

**JUDICIAL BRANCH
COURT SUPPORT SERVICES DIVISION**

FAMILY SERVICES

Family Relations Counselors and Supervisors assist the court and clients in the fair and timely resolution of family and interpersonal conflicts and family violence criminal cases through a comprehensive program of appropriate services in each Judicial District.

CENTRAL OFFICE STAFF

An Executive Director oversees all aspects of the Court Support Services Division (CSSD). The Family Services Unit of CSSD is centrally administered to support field functions/operations, coordinate initiatives, and oversee intervention/sanction programs and contracted service providers. The unit consists of a Director, two Regional Managers and a Program Manager.

COURT BASED EMPLOYEES

- Family Services Supervisors
- Family Relations Counselors
- Support Staff

CIVIL CASE PROCESSING FUNCTIONS

▪ **Pretrial Settlement Negotiations**

In all Judicial District Court locations, Family Relations Counselors conduct pretrial and final judgment settlement negotiations with attorneys and litigants in conjunction with their attendance at Family Short Calendars as well as the Limited, Fully Contested and Regional Family Trial Docket. This conference also serves as the intake/screening for custody and visitation referrals. Additionally, Family Relations Counselors negotiate Civil Restraining Order petitions.

▪ **Family Civil Triage/ Intake Project**

CSSD staff along with a team of national experts developed the first formal civil/intake screening tool in the country. The instrument is designed to assist the Family Service staff with identifying the level of conflict and complexity of issues. This facilitates the matching of appropriate intervention(s) in accordance with evidence based practices, and enhances differentiated case management. Statewide roll out began in January of 2005 and currently every Family Services Office participates in the Civil Triage/Intake Project.

▪ **Custody and Visitation Mediations**

Family Relations Counselors, who work in either a singular or male-female team format, mediate when possible with parents conjointly for up to three, 2-hour sessions. These efforts are geared toward assisting parents in resolving their parenting disputes in a non-coercive and confidential manner that is mutually agreeable.

- **Conflict Resolution Conference**

The Conflict Resolution Conference is a confidential alternative dispute resolution process for custody and visitation issues that allows the Family Relations Counselor to meet with the parents and/or attorneys together and review a limited amount of information if necessary. The Family Relations Counselor is able to offer recommendations to the parents at the conclusion of the process if the parties are unable to resolve their dispute.

- **Issue-Focused Evaluations**

The Issue-Focused Evaluation is a process of assessing a limited issue impacting a family and/or a parenting plan. The goal of an Issue-Focused Evaluation is to define and explore the issue causing difficulties for the family, gather information regarding only this issue and to provide a recommendation to the parents and ultimately the Court regarding a resolution to the dispute. This evaluation format is limited in scope, involvement and duration.

- **Comprehensive Evaluations**

Comprehensive Evaluations are in-depth assessments of the family system by a Family Relations Counselor. The information gathered by the counselor, the assessment of the family, and the resulting recommended parenting plan is then shared with the parents and attorneys and used to form the basis of an appropriate parental arrangement. The outcome of the process will either result in an agreed upon parenting or access plan, or a written report as to what is in the best interest of the child, both of which are forwarded to the Court.

- **Parent Education Programs**

Family Services is responsible for administering the monitoring of statutorily mandated Parent Education Programs for divorcing parents. Family Services contracts with forty-six (46) community and private agencies statewide to provide these six hour programs. Recent modifications to the programs' curricula include an emphasis on child development and the developmental stages of children, cultural aspects, adjustment of children to changes in the family structure, conflict resolution and dispute resolution skills by parents, co-parenting and major decision making for children by parents and parenting time for both mother and father. Over 94% of the attendees felt that the program was valuable to separating parents.

- **Conciliation Counseling**

Family Relations Counselors are available to conduct conciliation sessions with parties upon referral from the court. The focus of these sessions is to determine if there is any possibility of reconciling the parties. A request for referral is made to the court by one of the litigants. Two sessions are held with the parties, and communication in these matters is confidential. A report is made back to the Court indicating whether or not the parties participated in the process.

