Safety Plan - Domestic Violence Prevention

Name:					Date:		
I H.	AVE THE RIGHT TO:						
•	Live in a safe environment, free from any kind of abuse verbal, emotional, sexual) or exploitation.			ohysi	cal,		
• Seek help from the authorities if I am a victim of abuse o				r viol	enc	e.	
•	File for a protective order against some who has threate abused me.				r	SCRI	
SAI	FE PLACES:						
hou	don't feel safe at home, I can g use, a shelter, a police station, a su wded.)	tore, a	restaurant, or another public	: place			
	_						
Wh	OPLE I CAN TRUST TO HELP en I need help, I can call these ney, transportation, emotional su r employer, coworkers, church po	trust	and childcare. These could in	-			
	Name:			Number:			
	Name:			Number:			
	Name:		Number:				
	Name:		1	Number:			
TH	INGS TO BRING WITH ME IF	I HA	VE TO LEAVE QUICKLY:				
	Photo identification		Protective order			Medications	
	My children's birth certificates		Car insurance and registra documents	tion		Cash or credit card in my name	
	Immigration and custody documents		Important medical and educational records			Change of clothing for myself and my children	
П	Cell phone and charger	П	Health insurance paperwo	rk	П	House and car keys	

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IMPORTANT NUMBERS AND RESOURCES:

Emergency: 911
National Domestic Violence Hotline: 800-799-7233
Local Domestic Violence Hotline:
Local Domestic Violence Shelter:
Local Police Station (to make a report):
Local Court (to file for a protective order):
Counseling Services:
Other Resources:

