

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance Act* and the *Employment and Assistance for Persons with Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. Any questions about this information should be directed to your Family Maintenance Worker.

Client: *	Respondent: *
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Service Request #: SR

ICM Case #:

HIGH RISK AND MINISTRY DOES NOT WANT TO PROCEED BUT CLIENT INSISTS

1. The respondent has a history of physical violence? YES NO
2. The respondent has been incarcerated / convicted for assault(s) against the client or other person(s)? YES NO
3. The respondent has threatened to obtain custody of the children if maintenance is sought. YES NO
4. The respondent has stalked / harassed / threatened / intimidated the client since the parties have separated. YES NO
5. The respondent has stalked / harassed / threatened / intimidated the children since the parties have separated. YES NO
6. The respondent has threatened to use a weapon against the client, child(ren), family pet(s) or other family members. YES NO
7. The respondent abuses alcohol / drugs (legal or illegal) and when under the influence, has increased violent / threatening behaviour. YES NO
8. Even though the relationship is over and the parties are no longer living together, the physical violence has continued. YES NO
9. The client has a solid safety plan in place and has access to supportive community services. YES NO

The client wants to seek maintenance, regardless of personal risk:	<input type="checkbox"/> YES <input type="checkbox"/> NO
The client wants to seek maintenance, regardless of risk to the child(ren).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Note: When risk to the children is determined and the client still wishes to take maintenance action, Part Two of the Authorization to Act (HR2754) is NOT provided to the client.	
The client has requested the Authorization to Act (HR2754):	<input type="checkbox"/> YES <input type="checkbox"/> NO
FMW Name	Date (YYYY MMM DD)