

**FAMILY CIVIL INTAKE SCREEN**

JD-FM-194 Rev. 2-21

 STATE OF CONNECTICUT  
**SUPERIOR COURT**  
[www.jud.ct.gov](http://www.jud.ct.gov)


Name of case

Court location	Referring Judge	Docket Number
Referral date	Continuance date	Intake Counselor
		CMIS Referral Number

**Plaintiff information**

Name of Plaintiff	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone number
Address of Plaintiff	E-mail address of Plaintiff		
Employer of Plaintiff	Work hours	Telephone number of Employer	
Employer address			
Attorney of Plaintiff	E-mail address of Attorney		Telephone number of Attorney
Attorney address			

**Defendant information**

Name of Defendant	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Telephone number
Address of Defendant	E-mail address of Defendant		
Employer of Defendant	Work hours	Telephone number of Employer	
Employer address			
Attorney of Defendant	E-mail address of Attorney		Telephone number of Attorney
Attorney address			

**Child(ren) information**

Name of Child	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Resides with
Name of Child	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Resides with
Name of Child	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Resides with
Name of Child	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Resides with

 Additional Child(ren) Included

Attorney/GAL of Child(ren)	Telephone number of Attorney/GAL
Address of Attorney/GAL	E-mail address of Attorney/GAL

<b>SUPERVISOR ASSIGNMENT INFORMATION</b>	Assigned to	Date assigned
Referred for:		
<input type="checkbox"/> Family Rel. <input type="checkbox"/> Mediation <input type="checkbox"/> Conflict Resolution <input type="checkbox"/> Issue Focused <input type="checkbox"/> Comprehensive <input type="checkbox"/> Early Intervention <input type="checkbox"/> General Case Management <input type="checkbox"/> Intensive Case Management <input type="checkbox"/> Pretrial <input type="checkbox"/> Conference <input type="checkbox"/> Evaluation <input type="checkbox"/> Evaluation <input type="checkbox"/> Early Intervention <input type="checkbox"/> General Case Management <input type="checkbox"/> Intensive Case Management		

**THIS IS NOT A PUBLIC DOCUMENT  
DO NOT PLACE THIS DOCUMENT IN THE COURT FILE**

## Additional information

Plaintiff attended/completed Parenting Education Program?  Yes  No Date completed \_\_\_\_\_  Waived

Defendant attended/completed Parenting Education Program?  Yes  No Date completed \_\_\_\_\_  Waived

Who presently has legal custody of child(ren)?  Plaintiff  Defendant  Joint  No Arrangement  Other \_\_\_\_\_

Who presently has physical custody of child(ren)?  Plaintiff  Defendant  Joint  No Arrangement  Other \_\_\_\_\_

What is the current parenting plan/access schedule?

How long have these arrangements been in place?

## Family Violence Screening

Prior Arrests:  Yes  No

Comments

PO/RO in effect:  Yes  No

Comments

## Referral Status

Source of Referral:  Court  Self

Case status:  Pendente Lite  Post Judgment

Type of case:  Dissolution  Unmarried  Other \_\_\_\_\_

Issues Referred:  Custody  Access  Relocation  Out of state  Other \_\_\_\_\_

Forms distributed:  Brochure  Questionnaire  Authorization for Information

Previous Referrals to FRO for services (dates): \_\_\_\_\_

Additional pertinent information

## Level of Conflict

1. Which of the following best describes your relationship with your child(ren)'s other parent?	<input type="checkbox"/> Divorcing/separating and living apart LOW	<input type="checkbox"/> Divorcing/separating but living together LOW	<input type="checkbox"/> Already divorced MODERATE	<input type="checkbox"/> Never married. Used to live together MODERATE	<input type="checkbox"/> Never married. Never lived together HIGH
2. 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="checkbox"/> No prior times. This is first referral LOW		<input type="checkbox"/> 2 or 3 times MODERATE		<input type="checkbox"/> 4 or more times HIGH
3. At what stages of the Court process have you returned to Court with disputes about your parenting arrangement?	<input type="checkbox"/> No prior court services LOW	<input type="checkbox"/> Pendente Lite/ Prejudgment LOW	<input type="checkbox"/> Post Judgment MODERATE	<input type="checkbox"/> Pendente Lite/ Prejudgment and Post Judgment HIGH	
4. Which of the following Court processes usually resolved your prior parenting disputes?	<input type="checkbox"/> No prior court services LOW	<input type="checkbox"/> Negotiation LOW	<input type="checkbox"/> Mediation/ Conflict Resolution MODERATE	<input type="checkbox"/> Evaluation MODERATE	<input type="checkbox"/> Trial/Hearing HIGH
5. Current level of Conflict	<input type="checkbox"/> LOW		<input type="checkbox"/> MODERATE	<input type="checkbox"/> HIGH	

