## FAMILY COURT SERVICES - INFORMATION SHEET

| NAME      |          |             |        | TODAY'S | DATE  |           |       |
|-----------|----------|-------------|--------|---------|-------|-----------|-------|
| ADDRESS   |          |             |        | BIRTH   | DATE  |           |       |
| CITY      |          |             |        | STATE & | x ZIP |           |       |
| HOME      |          |             | CELL   |         | WORK  |           |       |
| PHONE     |          |             | PHONE  |         | PHONE |           |       |
| E-MAIL A  | DDRESS   |             |        |         |       |           |       |
| EMPLOYER  |          |             |        | CAN Y   | OU BE | CALLED AT | WORK? |
| OTHER PAP | RENT'S 1 | NAME        |        |         |       |           |       |
| IF REPRES | SENTED - | - ATTORNEY' | S NAME |         |       |           |       |

Please list the child(ren) involved in this case:

| NAME | BIRTH DATE | AGE |
|------|------------|-----|
|      |            |     |
|      |            |     |
|      |            |     |

What is the custody arrangement for the above child(ren)? (circle one)

Joint

Sole - with whom?

Please describe the placement schedule. When is the child(ren) with you?

## Please list the individuals that live in your household and their relationship to you:

| NAME | RELATIONSHIP |  |  |
|------|--------------|--|--|
|      |              |  |  |
|      |              |  |  |
|      |              |  |  |

Is there a court hearing scheduled regarding custody/physical placement of your child(ren)? (circle one)

No Yes When is it scheduled?

Please check the category that best describes your relationship with the other parent: (Check appropriate box)

| We are in the process of a divorce                          |
|---|
| We are divorced Date of divorce:                            |
| We never married each other, we <b>did</b> live together    |
| We never married each other, we <b>never</b> lived together |

## SEE REVERSE SIDE

## FAMILY COURT SERVICES SCREENING

|      |  | YES | NO |
|------|--|-----|----|
| 1.   | Have you ever feared that you would not have access to your children?  |     |    |
| 2.   | Do you have any concerns about the children's<br>emotional or physical safety when with the<br>other parent?   |     |    |
| 3.   | Have you or the other parent had contact with<br>Child Protective Services or Juvenile Justice?  |     |    |
| 4.   | Have periods of physical placement ever extended<br>beyond scheduled times without the mutual consent<br>of both parents?  |     |    |
| 5.   | Did the other parent ever frighten or<br>intimidate you by making threats, following<br>you around, or harassing you on the phone?   |     |    |
| 6.   | Did the other parent ever do anything to physicall<br>hurt you, such as slapping, grabbing, shoving,<br>kicking, punching, or the likes, even if it didn't<br>leave any marks or you didn't report it? | -   |    |
| 7.   | Did the other parent ever use a weapon such as a gun, knife, or car to threaten or to injure you?  |     |    |
| 8.   | Have the police ever been called as a result<br>of an argument between you and the other parent?   |     |    |
|      | If yes, when was the last police contact?  |     |    |
| 9.   | Has the other parent ever prevented you from contacting the police?  |     |    |
| 10.  | Do you currently have a Domestic Abuse or<br>Harassment Restraining Order in effect?   |     |    |
|      | If yes, when does it expire?   |     |    |
| 11.  | Have you ever had a Domestic Abuse or<br>Harassment Restraining Order against the<br>other parent that has expired?  |     |    |
| 12.  | Have you or the other parent ever been charged with a crime?   |     |    |
|      | If yes, please attach details with dates.  |     |    |
| 13.  | Have you or the other parent ever been convicted of a crime?   |     |    |
|      | If yes, please attach details with dates.  |     |    |
| 14.  | Do you have concerns about your safety when<br>you exchange your children?   |     |    |
| 15.  | Do you have concerns about your safety when<br>coming to or leaving the Family Court Services<br>office for a mediation session?   |     |    |
| Comp | leted by:Today's Da  | te: |    |