*Please fill out* ***every question*** *to the best of your ability. Try not to leave questions blank. If they do not apply to you, enter “NA” and if you don’t know the answer, enter “UNKNOWN.”*

*If you need additional space to enter another child’s information, please click the blue plus at the bottom-right.* ***BEFORE filling out that section****.*

**•Intake Information *-Staff Use Only-***

|  |
| --- |
|  |
| ... | ... | ... | ... |
| **Case Number** | **Case Name** | **County** | **Referral Source** |
|  |
| ... | ... | ... | ... | ... |
| **Date of Intake** | **Intake Began** | **Intake Ended** | **Person Performing Intake** | **Court Pending Date** |
|  |

**•Primary Parties Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ... | … | ... | ... | [ ] Petitioner [ ] Respondent |
| **First Name** | **MI** | **Last Name** | **Suffix** | **Case Role** |
|  |
| ... | ... | ... |
| **Maiden/Former Name** | **Relationship to Minor Child** | **Relationship to Other Party** |
|  |
| ... | ... | ... | ... |
| **Physical Address** | **City** | **State** | **ZIP** |
|  |
| ... | ... | ... | ... |
| **Mailing Address (if different)** | **City** | **State** | **ZIP** |
|  |
| ... | ... | ... | ... |
| **Date Moved to Address** | **Best Phone Number** | **Mobile Carrier/Provider** | **Backup Phone Number** |
|  |
| ... | [ ] Yes [ ] No | ... |
| **Best Time to Call** | **OK to Leave Voicemail/Text?** | **Email Address** |
|  |
| ... | ... | ... | … |
| **SSN** | **Date of Birth** | **Marital Status** | **Employer & Occupation** |
|  |
| ... | ... | ... | ... | ... |
| **Place of Birth** | **Height** | **Weight** | **Eye Color** | **Hair Color** |
|  |
| … | … | ... | ... |
| **Gender** | **Race/Ethnicity** | **Education Level** | **Income Source** |
|  |
| ... | ... | … | [ ] Original [ ] Modification |
| **People in Household (no youth)** | **People in Household (incl. youth)** | **Approximate Household Income** | **Petition Type** |
|  |
| ... |
| **If Modification, What Are the Significant Changes in Circumstances?** |
|  |
| [ ] Active Duty [ ] Military Veteran [ ] Family of Military Member | [ ] Yes [ ] No [ ] Currently Unknown |
| **Check All That Apply** | **Is Your Duty likely to affect Custody/Visitation?** |
|  |
| ... |
| **If Yes or Unknown, Please Explain.** |
|  |
| ... |
| **Please list the dates and location of your duty, or that of your family member.** |
|  |
| [ ] Yes [ ] No [ ] Not Sure | [ ] Yes [ ] No If Yes, name: ... |
| **Do you have a Family Plan in Case of Deployment?** | **Do you currently have a Family Court Attorney?** |
|  |
| ... |
| **Why would it be in the best interests of the minor child(ren) for this individual to have Custody and/or Visitation?** |
|  |
| [ ] Yes [ ] No [ ] Not Sure If Not Sure, please explain: ... |
| **Have you participated as a Party, Witness, or in Another Role in litigation regarding any of these children, in New York or another state?** |
|  |
| Choose an item. | Choose an item. | ... |
| **If Yes, what was your role?** | **If Yes, where was the litigation?** | **If Yes, Explain** |
|  |
| ... |
| **When would you be available for Mediation?**  |
| [ ] Mondays [ ] Tuesdays [ ] Wednesdays [ ] Thursdays [ ] Fridays [ ] Mornings [ ] Afternoons [ ] Evenings |

**•Children’s Information**

|  |  |  |  |
| --- | --- | --- | --- |
| ... | … | ... | ... |
| **First Name** | **MI** | **Last Name** | **Suffix** |
|  |
| [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No | [ ] Yes [ ] No |
| **Parents Married at Concep/Birth** | **Father on Birth Certificate** | **Acknowledgement of Paternity** | **Paternity Test/Order of Filiation** |
|  |
| ... | ... | ... | [ ] 504 [ ] IEP [ ] Other |
| **Gender** | **SSN** | **Date of Birth** | **Special Education** |
|  |
| ... |
| **If there is Special Education, are those plans working well to meet the needs of the child and family? If not, please describe.** |
|  |
| [ ] Yes [ ] No [ ] Not Sure | [ ] Yes [ ] No If Yes, name: ... |
| **Is the child Native American, Subject to the Welfare Act of 1978?** | **Is an Attorney for the Child (AFC) assigned?** |
|  |  |