- **Pretrial Mediation Settlement Services**

In 2002, the Branch implemented a pretrial dispute resolution program with services that address the needs of unmarried couples who are ending domestic partnerships and require assistance to resolve division of property issues.

FAMILY SERVICES FUNCTIONS

DOMESTIC VIOLENCE PROCESSING FUNCTIONS

Family Violence Arraignment Proceedings

Family Relations Counselors complete a pre-arraignment family violence screen for all family violence arraignment cases in preparation for a recommendation to the court. This screening process includes, but is not limited to:

- Case Data Record (Defendant demographic and psycho-social information)
- Criminal history investigation
- Handgun and firearm screening
- Risk Assessment Screening
- Victim interview / input
- Case coordination with victim advocate
- Protective order determination
- Treatment and/or additional services recommendation
- Family Services referral recommendation for the Court's approval
- Pre-trial case management services

Family Violence Case Assessments

Family Relations Counselors complete a family violence case assessment for all cases that are referred to CSSD Family Services subsequent to the domestic violence arraignment screening process. Case assessments include, but are not limited to:

- In-depth victim interview
- In-depth defendant interview
- Coordination with court-based victim advocates
- Preparation of a detailed case assessment for the Court's review

Pre-Trial Case Management Services (Diversionary Program Administration)

Family Relations Counselors administer diversionary programs and provide administrative monitoring and supervision for cases referred to CSSD Family Services. CSSD Domestic Violence diversionary programs include:

Domestic Violence Sanction Programs

- **Family Violence Educational Programs (FVEP):** The FVEP is a pretrial diversionary offender program that can be granted by the Court upon application by the defendant. Clients attend nine, one and one half hour sessions of a psycho-educational model aimed at reducing re-offense. Clients that complete this program may be eligible for a dismissal. Groups are offered by community based contractors statewide for male, female and Spanish speaking clients.

- **The Explore Program:** A 26 session, group based program for men convicted of domestic violence offenses against female intimate partners. Each male offender is required to attend one 1.5-hour class/group each week for 26 weeks. Currently available in Bantam/Litchfield, Danbury, Hartford, Manchester, Middletown, New Haven, New London, Norwalk, Plainville, Stamford and Willimantic.
- **The EVOLVE Program:** A 26 or 52 session, intensive psycho-educational peer confrontational behavior modification group for male offenders convicted of domestic violence offenses against female intimate partners currently available in Bridgeport, New Haven, New London, and Waterbury.

Release

Case Name:

Docket Number:

JD Court:

Date:

The plaintiff, the defendant and the attorney for the minor child(ren), if applicable, agree to allow the assigned Family Relations Counselor to collect information from the court-appointed Guardian ad Litem for the minor child(ren) (hereinafter GAL) in relation to the above referenced case through speaking with the GAL and/or reviewing documentation provided by the GAL, and to share information with the GAL in relation to the above referenced case through speaking with the GAL.

Plaintiff Date

Defendant Date

Witness for Plaintiff Date

Witness for Defendant Date

Attorney for Plaintiff Date

Attorney for Defendant Date

Guardian ad Litem Date

Attorney for Minor Child(ren) Date

FAMILY CIVIL INTAKE SCREEN

Court Location: _____

Referring Judge: _____

Intake Counselor _____

GENERAL CASE INFORMATION

Plaintiff Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> DOB: _____ Address: _____ Phone: _____ Employer: _____ Address: _____ Phone: _____ Work Hours: _____ Attorney: _____ Address: _____ Phone: _____	Defendant Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> DOB: _____ Address: _____ Phone: _____ Employer: _____ Address: _____ Phone: _____ Work Hours: _____ Attorney: _____ Address: _____ Phone: _____	Docket # _____ CMIS # _____ Intake Date: _____ Continuance Date: _____
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Children _____ DOB _____ Gender _____ Resides with _____

Additional

Children's Attorney/GAL: _____ Phone: _____

Additional

Plaintiff attended/completed Parenting Education Program: _____ N _____ Y _____ Date completed _____ Waived

Defendant attended/completed Parenting Education Program: _____ N _____ Y _____ Date completed _____ Waived

Who presently has legal custody of the child(ren)? Father Mother Joint No Arrangement Other _____

Who presently has physical custody of the child(ren)? Father Mother Joint No Arrangement Other _____

What is the current parenting plan/access schedule?

