

**CONCILIATION SERVICES
INFORMATION FORM**

**INFORMATION ON THIS SIDE OF THIS FORM
MAY BE USED FOR OTHER SERVICES WITHIN THIS DEPARTMENT**

PLEASE PRINT CLEARLY

Your Name: _____ Telephone: Home _____

Address: _____ Telephone: Work _____

Street Apt #

Telephone: Mobile _____

City State Zip

Date of Birth: _____ Soc. Sec. # _____

Attorney Name: _____ Telephone: _____

Attorney Address: _____ Attorney e-mail: _____

DR/FC #: _____ Name of Judge currently assigned to your case: _____

Pending Court Dates: _____

MINOR CHILDREN WHO ARE THE SUBJECT OF THIS CONFERENCE:

Name _____ Birthdate _____ Living With _____

Name _____ Birthdate _____ Living With _____

Name _____ Birthdate _____ Living With _____

Name _____ Birthdate _____ Living With _____

OTHER ADULTS LIVING IN YOUR HOME

Name _____ Birthdate _____ Soc. Sec. # _____

Name _____ Birthdate _____ Soc. Sec. # _____

REGARDING YOUR RELATIONSHIP WITH THE OTHER PARENT (Check and complete all that apply)

Have you completed the Parent Information Program Yes No

I am the Petitioner I am the Respondent I am _____

I am in the process of divorce. Date married: _____ We have been separated since: _____

I have been divorced from the other parent since: _____
(date)

I am currently married. Name of spouse _____

We were never married; we lived together, and have been separated since: _____
(date)

Paternity ordered on: _____
(date)

Paternity not established

We never lived together

Paternity ordered on: _____
(date)

Paternity not established

Custody Orders:

Temporary _____ (date) Final _____ (date) Modification _____ (date)

Current order: Joint Legal Custody Sole Legal Custody

Parenting time: Mother _____ Father _____

PLEASE ANSWER QUESTIONS ON THE OTHER SIDE OF THIS FORM.

1. BETWEEN YOU AND THE OTHER PARENT, HAS THERE BEEN ANY OF THE FOLLOWING?
IF YES, PLEASE INDICATE WHEN.

	<u>No</u>	<u>Yes</u>	<u>During the Marriage</u>	<u>During the Separation</u>	<u>Recently (When)</u>
Physical violence to person?	_____	_____	_____	_____	_____
Verbal or emotional abuse?	_____	_____	_____	_____	_____
Physical violence to property or objects?	_____	_____	_____	_____	_____
Threats of physical harm?	_____	_____	_____	_____	_____
Police called because of physical violence or threats of physical harm?	_____	_____	_____	_____	_____
Arrests made because of physical violence, threats of physical harm, or violations of an Order of Protection?	_____	_____	_____	_____	_____
Is there now or was there in the past an Order of Protection for physical violence or threats of physical harm?	_____	_____	_____	_____	_____
Are you afraid to participate in a conference with the other parent or afraid to voice your concerns?	_____	_____	_____	_____	_____
Are there any pending domestic violence charges or any domestic violence convictions?	_____	_____	_____	_____	_____

2. HAS THERE BEEN ANY CHILD ABUSE OR NEGLECT? No Yes
- HAS CHILD PROTECTIVE SERVICES OR THE POLICE EVER BEEN CALLED? No Yes
- IS CHILD PROTECTIVE SERVICES OR THE POLICE CURRENTLY INVOLVED? No Yes

Please use the space below to explain any YES answers to questions 1 or 2, or to make additional comments.

Information on this side of this form is considered confidential, however, if your case is forwarded to evaluation services in this department, the information may be useful to the evaluator in determining the most appropriate scheduling of interview appointments in Conciliation Services. Please indicate your preference below by writing your initials next to one of the following statements:

- _____ I would like this information to be made available to a custody evaluator, if evaluation services are necessary.
- _____ I **do not** want this information made available to the custody evaluator in the event a custody evaluation is necessary. I prefer that this information be used only by the mediator.