

REQUEST FOR SERVICES

Intake Information Sheet

ICN _____

(Office use only)

Appt Date/time _____

(Office use only)

Date of Request _____

(Fecha de Solicitud)

Please check the box next to the service requested
(Por favor, marque la casilla junto al servicio solicitado)

- | | |
|---|--|
| <input type="checkbox"/> Child Support (Manutencion de Menores) | <input type="checkbox"/> CHINS/Runaway (child in need of services) |
| • Be sure to complete support section on the back | (nino en necesidad de servicios/fugitive) |
| <input type="checkbox"/> Spousal Support (Apoyo conyugal) | <input type="checkbox"/> Protective Order (Orden de Proteccion) |
| <input type="checkbox"/> Visitation Petition (Solicitud de Visitas) | <input type="checkbox"/> Paternity (prueba de paternidad) |
| <input type="checkbox"/> Custody Petition (Peticon de Custodia) | <input type="checkbox"/> Restricted License (licencia restringida) |

NAME OF PETITIONER (You): _____ **Your relationship to child OR**
 Nombre de Solicitante (usted): _____ (relationship to adult if protective order): _____
Petitioner's Address: _____ **Relacion al Nino o adulto si orden de proteccion**
 Domicilio de Solicitante _____ **Petitioner's DOB:** _____
 Dia de Nacimiento de Solicitante _____

Phone: _____ **Social Security(support):** _____ **Race:** White; Black; Asian or Pacific Islander;
 American Indian or Alaskan Native; Other; Unknown **Ethnicity:** Hispanic/ Latin American: Yes; No; Decline to report; Unavailable to report; Unknown

☐ **Child's Information** OR ☐ **Opposing Party** – if requesting a Protective Order
Informacion del nino a persona adversario si solicita orden de proteccion

Name: _____ **DOB:** _____ **Sex:** _____
 Nombre _____ Dia de Nacimiento _____ Sexo _____
Home Address: _____
 Domicilio _____ Raza _____ Etnicidad _____
School: _____ **Grade:** _____
 Escuela _____ Ano _____
Social Security #: _____ **Height:** _____ **Weight:** _____ **lbs Eyes:** _____
Hair: _____ **Race:** White; Black; Asian or Pacific Islander; American Indian or Alaskan Native; Other; Unknown
Ethnicity: Hispanic/ Latin American: Yes; No; Decline to report; Unavailable to report; Unknown

PLEASE COMPLETE FOR ALL OTHER REQUESTS. POR FAVOR, COMPLETE PARA TODAS LAS DEMAS PETICIONS.

Additional Parent/Guardian: _____ **DOB:** _____
 Guardian del nino _____ Dia de Nacimiento _____
Address: _____ **Phone:** _____
 Domicilio _____ # de telefono _____
 (_____ **Social Security #:** _____

Race: White; Black; Asian or Pacific Islander; American Indian or Alaskan Native; Other; Unknown
Ethnicity? Hispanic/ Latin American: Yes; No; Decline to report; Unavailable to report; Unknown

Additional Parent/ Guardian: _____ **DOB:** _____
 Guardian del nino _____ Dia de Nacimiento _____
Address: _____ **Phone :** _____
 Domicilio _____ # de telefono _____
 _____ **Social Security #:** _____

Race: White; Black; Asian or Pacific Islander; American Indian or Alaskan Native; Other; Unknown
Ethnicity? Hispanic/ Latin American: Yes; No; Decline to report; Unavailable to report; Unknown

Other Guardian: _____ **DOB:** _____
 Guardian del nino _____ Dia de Nacimiento _____
Address: _____ **Phone (H):** _____
 Domicilio _____ # de telefono _____
 _____ **Social Security #:** _____

Race: White; Black; Asian or Pacific Islander; American Indian or Alaskan Native; Other; Unknown
Ethnicity? Hispanic/ Latin American: Yes; No; Decline to report; Unavailable to report; Unknown

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Additional Child's Information *Informacion del nino*Name: _____ DOB: _____ Sex: _____
Nombre Dia de Nacimiento SexoHome Address: _____
Domicilio Raza EtnicidadSchool: _____ Grade: _____ Social Security #: _____
Escuela Ano

Race: White; Black; Asian or Pacific Islander; American Indian or Alaskan Native; Other; Unknown

Ethnicity: Hispanic/ Latin American: Yes; No; Decline to report; Unavailable to report; Unknown

Additional Child's Information *Informacion del nino*Name: _____ DOB: _____ Sex: _____
Nombre Dia de Nacimiento SexoHome Address: _____
Domicilio Raza EtnicidadSchool: _____ Grade: _____ Social Security #: _____
Escuela Ano

Race: White; Black; Asian or Pacific Islander; American Indian or Alaskan Native; Other; Unknown

Ethnicity: Hispanic/ Latin American: Yes; No; Decline to report; Unavailable to report; Unknown

If requesting Support petition please answer the following questions:

Are the parties married? Yes or No If yes, Date married _____ city, state _____

Divorced? If yes Date _____ city, state _____

Is Division of Child Support Enforcement involved with this case? Yes or No

Does either party have a certificate or license to participate in a business, trade, profession, etc issued by the Commonwealth of Virginia? If yes please explain who issued, and provide license number _____

Is a protective order current in effect against the Respondent? If yes, please answer

Name of court _____ State _____ Expiration Date _____

Support request:

☐ Child support per state guidelines or ☐ I am requesting \$ _____ per (time period) _____☐ Spousal Support in the amount of \$ _____ per (time period) _____☐ I would like to share the cost of any reasonable and necessary unreimbursed medical/dental expenses☐ I would like to request that the respondent furnish health insurance to include dental and eye servicesI would like payments made ☐ directly to me ☐ through the Virginia Dep of Social Services or its contractors

Briefly state why you are requesting support for the above named persons: _____

The following is for office use only:

SUMMARY _____

DISPOSITION: _____