ___ Child Specialist? ___ Other? ___

If so, when? _____ Name of interviewer/institution: _____

Other information: _____

Case InformationIs there a current court case? Y N Family Court or Juvenile Court (circle one) Case No. _____Is this a custody dispute? Y N Divorce proceeding? Y N Dependency? Y N

Do you have a court date pending? _____ When: _____ Where: _____

Purpose of court hearing or appearance: _____

Judge's name: _____ Other information: _____

Statistical Information (Internal use only)

Your Race/Ethnicity _____ Age _____ Sex _____ How many live in your household? _____

Household Income: \$00-23,999 \$24,000-34,999 \$35,000-59,999 \$60,000+

Please use the space below to briefly describe the possible abusive situation that the child(ren) is in:

Please answer to the best of your ability the following items:

1) Since this began, I have gone to _____ number of other agencies for help. These are the agencies:

_____ [example: Local Police Department, Department of Child Safety (DCS)]

2) I have received: No help Hardly any help Some help Inadequate help Adequate help in protecting the children.

- 3) Please choose the one sentence that best describes you in this situation:
- I wish I could find help for the child(ren).
 - I am preoccupied with thoughts of helping the child(ren).
 - I am desperate to find help for the child(ren).
 - I have almost given up finding help for the child(ren).
 - This is my last hope to find help for the child(ren).

4) Because I have not found help for the child(ren), my work and personal life are affected (choose one):
 Slightly Significantly Enormously

5) Comments: _____

AUTHORIZATION AND RELEASE OF LIABILITY

The undersigned, _____
 for and on behalf of himself/herself/themselves and the minor child(ren) known as _____

hereby authorize(s) Defenders of Children to investigate and review all information provided to Defenders of Children by the undersigned or others, relating to allegations of abuse and/or neglect involving the children. By signing this document, the undersigned acknowledges that Defenders of Children's sole interest in this matter is the safety and well-being of the child(ren) and Defenders of Children will not align itself with any party related to this matter unless, at its sole discretion, Defenders of Children determines that such alignment is in furtherance of the safety and well-being of the child(ren)

By signing this document, the undersigned acknowledges that Defenders of Children retains sole authority and discretion relating to all decisions regarding its involvement in this matter, including but not limited to whether and/or when it will agree to provide services, the nature and scope of any services it provides, and when its involvement in this matter will cease.

CONFIDENTIALITY: The undersigned further acknowledges that Defenders of Children staff practice consistent with their professional and ethical duties, responsibilities, and obligations. To that end, the undersigned acknowledges that behavioral health professionals at Defenders of Children have a mandatory duty pursuant to A.R.S. § 13-3620 to report abuse, physical injury, and neglect to/of children, including denial of nourishment, medical care, and surgical care, to the appropriate authorities. Similarly, attorneys are ethically required to report information to appropriate authorities to the extent they reasonably believe necessary to prevent the client from committing a criminal act that the lawyer believes is likely to result in death or substantial bodily harm. Attorneys may also report to authorities any information the lawyer finds reasonably necessary to prevent the client from committing a crime or fraud.

The undersigned acknowledges and understands that the Defenders of Children In-house Legal Assistance Program and services provided by its Legal Department do not constitute legal representation unless or until a separate legal representation agreement has been executed between the client and Defenders of Children's Legal Department.. Accordingly, Defenders of Children is not retained by nor does it represent any party in this matter at the time the undersigned signs this Authorization and Release.

While Defenders of Children may assist a party in obtaining referrals to outside attorneys and law firms, Defenders of Children accepts no responsibility for any representations, express or implied, made by such attorneys or law firms or for the quality or accuracy of legal advice given or work undertaken by such practitioners or the refusal of any attorney or law firm to undertake representation. The same applies to any referrals for physicians or mental health professionals or others that may be referred to the undersigned or agents or assigns.

It is Defenders of Children's practice not to disclose any confidential information it receives to the media, the public in general, and/or in communications about its work, and Defenders of Children will always use its best efforts to obtain your permission prior to disclosing any confidential information.

In further consideration of services rendered and/or to be rendered by Defenders of Children, the undersigned do(es) hereby agree to indemnify and hold harmless Defenders of Children and its officers, directors, shareholders, members, employees, agents, representatives, volunteers, successors, insurers, and assigns and any other person, firm, or corporation bound to defend or pay judgments against it, from and against any and all claims, demands or causes of action, including attorneys' fees incurred in the defense of such claim(s).

The undersigned expressly warrants to Defenders of Children that he/she/they is/are of legal age and legally competent to execute this Release on behalf of himself/herself/themselves and the above named minor child(ren) (with the exception of minor children seeking legal assistance), that Defenders of Children made no other promise or statement or representation of any agent of Defenders of Children, and that he/she/they execute(s) this Release of his/her/their own free will and accord without reliance on any representations or promises of any kind or nature not expressly set forth herein.

The undersigned acknowledge(s) and warrant(s) that he/she/they has/have read this Authorization and Release of Liability and fully understand(s) same.

The undersigned further verifies that he/she has received a copy of the Arizona Constitution, Article 2, Section 2.1, Victims Bill of Rights, from Defenders of Children (see next page).

Signed this _____ day of _____, 20____.

Print Name: _____

Signature: _____

Please provide a copy of your valid driver's license when you return this application.

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:

1. To be treated with fairness, respect, and dignity, and to be free from intimidation, harassment, or abuse, throughout the criminal justice process.
2. To be informed, upon request, when the accused or convicted person is released from custody or has escaped.
3. To be present at and, upon request, to be informed of all criminal proceedings where the defendant has the right to be present.
4. To be heard at any proceeding involving a post-arrest release decision, a negotiated plea, and sentencing.
5. 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.
6. 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.
7. To read pre-sentence reports relating to the crime against the victim when they are available to the defendant.
8. To receive prompt restitution from the person or persons convicted of the criminal conduct that caused the victim's loss or injury.
9. To be heard at any proceeding when any post-conviction release from confinement is being considered.
10. To a speedy trial or disposition and prompt and final conclusion of the case after the conviction and sentence.
11. 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.
12. 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.