How long have these arrangements been in place? _____

Supervisor Assignment Information

Referred for: Mediation Conflict Resolution Conference Issue Focused Evaluation Comprehensive Evaluation

Assigned to: _____

Date Assigned: _____

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DO NOT PLACE THIS DOCUMENT IN THE COURT FILE

Additional Referral Information

* If this screen is being completed in the automated format most of the information on this page will auto-filled from information that will be entered in the screen that follows. When the screen is complete return to this page and review for accuracy

* If the screen is being completed on paper, skip this section and return to it at the end

Family Violence Screening:

Prior Arrests:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Comments: _____ _____
PO/RO in effect:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Comments: _____ _____

Referral Status:

Source of Referral:	<input type="checkbox"/> Court	<input type="checkbox"/> Self		
Case status:	<input type="checkbox"/> Pendente Lite	<input type="checkbox"/> Pre Judgment	<input type="checkbox"/> Post Judgment	
Type of Case:	<input type="checkbox"/> Dissolution	<input type="checkbox"/> Unmarried	<input type="checkbox"/> TRO	<input type="checkbox"/> Other: _____
Issues Referred:	<input type="checkbox"/> Custody <input type="checkbox"/> Access	<input type="checkbox"/> Out of State <input type="checkbox"/> Reconciliation	<input type="checkbox"/> Financial <input type="checkbox"/> Other: _____	
Forms Distributed:	<input type="checkbox"/> Brochure	<input type="checkbox"/> Questionnaire	<input type="checkbox"/> Release of Info	

Previous Referrals to FRO for services (dates): _____

Recommended Scope of Referral: Mediation CRC IFE CE

ADDITIONAL PERTINENT INFORMATION

Level of Conflict:

Which of the following best describes your relationship with your child(ren)'s other parent?	<input type="radio"/> Divorcing/ separating and living apart LOW	<input type="radio"/> Divorcing/ separating but still living together LOW	<input type="radio"/> Already Divorced MODERATE	<input type="radio"/> Never Married Used to live together MODERATE	<input type="radio"/> Never Married Never lived together HIGH
How many times have you utilized Court interventions to deal with child related disagreements between yourself and your child(ren)'s other parent?	<input type="radio"/> No prior times; this is the first referral LOW		<input type="radio"/> Two or three times MODERATE	<input type="radio"/> Four or more times HIGH	
At what stages of the Court process have you returned to Court with disputes about your parenting arrangement?	<input type="radio"/> No prior Court services LOW	<input type="radio"/> Pendente Lite/Pre- Judgment LOW	<input type="radio"/> Post Judgment LOW/MODERATE		<input type="radio"/> Pendente Lite/Pre- Judgment and Post Judgment HIGH
Which of the following Court processes usually resolved your prior parenting disputes?	<input type="radio"/> No Prior Court Service LOW	<input type="radio"/> Negotiation LOW	<input type="radio"/> Mediation/ Conflict Resolution Conference LOW	<input type="radio"/> Evaluation MODERATE	<input type="radio"/> Trial/ Hearing HIGH
Current level of Conflict	<input type="radio"/> LOW TO MODERATE		<input type="radio"/> MODERATE TO HIGH		<input type="radio"/> HIGH

Ability to Cooperate/Communicate:

