Superior Court of California, County of Solano

Collaborative Court Intake Form

Case #s	
Attorney of Record	

Name		Date of Birth	
Aliases			

Address			
Primary Phone		Alternate Phone	
Email Address			

Current Living Situation	☐ Own ☐ Rent ☐ Live with family or friends ☐ Homeless/Risk of homelessness ☐ Not Listed:

Can you receive services in English?	☐ Yes ☐ No	If no, what language are you most comfortable speaking?

Emergency Contacts

Name		Phone		Relationship	
Name		Phone		Relationship	

Medical Information

Do you have medical insurance?	☐ Yes ☐ No Member No:
Who is your insurance provider?	☐ Medi-Cal ☐ Kaiser ☐ Private Insurance ☐ VA Provider:
Medical Provider Location	

Disabilities	☐ None ☐ Traumatic Brain Injury ☐ Blind/Visual ☐ Deaf/hearing ☐ Speech ☐ Physical/Mobility ☐ Not Listed:		
Developmental	☐ Yes ☐ No	Regional Center client?	☐ Yes ☐ No

Do you have a Mental Health Provider?		☐ Yes ☐ No ☐ I don't know	
Provider Name		City	
Provider Contact Information			

Mental Health Diagnoses		
Mental Health Medications	Have you been **prescribed** mental health medications?	☐ Yes ☐ No
	Are you currently **taking** your prescribed medications?	☐ Yes ☐ No
Have you ever experienced serious thoughts of suicide or attempted suicide?		☐ Yes ☐ No
Have you ever been hospitalized for a psychiatric or emotional reason?		☐ Yes ☐ No

Submit completed form to Doug Carr at dscarr@solano.courts.ca.gov or fax to (707) 426 – 4453.

Do you use?	☐ Drugs ☐ Alcohol ☐ Tobacco If yes,…
	What are you using?
	How much do you use?
	How often do you use?

Firearms and Ammunition	Are you currently in possession of firearms/ammunition? ☐ Yes ☐ No
	Do you have any firearms registered in your name? ☐ Yes ☐ No
If you have firearms, are they stored in a gun safe or lock box? ☐ Yes ☐ No ☐ NA	
Did you have your firearms confiscated at arrest? ☐ Yes ☐ No ☐ NA	
If you have registered firearms and do not have them in your possession, where are they currently being stored?	
If you have firearms, do you want to relinquish them to local law enforcement until you complete this program? ☐ Yes ☐ No ☐ NA Or sell them to a licensed gun dealer? ☐ Yes ☐ No ☐ NA	

Services. Do you need help in any of these areas? Check all that apply:

☐ Food ☐ Parenting Classes ☐ Support Groups ☐ Clothing

☐ Alcohol/Drugs ☐ Housing ☐ Counseling ☐ Employment/Job Training

☐ Utility Assistance ☐ Literacy ☐ Transportation ☐ Medical/Dental Care

☐ Mental Health ☐ Budgeting ☐ Child Support ☐ Reproductive Health

☐ Vocational/Education ☐ Not Listed: ___________________________________

Demographics Please select "Prefer Not to Answer" if you choose not to answer.

Race	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or other Pacific Islander ☐ White or Caucasian ☐ Filipino ☐ Mixed Race ☐ Prefer Not to Answer
Ethnicity	☐ Hispanic/Latinx ☐ Not Hispanic/Latinx ☐ Prefer Not to Answer
Gender Category	☐ Male ☐ Female ☐ Transgender Male ☐ Transgender Female ☐ Gender Fluid ☐ Agender ☐ Not Listed______________ ☐ Prefer Not to Answer
Personal Pronouns	☐ He / Him ☐ She / Her ☐ They / Them ☐ Not Listed______________ ☐ Prefer Not to Answer
Marital Status	☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Domestic Partnership ☐ Legally Separated ☐ No Answer
Military Status	☐ Active Duty ☐ Retired ☐ Veteran ☐ Combat Service ☐ Never in military ☐ Prefer Not to Answer
Are you employed?	☐ Yes, full-time ☐ Yes, part-time ☐ No, I am not ☐ I am a student
Are you seeking employment?	☐ Yes ☐ No

DATE COMPLETED: ________________________