*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.