How well do you and your child(ren)'s other parent cooperate and communicate over your child(ren)	<input type="radio"/> We generally cooperate well POSITIVE	<input type="radio"/> We cooperate some of the time POSITIVE	<input type="radio"/> We do not cooperate well LIMITED	<input type="radio"/> Cooperation is almost impossible LIMITED TO NO ABILITY	<input type="radio"/> No Contact or cooperation is possible NONE
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<p>How were your present custody and access /visitation arrangements made?</p>	<p><input type="radio"/> A mutual decision was made together by you and the child(ren)'s other parent</p> <p>POSITIVE</p>	<p><input type="radio"/> A decision was made with the help of a counselor, attorney, or mediator/negotiator</p> <p>LIMITED</p>	<p><input type="radio"/> A decision was made by someone in authority like a judge or after an evaluation</p> <p>LIMITED TO NO ABILITY</p>	<p><input type="radio"/> The arrangements were made by you without discussing it with anyone</p> <p>NONE</p>	
<p>How important is the other parent to the welfare of your child(ren)?</p>	<p><input type="radio"/> Very important (has many valuable things to offer as a parent)</p> <p>POSITIVE</p>	<p><input type="radio"/> Important (has some valuable things to offer as a parent)</p> <p>POSITIVE</p>	<p><input type="radio"/> Somewhat Important(some value but some problems/ limitations as a parent)</p> <p>LIMITED</p>	<p><input type="radio"/> Not important (has little to offer; problems/deficits as a parent)</p> <p>LIMITED TO NO ABILITY</p>	<p><input type="radio"/> Very Unimportant (has nothing to offer as a parent)</p> <p>NONE</p>
<p>Overall level of communication/ cooperation</p>	<p><input type="radio"/> POSITIVE</p> <p>Parties communicate and consider the other parent's opinion</p>	<p><input type="radio"/> LIMITED</p> <p>Minimal communication, passive cooperation</p>	<p><input type="radio"/> LIMITED TO NO ABILITY</p> <p>Communication tends to be conflicted or done so in a challenging manner; reliance on others for direction</p>	<p><input type="radio"/> NONE</p> <p>No Communication, Avoidant</p>	

Complexity of Issues:

<p>What do you believe are the issues currently in dispute between you and your child(ren)'s other parent?</p>	<p><input type="radio"/> Relocation of one parent</p>	<p>HIGH</p>
	<p><input type="radio"/> Medical, educational and religious decisions for your children</p>	<p>HIGH</p>
	<p><input type="radio"/> Threatening or violent behavior between other family members</p>	<p>HIGH</p>
	<p><input type="radio"/> Time sharing and holiday schedules (access issues) and/or arrangements for picking up/exchanging children</p>	<p>MODERATE</p>
	<p><input type="radio"/> Financial issues (child support/alimony, maintaining the family home)</p>	<p>MODERATE</p>
	<p><input type="radio"/> Other parent and friends/family speaking negatively about you to the child(ren)</p>	<p>LOW</p>
	<p><input type="radio"/> Appropriate daily care and discipline of your child(ren)</p>	<p>LOW</p>

		○ Other: _____		Counselor needs to rate:	
Child Abuse/Neglect	○ Past only; No current allegations; one parent may have underlying concern that abuse/neglect may reoccur in the future	○ Current allegation; behavior not denied; currently in treatment or recently completed; recognition that behaviors have impacted relationship with child(ren); no agreement on how this should impact parenting plan	○ Current allegation; minimizes behavior; may or may not be in treatment; ambivalent about if/how behavior impacts relationship with child; no agreement on how this should impact parenting plan	○ Child abuse issue totally denied by one party	○ Not an issue
Concerns of : ○ Physically hurting the child(ren) ○ Emotional abusing your children ○ Neglecting to feed, supervise, etc. the child(ren) ○ Driving unsafely with the child(ren) in the car ○ Exposing children to dangerous/criminal behavior ○ Parent is engaging in sexually inappropriate behavior	LOW	MODERATE	MODERATE/ HIGH	HIGH	
Substance abuse	○ Past only; Agreement that there is no current use; one parent may have underlying concern that substance abuse may reoccur	○ Currently using, no denial of use; currently in treatment/or recently completed; agreement that use has impact on ability to parent; no agreement on how this should impact parenting plan	○ Currently using, no denial of use; may or may not be in treatment; ambivalent about how use impacts parenting ability; no agreement on how this should impact parenting plan	○ Substance use totally denied by one party	○ Not an issue
Concerns of: ○ Drinking too much ○ Using illegal drugs ○ Abusing prescription meds	LOW	MODERATE	MODERATE/ HIGH	HIGH	

