

**FAMILY SERVICES
SCREENING QUESTIONNAIRE (FSSQ)**

JD-FM-291 Rev. 10-21

STATE OF CONNECTICUT

SUPERIOR COURT

www.jud.ct.gov



Instructions:

For all newly filed actions, Family Services should canvass each available party during the Resolution Plan Date and select the answer that best describes the current level of dispute.

Name of case	Docket Number
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FRC/FSS completing screening	Date completed
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Minor child(ren): Yes No If Yes, child(ren)'s age(s) _____

Case Type: Divorce Custody/Visitation Unsure Case Status: Pendente Lite Post-judgment

Does the matter involve **financial** disputes only? Yes No Unsure

(Children are not part of a court matter or the child-related matters are fully resolved)

Is there a history of domestic violence (e.g. injury, insult, threaten, curse) in the relationship? Yes No

Is there a Restraining Order or a Protective Order in effect? Yes No

Do you feel safe working with each other today and Family Services? Yes No

After speaking with the parties, select the responses below that reflect the most disagreement between the parties.

1. Are you confident that you and the other party can resolve all your issues today?		<input type="checkbox"/> Yes	<input type="checkbox"/> Maybe/Hopeful	<input type="checkbox"/> No
2. How complicated are the issues you are dealing with as they relate to this court case?		<input type="checkbox"/> Fairly simple - we should be able to reach an agreement without assistance	<input type="checkbox"/> Somewhat complicated - we should be able to reach an agreement with limited court involvement	<input type="checkbox"/> Very complicated - we will need a judge to decide
3. How close are you to agreement regarding the financial aspects of your case (e.g., child support, alimony, property division, asset distribution)?	<input type="checkbox"/> N/A	<input type="checkbox"/> We have a full agreement	<input type="checkbox"/> We do not have full agreement but are moving in right direction	<input type="checkbox"/> We are stuck and cannot agree
4. Describe your communication pattern with the other party		<input type="checkbox"/> Amicable	<input type="checkbox"/> Avoidant	<input type="checkbox"/> Non-existent
5. How close are you to agreeing to a parenting plan for your child(ren)?	<input type="checkbox"/> N/A	<input type="checkbox"/> We have a full agreement	<input type="checkbox"/> We do not have full agreement but are moving in right direction	<input type="checkbox"/> We are stuck and cannot agree
6. Who typically makes decisions regarding the care of your child(ren)?	<input type="checkbox"/> N/A	<input type="checkbox"/> Both parents make decisions	<input type="checkbox"/> One parent but the other parent does not interfere	<input type="checkbox"/> The other parent
7. Do you have any concerns about domestic violence, child abuse, parent-child problems, substance abuse, or concerns with serious mental health problems that need to be addressed as they relate to future parenting of the child(ren)?		<input type="checkbox"/> No	<input type="checkbox"/> Past Only	<input type="checkbox"/> Yes
8. How open are you to working with Family Services to help resolve your case?		<input type="checkbox"/> Very open to and interested in that opportunity	<input type="checkbox"/> Unsure about that option	<input type="checkbox"/> Not open – a judge needs to hear the case