

SOCIAL EARLY NEUTRAL EVALUATION (SENE) INTAKE FORM

BACKGROUND INFORMATION

Your Name: _____ Date of Birth: _____ Gender: _____

Address: _____
(street) (city) (state) (zip)

Mobile Phone: _____ Email Address: _____

Ethnicity/Race: _____ Relationship Status: _____

Employer: _____ Household Income: _____

Occupation: _____ -part time _____ - full time

General gross income from all sources: _____

Date of Marriage: _____ Date of Divorce/Separation: _____

CHILDREN

<u>Name</u>	<u>Date of Birth</u>	<u>Grade & School</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any other family members living with you:

<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relative or friend to contact in the event of an emergency:

Name: _____ Relationship: _____ Phone: _____

Name of referral source: _____

COURT CASE

Name of Judicial Officer: _____ Court County: _____

Court File No. _____

ATTORNEY

Name _____

Email: _____ Phone: _____

Address: _____
(street) (city) (state) (zip)

GUARDIAN AD LITEM

Are you working with a Guardian ad Litem (GAL)? ____ Yes ____ No

If yes, Name of Guardian ad Litem _____

Phone # _____ E-Mail _____

Address: _____
(street) (city) (state) (zip)

OTHER COURT ORDERS

Is there a current court order prohibiting contact between each party? ____ Yes ____ No

(Check all that apply.):

- ☐ Harassment Restraining Order (HRO). Date of order _____
- ☐ Domestic Abuse Order for Protection (OFP). Date of order _____
- ☐ No Contact Order or other court order. Date of order _____
- ☐ Other court order prohibiting contact with the other party: _____

If you checked any of the boxes above, you must attach a copy of the Order

Have you been or are you now afraid of your spouse? ____ Yes ____ No

If yes, please explain: _____

(You will be allowed to discuss this in the ENE session, should you choose)