Complexity of Issues	<input type="radio"/> LOW/MODERATE Parenting time; Primary Residence; No current DV; Mental Health, and Substance abuse issues not present or if so do not impair ability to mediate	<input type="radio"/> MODERATE Parenting time; Primary residence; DV, Mental Health, Child abuse /neglect, Substance abuse present and not denied; impact of issue on parenting recognized; how issue impacts parenting plan in dispute; current or recently completed treatment a must	<input type="radio"/> MODERATE/ HIGH Parenting time; Primary residence; DV, Mental Health, Child abuse /neglect, Substance abuse present, parent has ambivalence on if /how this impacts parenting ability; how issue impacts parenting plan in dispute; may or may not be in current treatment	<input type="radio"/> HIGH Parenting time; Primary residence; DV, Mental Health, Child abuse /neglect, Substance abuse denied by one parent
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Level of Dangerousness

How frightened are you of your child(ren)'s other parent at this time?	<input type="radio"/> Not at all LOW	<input type="radio"/> Somewhat MODERATE	<input type="radio"/> Very much HIGH
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During your relationship with the child(ren)'s other parent, how often did the following occur: (See Below)	<input type="radio"/> Occurred in the past: (prior to past 12 months)	<input type="radio"/> Occurrences within the past 12 Months:				Overall Rating**
		Never	Once	Several Times	Frequently	
Threats to hurt or punish	Low	Low	Low	Moderate	Moderate/High	
Push, grab, shove, bully	Low	Low	Low	Moderate	High	
Slap, hit, kick, bite, etc.	Low or Mod.	Low	Moderate	Moderate/High	High	
Choke, beat up the other (repeated blows)	Mod or High	Low	Moderate/High	High	High	
Threat of/use of a weapon	Mod. or High	Low	High	High	High	
Sexual abuse or rape	Mod or High	Low	High	High	High	

		○ Occurred in the past: (prior to past 12 months) Ratings if yes:	○ Current – Within the past 12 months Ratings if yes:	Overall Rating**
Legal Response To Family Violence	Have police been called because of allegations of violence or abuse by you or the other parent?	Low or Mod.	Moderate	
	Have criminal charges been filed against you or the other parent as a result of alleged violence? (assaultive behavior)	Moderate	Moderate or High	
	Has there ever been a restraining or protective orders in place between you and the other parent?	Low	Moderate	
	Has there been an arrest for a violation of a protective order or restraining order?	Low or Moderate	High	
	Have you ever received medical treatment for injuries intentionally caused by the other parent?	Moderate or High	High	
	Has DCF opened a file as a result of allegations of child abuse or neglect against either parent?	Low or Moderate	Moderate/High	
Level of Dangerousness (choose highest rating from above)	○ LOW	○ MODERATE	○ MODERATE /HIGH	○ HIGH

Service Options/Definitions

LEVEL OF CONFLICT	○ LOW TO MODERATE	○ MODERATE TO HIGH	○ MODERATE TO HIGH	○ HIGH
LEVEL OF COMMUNICATION/ COOPERATION	○ POSITIVE Parents communicate and consider the other parent's opinion	○ LIMITED Minimal communication, passive cooperation	○ LIMITED TO NO ABILITY Communication tends to be conflicted or done so in a challenging manner, rely on others for direction	○ NONE No communication, Avoidant None
COMPLEXITY OF ISSUES	○ LOW/MODERATE Parenting time; Primary Residence; No current DV; Mental Health, and Substance abuse issues not present or if so do not impair ability to mediate	○ MODERATE Parenting time; Primary residence; DV, Mental Health, Child abuse /neglect, Substance abuse present and not denied; impact of issue on parenting recognized; how issue impacts parenting plan in dispute; current or recently completed treatment a must	○ MODERATE/HIGH Parenting time; Primary residence; DV, Mental Health, Child abuse /neglect, Substance abuse present, parent has ambivalence on if /how this impacts parenting ability; how issue impacts parenting plan in dispute; may or may not be in current treatment	○ HIGH Parenting time; Primary residence; DV, Mental Health, Child abuse /neglect, Substance abuse denied by one parent
LEVEL OF DANGEROUSNESS	○ LOW	○ MODERATE OR MODERATE/HIGH	○ MODERATE/HIGH OR HIGH	○ MODERATE/ HIGH OR HIGH
Disparity of facts/ Need for corroborating evidence	○ Minor to moderate differences in facts or position No immediate need for corroborating evidence	○ Moderate differences in facts or position Very limited need for corroborating evidence (1 or 2 collateral resources needed)	○ Moderate differences in facts or position Limited need for corroborating evidence (no more than 4 collateral resources needed)	○ Significant differences in fact or position. Strong need to share their perspective Significant need for corroborating evidence and expanded interviews with clients
Service Selection	○ MEDIATION	○ CONFLICT RESOLUTION	○ FOCUSED EVALUATION	○ COMPREHENSIVE EVALUATION

