

Civil Harassment Screening Checklist

1) How do you know the person against whom you want a restraining order? He/she is:

CH

- my neighbor
- my current or former roommate or subtenant (we are not related, have not dated or been in a romantic relationship, do not live like we are family)
- a former friend/acquaintance
- my boyfriend's ex-girl or boyfriend
- my girlfriend's ex-boy or girlfriend
- my ex-boyfriend's new girlfriend or boyfriend
- my ex-girlfriend's new boyfriend or girlfriend
- my landlord or building manager
- my tenant
- a classmate or former classmate
- an adult harassing my minor child or grandchild
- a co-worker or former co-worker
- other: _____

DV

- my husband or wife or registered domestic partner
- my ex-husband, ex-wife or ex-registered domestic partner
- the father or mother of my child
- my boyfriend, girlfriend or ex-boyfriend or ex-girlfriend
- a person I am or was dating regularly
- my parent
- my child or grandchild
- my brother or sister
- my grandmother or grandfather
- my in-law (for example, my mother-in-law)
- a person living with me or who used to live with me like family on a regular basis, whether related to me or not

2) Do you know this person's ***full*** name? Yes No _____

3) Do you have an address where this person can be given the restraining order papers?

- Yes, this person address is (include city, state and zip code):

Home: _____

Job: _____

- No, but this person visits a certain place often or comes to my home or work often and I can have a friend or relative give him/her the papers there.
- No, I do not know where to find this person.

4) When was the last time this person harassed you? Date: _____

What did this person do to you on this day?

- hit me followed/stalked me destroyed/harmed my property (pet, car, home)
- threatened to physically harm me by stating: _____

- called me several times, sent me several e-mails or text messages

other: _____

5) Has this person harassed you on other occasions? Yes No

6) Where did the incident(s) mostly occur? my home my work other: _____

7) Are you afraid this person may harm you soon? Yes No

8) Has this person's behavior caused you significant (*check all that apply*):

- fear physical injury anxiety/stress lack of sleep loss of appetite
- other: _____