

FAMILY CIVIL INTAKE SCREEN

JD-FM-194 Rev. 2-21

STATE OF CONNECTICUT
SUPERIOR COURT
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

☐ Male ☐ 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

☐ Male ☐ 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

☐ Male ☐ Female

Resides with

Name of Child

Date of birth

Sex

☐ Male ☐ Female

Resides with

Name of Child

Date of birth

Sex

☐ Male ☐ Female

Resides with

Name of Child

Date of birth

Sex

☐ Male ☐ 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

SUPERVISOR ASSIGNMENT INFORMATION

Assigned to

Date assigned

Referred for:

☐ Family Rel. Pretrial ☐ Mediation ☐ Conflict Resolution Conference ☐ Issue Focused Evaluation ☐ Comprehensive Evaluation ☐ Early Intervention ☐ General Case Management ☐ 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: _____ |

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

Issues Identified

Issues: <System Generated Results to be included> Rating: <System Generated Results to be included>

| | | | | |
|---|---|---|---|--|
| 11. Overall 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

| | | | |
|---|---|---|---|
| 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: | |
| | | <u>NEVER</u> | <u>ONCE</u> |
| 13.1. Threats to hurt or punish | LOW | LOW | MODERATE |
| 13.2. Push, grab, shove, bully | LOW | LOW | MODERATE |
| 13.3. Slap, hit, kick, bite, etc. | LOW/MODERATE | LOW | MODERATE/HIGH |
| 13.4. Choke, beat up the other (repeated blows) | MODERATE/HIGH | LOW | HIGH |
| 13.5. Threat of/use of a weapon | MODERATE/HIGH | LOW | HIGH |
| 13.6. Sexual abuse or rape | MODERATE/HIGH | LOW | HIGH |
| 13.7. Overall Abuse Rating | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> MODERATE/HIGH |
| 14. Legal Response to Family Violence | <input type="checkbox"/> Occurred in the past: (prior to past 12 months) Ratings if Yes: | <input type="checkbox"/> Occurred within the past 12 months Ratings if Yes: | |
| 14.1 Have police been called because of allegations of violence or abuse by you or the other parent? | LOW/MODERATE | MODERATE | |
| 14.2. Have criminal charges been filed against you or the other parent as a result of alleged violence? (assaultive behavior) | MODERATE | MODERATE/HIGH | |
| 14.3. Has there ever been a restraining or protective orders in place between you and the other parent? | LOW | MODERATE | |
| 14.4. Has there been an arrest for a violation of a protective order or restraining order? | LOW/MODERATE | HIGH | |
| 14.5. Have you ever received medical treatment for injuries intentionally caused by the other parent? | MODERATE/HIGH | HIGH | |
| 14.6. Has DCF opened a file as a result of allegations of child abuse or neglect against either parent? | LOW/MODERATE | MODERATE/HIGH | |
| 14.7. Overall Legal Response Rating | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> MODERATE/HIGH |
| 15. Level of Dangerousness (Choose highest rating from above) | <input type="checkbox"/> LOW | <input type="checkbox"/> MODERATE | <input type="checkbox"/> MODERATE/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 (1 or 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 | | | | |