



**CLIENT INFORMATION FORM**

TODAY'S DATE: \_\_\_\_\_

CASE OPENED:  Orange  Osceola  Seminole

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Are you a resident of:  Orange  Seminole  Osceola  Lake  Volusia  Other \_\_\_\_\_

Telephone: Cell: \_\_\_\_\_ Email Address: \_\_\_\_\_

It is okay to contact me by:  Phone  E-mail  Postal mail  All options

Would you like to receive a monthly newsletter from Victim Service Center?  Yes  No

Are you between the ages of:  12-17  18-29  30-44  45-59  60-64  65+

Race: \_\_\_\_\_ Ethnicity: Hispanic or Non-Hispanic

Gender: \_\_\_\_\_ Pronouns (she/her, he/him, they/them, etc.): \_\_\_\_\_

Are you a member of the LGBTQ+ community?  Yes  No Explain (optional) \_\_\_\_\_

Disabled:  Yes  No Explain: \_\_\_\_\_ Marital Status:  Single  Married  Divorced  Widow

**FOR VSC OFFICE USE ONLY**

Acute Case # \_\_\_\_\_ Apricot # \_\_\_\_\_ Assigned Advocate: \_\_\_\_\_

**At no time will clients or visitors (with the exception of law enforcement personnel) be permitted to bring deadly weapons including firearms, knives or explosive devices into Victim Service Center facilities.**