**•For Original Filings *-If Filing a Modification, Skip This Section-***

*Please list* ***all*** *the addresses where each child has lived, and the person with whom they lived, for the past* ***four years****.*

|  |  |  |  |
| --- | --- | --- | --- |
| ... | ... | ... | ... |
| **Child’s Name** | **Person Living With** | **Start Date** | **End Date** |
|  |  |  |  |
| ... | ... | ... | ... |
| **Child’s Former Address** | **City** | **State** | **ZIP** |
|  |  |  |  |
| ... | ... | ... | ... |
| **Person’s Current Address** | **City** | **State** | **ZIP** |
|  |  |  |  |

|  |
| --- |
| [ ] Yes [ ] No [ ] Not Sure If Yes or Not Sure, explain: ... |
| **Are there any current Custody orders in effect in New York, or in any other state?** |
|  |
| [ ] Yes [ ] No [ ] Not Sure If Yes, location, Docket #, and case status: ... |
| **Are there any pending Custody orders in effect in New York, or in any other state?** |
|  |

**•For Modifications *-If This Is an Original Filing, Skip This Section-***

|  |  |  |
| --- | --- | --- |
| ... | ... | ... |
| **Date of Most Current Order** | **Type of Court Issuing Most Current Order** | **Location of Issuing Court** |
|  |
| ... | ... |
| **Person(s) with Legal Custody** | **Person(s) with physical Custody (aka Residency)** |
|  |
| [ ] Yes [ ] No [ ] Not Sure | ... |
| **Any Other Relevant Orders?** | **If Yes, Please List (Divorce, Legal Separation, Modification, etc.)** |
|  |
| [ ] Yes [ ] No [ ] Not Sure If Yes, please list their information below. |
| **Is anyone else listed on the Current Order?** |
|  |
| ... | ... | ... | ... |
| **First Name** | **MI** | **Last Name** | **Relationship to Child(ren)** |
|  |
| ... | ... | ... | ... |
| **Last Known Address** | **City** | **State** | **ZIP** |
|  |
| ... | ... | ... |
| **Best Phone Number** | **Backup Phone Number** | **eMail Address or Other Electronic Contact Information** |
|  |

**•Party Notifications**

1. All Parties to the case will receive a letter or email telling them the place, time, and date of the Mediation. This letter will provide **all needed details**. Please **read it carefully**.
2. Any party who does not attend a scheduled Mediation without **at least** 1 hour notice **will be charged** a cancellation fee of **$2000**. No further Mediations may be scheduled until these fees are paid.
3. In accordance with New York State Unified Court System policy, our Community Dispute Resolution Center is a **teaching center**. This means that new Mediators in Training, as well as Supervisory Staff performing Mediator Assessments, **sometimes** **observe cases**. If you wish to opt out of this process, please submit a request in writing to The Resolution Center of Lewis and Jefferson Counties, 200 Washington St # 207, Watertown, NY 13601.

**•Document Submission *-Staff Use Only-***

|  |  |  |
| --- | --- | --- |
| **Need** | **Received** | **Details** |
|[ ]  [ ]  Date. | Child Social Security Number … |
|[ ]  [ ]  Date. | Birth Certificate … |
|[ ]  [ ]  Date.  | Acknowledgement of Paternity … |
|[ ]  [ ]  Date. | Order of Filiation/Paternity Test … |
|[ ]  [ ]  Date. | Custody and Visitation Order … |
|[ ]  [ ]  Date. | Divorce or Separation Order … |
|[ ]  [ ]  Date. | Other Court Order … |
|[ ]  [ ]  Date. | Order of Protection … |
|[ ]  [ ]  Date. | DSS Case Closing Report … |
|[ ]  [ ]  Date. | Death Certificate … |

|  |  |
| --- | --- |
|[ ]  [ ]  Date. | Click or tap here to enter text. |

 **•Case Notes *-Staff Use Only-***

Click or tap here to enter text.