## Ability to Cooperate/Communicate

6. How well do you and your child(ren)'s other parent cooperate/communicate over your child(ren)?	<input type="checkbox"/> We generally cooperate well POSITIVE	<input type="checkbox"/> We cooperate some of the time POSITIVE	<input type="checkbox"/> We do not cooperate well LIMITED	<input type="checkbox"/> Cooperation is almost impossible LIMITED TO NONE	<input type="checkbox"/> No contact or cooperation possible NONE
7. How were your present custody and access/ visitation arrangements made?	<input type="checkbox"/> Mutual decision made together POSITIVE		<input type="checkbox"/> Decision made with help of attorney, counselor, or mediator/negotiator LIMITED	<input type="checkbox"/> Decision made by person of authority (judge) after evaluation LIMITED TO NONE	<input type="checkbox"/> The arrangements were made without discussion NONE
8. How important is the other parent to the welfare of your child (ren)?	<input type="checkbox"/> Very important (has valuable things to offer as a parent) POSITIVE	<input type="checkbox"/> Important (some valuable things to offer as a parent) POSITIVE	<input type="checkbox"/> Somewhat Important (some problems/ limitations) LIMITED	<input type="checkbox"/> Not important (has little to offer; problems/deficits) LIMITED TO NONE	<input type="checkbox"/> Very Unimportant (has nothing to offer as a parent) NONE
9. Overall level of communication/ cooperation	<input type="checkbox"/> Communicate and consider the other parent's opinion POSITIVE		<input type="checkbox"/> Minimal communication, passive cooperation LIMITED	<input type="checkbox"/> Communication is conflicted or done in a challenging manner, reliance on others LIMITED TO NONE	<input type="checkbox"/> No communication, avoidant NONE

## Complexity of Issues

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

<b>Child Abuse/Neglect</b> Concerns of: <ul style="list-style-type: none"><li>• Physically hurting child(ren)</li><li>• Emotionally abusing child(ren)</li><li>• Neglecting to feed/supervise child(ren)</li><li>• Driving unsafely with child(ren) in car</li><li>• Exposing child(ren) to dangerous/criminal behavior</li><li>• Engaging in sexually inappropriate behavior</li></ul>	<input type="checkbox"/> Past only; No current allegations; one parent may have underlying concern that abuse/neglect may reoccur in the future	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> Child abuse issue totally denied by one party	<input type="checkbox"/> Not an issue
	LOW	MODERATE	MODERATE/HIGH	HIGH	NONE
<b>Substance Abuse</b> Concerns of: <ul style="list-style-type: none"><li>• Drinking too much</li><li>• Using illegal drugs</li><li>• Abusing prescription meds</li></ul>	<input type="checkbox"/> Past only; Agreement that there is no current use; one parent may have underlying concern that substance abuse may reoccur	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> Substance use totally denied by one party	<input type="checkbox"/> Not an issue
	LOW	MODERATE	MODERATE/HIGH	HIGH	NONE
<b>Mental Health</b> Concerns of: <ul style="list-style-type: none"><li>• Being mentally/emotionally unstable</li><li>• Depression</li><li>• Personality Disorder</li></ul>	<input type="checkbox"/> Past only; Agreement there is no impact on current functioning; one parent may have underlying concern that functioning may be compromised in the future.	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> Mental Health issue totally denied by one party	<input type="checkbox"/> Not an issue
	LOW	MODERATE	MODERATE/HIGH	HIGH	NONE
<b>Domestic Violence</b> Concerns of: <ul style="list-style-type: none"><li>• Behaving violently towards you</li><li>• Behaving violently towards their new significant other/spouse</li><li>• Violence between current and past significant other/spouse</li></ul>	<input type="checkbox"/> Past only; No current allegations or DV arrests; <b>NO</b> underlying fear of the other parent	<input type="checkbox"/> 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.  Past DV incident(s). However one parent continues to be concerned about interactions.	<input type="checkbox"/> 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.  Past DV incident(s). One parent continues to be fearful	<input type="checkbox"/> Denial of allegations by one party. Past DV incident(s).  One parent continues to be fearful	<input type="checkbox"/> Not an issue
	LOW	MODERATE	MODERATE/HIGH	HIGH	NONE
<b>Issues Identified</b> Issues: <System Generated Results to be included> Rating: <System Generated Results to be included>					
<b>11. Overall Complexity of Issues</b>	<input type="checkbox"/> 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="checkbox"/> 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="checkbox"/> 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="checkbox"/> Parenting time; Primary residence; DV, Mental Health, Child abuse/ neglect, Substance abuse denied by one parent	
	LOW/MODERATE	MODERATE	MODERATE/HIGH	HIGH	