COMPREHENSIVE EVALUATION QUESTIONNAIRE

JD-FM-95 Rev. 11-08
P.B. § 25-60, and 61

STATE OF CONNECTICUT
SUPERIOR COURT
CSSD-FAMILY SERVICES
www.jud.ct.gov



INSTRUCTIONS:

In order to begin the evaluation ordered by the court, you must complete this questionnaire and bring it with you to your first appointment, or mail it to Family Services prior to your first appointment. Please be sure to provide your complete address where requested on this form.

Has there been prior involvement with CSSD-Family Services? Yes No IF YES, when? _____

SECTION 1: IDENTIFYING DATA

NAME (Last, first, middle initial) _____ MAIDEN NAME _____ OTHER NAMES YOU ARE KNOWN BY _____

DATE OF BIRTH _____ PLACE OF BIRTH (City/town, state, zip) _____ ATTORNEY NAME AND TELEPHONE NO. _____

TELEPHONE NOS. (Home) _____ (Work telephone) _____ (Cell telephone) _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOW LONG AT THIS ADDRESS _____ YEARS _____ MONTHS

SECTION 2: CURRENT PARENTING PLAN AND PROPOSED CHANGES

a.) What is the current parenting plan/access schedule?

b.) How long have these arrangements been in place?

c.) Describe your proposed changes to the existing court-ordered parenting plan. Include a specific parenting plan (with holidays, summer vacation and school week-long vacations) for you and the other parent.

d.) How do you and the other parent communicate about child related issues (e.g., homework, requests to change parenting schedule, extracurricular activities and transportation)?

e.) How do you think the children are coping with this parenting dispute? What do you think you can do to help them adjust?

f.) What do you believe are the issues currently in dispute between you and the other parent? Please check those issues that have been court-ordered to Family Services for a Comprehensive Evaluation.

- Relocation of one parent
- Joint v sole custody
- Primary residence
- Other: (Specify)
- Major decisions regarding the child/children
- Access/parenting time or holiday/vacation time
- Communication between parents
- Substance abuse issues
- Mental health issues
- Domestic violence issues

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DO NOT PLACE THIS DOCUMENT IN THE COURT FILE**

SECTION 3: CHILD INFORMATION

Please list your children in the boxes below starting with the oldest. If there are more than four children, please attach a separate sheet with the necessary information.

Child's Name: _____

DOB: _____ Age: _____ Grade Level: _____

School/Daycare Name: _____

Address: _____

Telephone No: _____

Teacher/Daycare Provider Name: _____

Principal Name: _____

Pediatrician Name: _____

Address: _____

Telephone No: _____

Does your child presently have physical or emotional problems? Yes No

Is your child presently in individual counseling, therapy or a children of divorce group? Yes No

Professional's/Agency Name: _____

Address: _____

Telephone No: _____

Child's Name: _____

DOB: _____ Age: _____ Grade Level: _____

School/Daycare Name: _____

Address: _____

Telephone No: _____

Teacher/Daycare Provider Name: _____

Principal Name: _____

Pediatrician Name: _____

Address: _____

Telephone No: _____

Does your child presently have physical or emotional problems? Yes No

Is your child presently in individual counseling, therapy or a children of divorce group? Yes No

Professional's/Agency Name: _____

Address: _____

Telephone No: _____

Child's Name: _____

DOB: _____ Age: _____ Grade Level: _____

School/Daycare Name: _____

Address: _____

Telephone No: _____

Teacher/Daycare Provider Name: _____

Principal Name: _____

Pediatrician Name: _____

Address: _____

Telephone No: _____

Does your child presently have physical or emotional problems? Yes No

Is your child presently in individual counseling, therapy or a children of divorce group? Yes No

