



THE C.I.R.C.L.E. PROJECT

Coordinated Indigenous Resource Center for Legal Empowerment

Date intake submitted:

County:

Referral Program:

Advocate Name:

Phone:

E-mail

Safety Precautions:

Legal Remedies Requested: *Check all that apply:*

Protective Order

Paternity/Child Support

Sexual Assault

Divorce

Victims' Rights

Civil

Custody

Issues

Criminal

Other

11 years old & up

Protective Order in place? Yes No Temporary Final

What courthouse?

Other court actions filed? Yes No If yes, what was filed?

Action served? Yes No Service date:

Was Victim Compensation application/information given? Yes No

CURRENT VICTIMIZATION TYPE

(Check all that apply)

Elder Abuse or Neglect
Human Trafficking: Labor
Adults Sexually Abused as Children
Bullying (Verbal, Cyber, or Physical)
Domestic and/or Family Violence
Teen Dating Victimization
Stalking

Adult Physical Assault
Adult Sexual Assault
Sex Trafficking
Sexual Assault: Intimate Partner
Sexual Assault: Non-Intimate Partner
Sexual Assault: 11 Years Old & Up

SPECIAL CLASSIFICATION OF INDIVIDUAL

(Check all that apply)

Deaf/Hard of Hearing
Homeless
Immigrants/Refugees/Asylum seekers
LGBTQ2S

Veterans
Disabilities: Cognitive/Physical
Limited English Proficiency
Other

ABOUT THE OPPOSING PARTY

Name:

Alias:

Address:

City:

County:

Zip:

Birthday:

Race:

Gender:

Tribal Affiliation:

Enrolled?

Yes
No

Criminal Charges?

Any Pending?

Attorney:

ABOUT THE APPLICANT

Name: _____ Alias: _____
Address: _____ Years lived there? _____
City: _____ County: _____ zip: _____
Home #: _____ Cell #: _____
Best time to call: Between _____ and _____ Day _____
Birthday: _____ Race: _____
Gender: _____
Tribe: _____ Enrolled? Yes _____
No _____

Marital Status:	Place of Marriage:	Date
Children:	# together:	Enrolled? Yes _____ No _____

If enrolled what Tribe?

Child sexual abuse allegations against the opposing party?

I have completed an interview with the applicant and to the best of my ability find domestic violence (power and control in the relationship) and/or sexual assault is present and further assure the legal remedies requested are a direct result of domestic violence/sexual assault.

Advocate Signature: _____ Date: _____

Tribal Program: _____

Upon Completion of Initial Intake Form please e-mail to:
E-mail: circle@oknaav.org



NATIVE
ALLIANCE
AGAINST
VIOLENCE

Do not write below this line. For office use only.

LAV

OAG

OVC

Temporary Protective Order

Granted
Denied

Final Protective Order

Granted
Denied