

FAMILY CIVIL INTAKE SCREEN

Court Location: _____
Intake Counselor: _____
Intake Date: _____

GENERAL CASE INFORMATION

Defendant _____ 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 # _____
---	---	--------------------------------

Children _____
DOB _____ Gender _____ Resides with _____

Children's Attorney/GAL: _____
Phone: _____

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? _____

Appendix
A- Family
Civil
Intake
Screen

Supervisor Assignment Information Referred for: <input type="checkbox"/> Mediation <input type="checkbox"/> Conflict Resolution Conference <input type="checkbox"/> Issue Focused Evaluation <input type="checkbox"/> Comprehensive Evaluation Assigned to: _____ Date Assigned: _____	
Additional Referral Information * Copies of this page and first page are to be retained in the case file. * 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
Issues Referred:	<input type="checkbox"/> Custody <input type="checkbox"/> Out of State <input type="checkbox"/> Financial <input type="checkbox"/> Access <input type="checkbox"/> Reconciliation <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): _____	
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"/> ^{oooo} 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
How were your present custody and access /visitation arrangements made?	<input type="radio"/> A mutual decision was made together by you and the child(ren)'s other parent POSITIVE	<input type="radio"/> A decision was made with the help of a counselor, attorney, or mediator/mediator LIMITED	<input type="radio"/> A decision was made by someone in authority like a judge or after an evaluation LIMITED TO NO ABILITY	<input type="radio"/> The arrangements were made by you without discussing it with anyone NONE	
How important is the other parent to the welfare of your child(ren)?	<input type="radio"/> Very important (has many valuable things to offer as a parent) POSITIVE	<input type="radio"/> Important (has some valuable things to offer as a parent) POSITIVE	<input type="radio"/> Somewhat Important (some value but some problems/limitations as a parent) LIMITED	<input type="radio"/> Not important (has little to offer; problems/deficits as a parent) LIMITED TO NO ABILITY	<input type="radio"/> Very Unimportant (has nothing to offer as a parent) NONE
Overall level of communication / cooperation	<input type="radio"/> Parties communicate and consider the other parent's opinion POSITIVE	<input type="radio"/> Minimal communication, passive cooperation LIMITED	<input type="radio"/> Communication tends to be conflicted or done so in a challenging manner; reliance on others for direction LIMITED TO NO ABILITY	<input type="radio"/> No Communication, Avoidant NONE	
Complexity of Issues:					
What do you believe are the issues currently in dispute between you and your child(ren)'s other parent?	<input type="radio"/> Relocation of one parent				HIGH
	<input type="radio"/> Medical, educational and religious decisions for your children				HIGH
	<input type="radio"/> Threatening or violent behavior between other family members				HIGH
	<input type="radio"/> Time sharing and holiday schedules (access issues) and/or arrangements for picking up/ exchanging children				MODERATE
	<input type="radio"/> Financial issues (child support/alimony, maintaining the family home)				MODERATE

	<ul style="list-style-type: none"> o Other parent and friends/family speaking negatively about you to the child(ren) 	LOW
	<ul style="list-style-type: none"> o Appropriate daily care and discipline of your child(ren) 	LOW
	<ul style="list-style-type: none"> o Other: _____ 	Counselor needs to rate:
Child Abuse/Neglect	<ul style="list-style-type: none"> o Past only; No current allegations; one parent may have underlying concern that abuse/neglect may reoccur in the future 	LOW
<p>Concerns of:</p> <ul style="list-style-type: none"> o Physically hurting the child(ren) o Emotional abusing your children o Neglecting to feed, supervise, etc. the child(ren) o Driving unsafely with the child(ren) in the car o Exposing children to dangerous/criminal behavior o Parent is engaging in sexually inappropriate behavior 	<ul style="list-style-type: none"> o 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 	MODERATE
	<ul style="list-style-type: none"> o 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 	MODERATE/ HIGH
	<ul style="list-style-type: none"> o Child abuse issue totally denied by one party 	HIGH
	<ul style="list-style-type: none"> o Not an issue 	
Substance abuse	<ul style="list-style-type: none"> o Past only; Agreement that there is no current use; one parent may have underlying concern that substance abuse may reoccur 	LOW
<p>Concerns of:</p> <ul style="list-style-type: none"> o Drinking too much o Using illegal drugs o Abusing prescription meds 	<ul style="list-style-type: none"> o 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 	MODERATE
	<ul style="list-style-type: none"> o 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 	MODERATE/ HIGH
	<ul style="list-style-type: none"> o Substance use totally denied by one party 	HIGH
	<ul style="list-style-type: none"> o Not an issue 	
Mental Health	<ul style="list-style-type: none"> o Past only; Agreement there is no impact on current functioning; one parent may have underlying concern that functioning may be compromised in the future 	LOW
<p>Concerns of:</p> <ul style="list-style-type: none"> o Being mentally or emotionally unstable o Depression o Personality Disorder 	<ul style="list-style-type: none"> o Currently an issue, not denied; currently in treatment or recently completed; agreement that issue has impact on ability to parent; no agreement on how this should impact parenting plan 	MODERATE
	<ul style="list-style-type: none"> o Currently an issue; may or may not be in treatment; ambivalent about if/how issue impacts parenting ability; no agreement on how this should impact parenting plan 	MODERATE/ HIGH
	<ul style="list-style-type: none"> o Mental Health issue totally denied by one party 	HIGH
	<ul style="list-style-type: none"> o Not an issue 	