Professional's/Agency Name: _____

Address: _____

Telephone No: _____

Child's Name: _____

DOB: _____ Age: _____ Grade Level: _____

School/Daycare Name: _____

Address: _____

Telephone No: _____

Teacher/Daycare Provider Name: _____

Principal Name: _____

Pediatrician Name: _____

Address: _____

Telephone No: _____

Does your child presently have physical or emotional problems? Yes No

Is your child presently in individual counseling, therapy or a children of divorce group? Yes No

Professional's/Agency Name: _____

Address: _____

Telephone No: _____

SECTION 4: LIVING ARRANGEMENTS

a.) List all adults and children who spend significant time, including overnight stays, in your household:

	NAME	DATE OF BIRTH	RELATIONSHIP TO YOU
1)			
2)			
3)			
4)			
5)			
6)			

b.) What are the sleeping arrangements for all of the people in the residence?

c.) Do you rent or own your residence? _____

SECTION 5: RELEVANT MARITAL, CIVIL UNION AND RELATIONSHIP HISTORY

	FILE IN APPROXIMATE	MONTH	YEAR
A	Date of marriage or civil union / Start of relationship with the other parent in this matter:		
B	Date of separation / End of relationship with the other parent in this matter:		
C	Date the divorce or dissolution of civil union was final (if applicable):		

Are you remarried, a party to a civil union, living with another person or currently involved in a significant relationship? Yes No

IF YES, please indicate the name of the person, length of relationship/marriage/civil union and their relationship with your children on the lines below:

SECTION 6: EDUCATION AND EMPLOYMENT

Education Level: Please list the highest grade or level of schooling you completed: _____

Schooling: GED High School Graduate College courses taken College Graduate Post graduate work

Employment: Are you currently employed? Yes No IF YES, what is your occupation and job location?

How long have you been with your current employer? _____ Year(s) _____ Month(s)

CURRENT WORKDAYS AND HOURS						
<input type="checkbox"/> Sunday	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday

Have you worked consistently for the past five (5) years? Yes No Who takes care of the children while you are at work?

WEEKLY INCOME (Approximate)	MAIN INCOME	ADDITIONAL SOURCES (if any)	TOTALS
Your Weekly Income			\$0.00
Household Weekly Income			\$0.00
TOTAL INCOME (From all sources)			\$0.00

SECTION 6: EDUCATION AND EMPLOYMENT (Continued)**Employment: (Continued)**

Do you receive any public assistance? IF YES, what is the name of the public assistance program?

 Yes No

Are you on any disability programs? IF YES, what is the name of the disability program?

 Yes No**SECTION 7: CONTACTS WITH THE COURTS AND OTHER STATE AGENCIES****A. CRIMINAL COURT****Arrest Record:**Have you ever been arrested? IF YES, please state the date of arrest, charges and outcome (*disposition*) for all: Yes No

Are you currently on Probation or Parole? IF YES, please state the location and the name of your probation/parole officer:

 Yes No

Does anyone else currently living in your home or does your significant other have criminal arrests or convictions? IF YES, please state the date of arrest, charges and dispositions for all:

 Yes No**Arrest Record for the Other Parent:**

Has the other parent ever been arrested?

 Yes NoIF YES, please state the date of arrest, charges and outcome (*disposition*) for all:

Is the other parent currently on Probation or Parole? IF YES, please state the location and the name of the probation/parole officer:

 Yes No

Does anyone else currently living in the other parent's home or does the other parent's significant other have criminal arrests or convictions? IF YES, please state the date of arrest, charges and dispositions for all:

 Yes No**B. DOMESTIC VIOLENCE**

1. Has there ever been violence between you and the other parent?

 Yes No

2. Did the police intervene during any of these incidents?

 Yes No

3. If an arrest was made, was the case referred to Family Services?

 Yes No

IF YES, please provide the number of referrals, the dates of referral, the court location and the outcome:

4. Are there currently or have there been Criminal Protective Orders or Civil Restraining Orders in effect?

 Yes No

IF YES, please provide details:

5. Is there a current allegation that the other parent is behaving violently toward their present significant other?

 Yes No

SECTION 7: CONTACTS WITH THE COURTS AND OTHER STATE AGENCIES (Continued)

C. DEPARTMENT OF CHILDREN AND FAMILIES AND THE JUVENILE COURT

1. Has DCF ever received a referral involving you, the other parent and the children? Yes No

IF YES, how many investigations were opened and which DCF office investigated?

