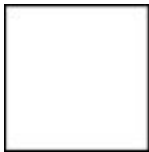


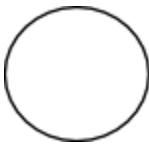
Date:

Technician:

People





Partner





Client

Legend

 Partner

 Client

 Child

 Physical access to device

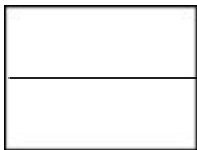
Devices



Owner  
User



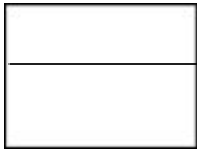
Owner  
User



Owner  
User



Owner  
User

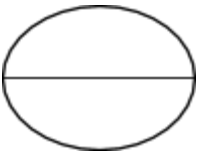


Owner  
User

FJC:

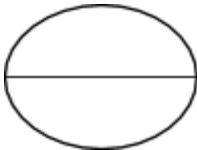
Anonymized Client ID:

Accounts

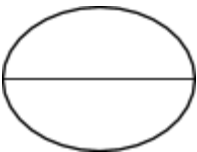


Owner  
User

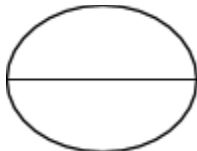
Account name



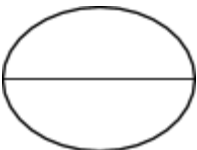
Owner  
User



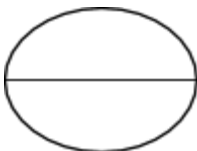
Owner  
User



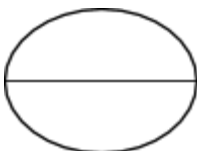
Owner  
User



Owner  
User



Owner  
User



Owner  
User

Date:

FJC:

Technician:

Anonymized Client ID:



Order of protection	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
DV shelter	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Date that they left abuser/partner:	
____/____/____	