

New Mexico Legal Aid



Date: _____

1. Is there a Temporary Restraining Order: ____ Y/ ____ N DV # _____
 - a. **Other Hearing Type:** ____ Y/ ____ N Type of Hearing _____
Hearing Dates: _____
 - b. **Times:** _____ **Judge/Commissioner:** _____
2. **Client's Preferred Name:** _____
3. Legal Name, if different (or other alias): _____
4. Address: _____
5. City: _____ State: ____ Zip: _____ County: _____
6. Date of Birth: _____
7. Phone (safe: __ Y/ __ N) _____ Alternative Phone (safe: __ Y/ __ N) _____
8. Email (safe: __ Y/ __ N) _____
9. **Respondent Name:** _____
10. Address: _____
11. City: _____ State: ____ Zip: _____ County: _____
12. Phone: _____ Date of Birth: _____
13. Respondent Attorney: _____
14. Client relationship to Respondent: wife, husband, partner, child, parent or other (explain).

Domestic Abuse/Sexual Assault/Stalking

15. What county did the abuse take place in? _____
16. Were police called? __ Y/ __ N When: _____ Agency: _____
Case Number: _____
17. Did the case involve: ____ Sexual Assault ____ Stalking ____ Weapons ____ Strangulation ____ Hitting
____ Kicking ____ Pushing/Shoving ____ Child Abuse ____ Animal Abuse ____ Threats to Client ____
Threats to Children ____ Threats to Animals ____ Property Damage
____ Other (describe): _____
18. If you have witnesses, please provide name and contact information: _____

19. Any other evidence (eg. pictures, medical bills, repair bills): _____

20. Did client have a DV or SA SANE exam? ____ Y / ____ N Approximate date: _____
21. Is CYFD involved? ____ Y / ____ N Investigator's name & phone number: _____
22. Does client have other legal needs: _____
23. Did client request legal assistance from NMLA? ____ Y / ____ N

Referred by Advocate: _____ From: _____