2. What was the outcome of the investigation(s)?

Allegations of abuse or neglect were substantiated
How many times? _____

Allegations of abuse or neglect were not substantiated
How many times? _____

3. Has DCF ever received a referral involving your current partner/significant other? Yes No

IF YES, how many investigations were opened, which DCF office investigated and what was the outcome?

4. Has a case involving you, the other parent or the children ever been brought to the Juvenile Court or the Probate Court? Yes No

IF YES, please indicate the reason why the matter was referred to the Court and outcomes.

SECTION 8: PSYCHOLOGICAL, PSYCHIATRIC, COUNSELING, ALCOHOL AND DRUG TREATMENT HISTORY

A. PSYCHOLOGICAL AND PSYCHIATRIC TREATMENT

1. Are you currently in counseling or therapy? Yes No

IF YES, please state the therapist and/or agency that is providing this service, the telephone number and the complete mailing address:

2. Were you ever in counseling or therapy? Yes No

IF YES, please list in chronological order (by year) the therapists, counselors, clergy and/or marital counselors that you have utilized for services:

DATE	NAME OF THERAPIST/AGENCY	COMPLETE MAILING ADDRESS	TELEPHONE
1)			
2)			
3)			

3. Have you ever been hospitalized for psychiatric treatment? Yes No

IF YES, please list hospitals or clinics attended for these services and the corresponding dates of treatment:

DATE	HOSPITAL/CLINIC	COMPLETE MAILING ADDRESS	TELEPHONE
1)			
2)			
3)			

4. Have you or the other parent ever taken psychiatric medication? Yes No

IF YES, please list the names of all medication and the name, telephone number and the complete mailing address of the physician who prescribed the medication:

5. Has the other parent ever been in counseling/therapy or hospitalized for psychiatric treatment? Yes No

IF YES, please list the therapist, agency or hospital that provided the services and the dates of treatment:

SECTION 8: PSYCHOLOGICAL, PSYCHIATRIC, COUNSELING, ALCOHOL AND DRUG TREATMENT HISTORY (Cont'd) (Page 6 of 6)

B. ALCOHOL AND SUBSTANCE ABUSE

1. Are you currently in or have you received treatment for alcohol or substance abuse? Yes No

Please check all applicable treatment:

- Counseling/Therapy Detox Rehab Inpatient Rehab Outpatient AA/NA

If a box was checked, please list, in chronological order, the therapist/agency/hospital utilized for treatment:

DATE	THERAPIST/HOSPITAL	COMPLETE MAILING ADDRESS	TELEPHONE
1)			
2)			
3)			

2. Has the other parent ever received treatment for alcohol or substance abuse? Yes No

IF YES, please list the therapist/agency/hospital utilized and the dates of treatment:

C. GENERAL HEALTH

1. Are you or have you been under the care of a physician for a significant medical issue or condition? Yes No

IF YES, please specify the treating physician, the complete mailing address, and telephone number of the doctor and briefly outline the reason for treatment:

2. Has the other parent ever been under the care of a physician for a significant medical issue or condition? Yes No

IF YES, please list the condition, the treating physician and the dates of treatment:

SECTION 9: FAMILY RELATIONSHIPS AND PERSONAL REFERENCES

Please list three (3) personal references of people (e.g., family members, friends) who know you as a parent:

	NAME	COMPLETE MAILING ADDRESS	TELEPHONE #	RELATIONSHIP TO SELF
1)				
2)				
3)				

Please list family members that have close relationships with your children:

- 1) _____
- 2) _____
- 3) _____
- 4) _____