

CRYSTAL JUDSON FAMILY JUSTICE CENTER

COMPANION RECEPTION FORM

Date: _____

Time: _____

Please print the following information about yourself:

Last Name		First Name	Middle Name	Date of Birth
Zip Code	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Drivers License #	
Race (choose one) ____ White ____ Black ____ Am Indian/Alaska Native ____ Asian ____ Hawaiian/Pacific Islander ____ Multi-Race ____ Other _____			Ethnicity (choose one) ____ Hispanic ____ Non-Hispanic	

Who are you here with today?

Name:	Relationship:
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Have you been to the Family Justice Center before? ☐Y ☐N If Yes, when? _____

How did you hear about the Family Justice Center? _____

What is the reason for your visit today to the Family Justice Center?

- ☐ I am with a friend.
- ☐ I am with a family member.
- ☐ I want to learn how to support someone in an abusive relationship.

CONFIDENTIALITY AGREEMENT

For the safety and privacy of those using the services at the Family Justice Center, I agree not to disclose to anyone the names, descriptions, or any information regarding any individual I may learn about at the Family Justice Center.

Companion Signature

Companion Cleared: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Time:	By:
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