Domestic Violence	<ul style="list-style-type: none"> o Past only; No current allegations or DV arrests; NO underlying fear of the other parent 	<ul style="list-style-type: none"> o Current allegation or DV arrest; behavior not denied; currently in treatment or recently completed; recognition that behaviors have impacted on parenting relationships; no agreement on how this should impact parenting plan 	<ul style="list-style-type: none"> o Current allegation or DV arrest; minimizes behavior; may or may not be in treatment; ambivalent about if/how behavior impacts parenting relationships; no agreement on how this should impact parenting plan 	<ul style="list-style-type: none"> o Denial of allegations by one party 	<ul style="list-style-type: none"> o Not an issue
Concerns of: <ul style="list-style-type: none"> o Behaving violently towards you o Behaving violently towards their new significant other/spouse o Violence between current and past significant other/spouse 	<p style="text-align: center;">LOW</p>	<p style="text-align: center;">MODERATE</p>	<p style="text-align: center;">MODERATE/ HIGH</p>	<p style="text-align: center;"><i>Past DV incident(s). One parent continues to be fearful</i></p> <p style="text-align: center;">HIGH</p>	
Issues Identified : (To be filled out on the automated format only) Issues: Rating:					
Complexity of Issues	<ul style="list-style-type: none"> o Parenting time; Primary Residence; No current DV; Mental Health, and Substance abuse issues not present or if so do not impair ability to mediate 	<ul style="list-style-type: none"> o 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 	<ul style="list-style-type: none"> o 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 	<ul style="list-style-type: none"> o Parenting time; Primary residence; DV, Mental Health, Child abuse /neglect, Substance abuse denied by one parent 	
Level of Dangerousness					

How frightened are you of your child(ren)'s other parent at this time?	○ Not at all	○ Somewhat	○ Very much	○ Very much
	LOW	MODERATE	HIGH	HIGH

During your relationship with the child(ren)'s other parent, how often did the following occur: (See Below)	○ Occurred in the past: (prior to past 12 months)	○ 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)	<input type="radio"/> LOW	<input type="radio"/> MODERATE	<input type="radio"/> MODERATE /HIGH	<input type="radio"/> HIGH

Service Options/Definitions

LEVEL OF CONFLICT	<input type="radio"/> LOW TO MODERATE	<input type="radio"/> MODERATE TO HIGH	<input type="radio"/> MODERATE TO HIGH	<input type="radio"/> HIGH
LEVEL OF COMMUNICATION /COOPERATION	<input type="radio"/> POSITIVE Parents communicate and consider the other parent's opinion	<input type="radio"/> LIMITED Minimal communication, passive cooperation	<input type="radio"/> LIMITED TO NO ABILITY Communication tends to be conflicted or done so in a challenging manner, rely on others for direction	<input type="radio"/> NONE No communication, Avoidant None

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
LEVEL OF DANGEROUSNESS	<input type="radio"/> LOW	<input type="radio"/> MODERATE OR MODERATE/HIGH	<input type="radio"/> MODERATE/HIGH OR HIGH	<input type="radio"/> MODERATE/HIGH OR HIGH
Disparity of facts/ Need for corroborating evidence	<input type="radio"/> Minor to moderate differences in facts or position No immediate need for corroborating evidence	<input type="radio"/> Moderate differences in facts or position Very limited need for corroborating evidence (1 or 2 collateral resources needed)	<input type="radio"/> Moderate differences in facts or position Limited need for corroborating evidence (no more than 4 collateral resources needed)	<input type="radio"/> Significant differences in fact or position. Strong need to share their perspective Significant need for corroborating evidence and expanded interviews with clients
Service Selection	<input type="radio"/> MEDIATION	<input type="radio"/> CONFLICT RESOLUTION	<input type="radio"/> FOCUSED EVALUATION	<input type="radio"/> COMPREHENSIVE EVALUATION