## Level of Dangerousness

12. How frightened are you of your child(ren)'s other parent at this time?	<input type="checkbox"/> Not at all LOW	<input type="checkbox"/> Somewhat MODERATE	<input type="checkbox"/> Very much HIGH	
13. During your relationship with the child(ren)'s other parent, how often did the following occur? (See Below)	<input type="checkbox"/> Occurred in the past: (prior to past 12 months)	<input type="checkbox"/> Occurred within the past 12 months:		
13.1. Threats to hurt or punish	LOW	NEVER	ONCE	SEVERAL
13.2. Push, grab, shove, bully	LOW	LOW	LOW	MODERATE
13.3. Slap, hit, kick, bite, etc.	LOW/MODERATE	LOW	MODERATE	MODERATE/ HIGH
13.4. Choke, beat up the other (repeated blows)	MODERATE/HIGH	LOW	MODERATE/ HIGH	HIGH
13.5. Threat of/use of a weapon	MODERATE/HIGH	LOW	HIGH	HIGH
13.6. Sexual abuse or rape	MODERATE/HIGH	LOW	HIGH	HIGH
13.7. Overall Abuse Rating	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> MODERATE/HIGH	<input type="checkbox"/> HIGH
14. Legal Response to Family Violence	<input type="checkbox"/> Occurred in the past: (prior to past 12 months)	<input type="checkbox"/> Ratings if Yes: LOW/MODERATE	<input type="checkbox"/> Occurred within the past 12 months Ratings if Yes: MODERATE	
14.1 Have police been called because of allegations of violence or abuse by you or the other parent?				
14.2. Have criminal charges been filed against you or the other parent as a result of alleged violence? (assaultive behavior)				
14.3. Has there ever been a restraining or protective orders in place between you and the other parent?				
14.4. Has there been an arrest for a violation of a protective order or restraining order?				
14.5. Have you ever received medical treatment for injuries intentionally caused by the other parent?				
14.6. Has DCF opened a file as a result of allegations of child abuse or neglect against either parent?				
14.7. Overall Legal Response Rating	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> MODERATE/HIGH	<input type="checkbox"/> HIGH
15. Level of Dangerousness (Choose highest rating from above)	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE	<input type="checkbox"/> MODERATE/HIGH	<input type="checkbox"/> HIGH

Comments

## Service Options/Definitions

Level of Conflict	<input type="checkbox"/> LOW/MODERATE	<input type="checkbox"/> MODERATE/HIGH	<input type="checkbox"/> MODERATE/HIGH	<input type="checkbox"/> HIGH
Level of Communication/ Cooperation	<input type="checkbox"/> Parents communicate and consider the other parent's opinion  POSITIVE	<input type="checkbox"/> Minimal communication, passive cooperation  LIMITED	<input type="checkbox"/> Communication tends to be conflicted or done so in a challenging manner, rely on others for direction  LIMITED TO NONE	<input type="checkbox"/> No communication, Avoidant  NONE
Complexity of Issues	<input type="checkbox"/> Parenting time; Primary Residence; No current DV; Mental Health, and Substance abuse issues not present or if so do not impair ability to mediate  LOW/MODERATE	<input type="checkbox"/> 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	<input type="checkbox"/> 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  MODERATE/HIGH	<input type="checkbox"/> Parenting time; Primary residence; DV, Mental Health, Child abuse / neglect, Substance abuse denied by one parent  HIGH
Level of Dangerousness	<input type="checkbox"/> LOW	<input type="checkbox"/> MODERATE/HIGH	<input type="checkbox"/> MODERATE/HIGH	<input type="checkbox"/> HIGH
Disparity of facts/Need for corroborating evidence	<input type="checkbox"/> Minor to moderate differences in facts or position  No immediate need for corroborating evidence	<input type="checkbox"/> Moderate differences in facts or position  Very limited need for corroborating evidence (1or 2 collateral resources needed)	<input type="checkbox"/> Moderate differences in facts or position  Limited need for corroborating evidence (no more than 4 collateral resources needed)	<input type="checkbox"/> 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="checkbox"/> MEDIATION	<input type="checkbox"/> CONFLICT RESOLUTION	<input type="checkbox"/> FOCUSED EVALUATION	<input type="checkbox"/> COMPREHENSIVE EVALUATION
Time to Complete				