



# INTAKE

- Domestic Violence
- Stalking
- Child Sexual Abuse
- Assault/Battery
- Other \_\_\_\_\_

- Child Physical Abuse
- Homicide Surviving Family
- Identity Theft
- Elder/Vulnerable Adult Abuse

- Kidnapping
- Sexual Assault/Rape
- DUI Victim
- Robbery/Burglary

<i>Name</i>	<i>Sex</i>	<i>Age</i>	<i>DOB</i>	
<i>Street Address</i>		<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Home/Work/Other Phone</i>		<i>Tribal Affiliation</i>		<i>Enrollment #</i>

## INCIDENT REPORT

<i>Date(s) of most recent incidents</i>			
<i>Description of Incidents</i>			
<i>Police Notified?</i>	<i>Report Made?</i>	<i>Report/Case Number:</i>	<i>Charges Filed?</i>
<i>Alcohol/Drug Involvement: Please Circle</i> VICTIM    ABUSER    BOTH		<i>Witnesses Present During Incident:</i>	<i>Number of Children Present:</i>
<i>Medical attention received as result of Incident(s) described above:</i>			

<i>Assailant Name:</i>		<i>Address (City, ST, Zip Code)</i>	
<i>Home/Other Phone:</i>	<i>Date of Birth:</i>	<i>Ethnicity:</i>	<i>Tribal Affiliation:</i>
<i>Identifying Marks or Tattoos:</i>	<i>Vehicle: Make/Model</i>	<i>Prior Convictions:</i>	<i>Probation    Parole</i>
<i>Parole Officer Name:</i>		<i>Parole Officer Phone:</i>	

*I hereby certify that the above information is true and correct to the best of my knowledge and agree to provide proof of identification and tribal enrollment to the PBPIN Tribal Victim Services.*

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Advocate Signature*

\_\_\_\_\_  
*Time/Date*

***Tribal Victim Services - Prairie Band Potawatomi Nation***

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