

1958

LEGAL AID CENTER

■ ■ ■ ■ of Southern Nevada

Family Law Client Intake Packet

To apply for our services, you must go through an intake interview.
This interview **is not for you to meet with an attorney**, it is **only** to apply for the Pro Bono Project.

WALK-IN INTAKE SCHEDULE

Monday to Thursday
9:00 a.m. to 4:00 p.m.

You MUST bring the following or you will not be interviewed:

1. Proof of **ALL** household income (2 latest pay stubs, SSI, SSD, Food Stamp, TANF, letter from unemployment). If you don't have income **YOU MUST** provide a letter from the person(s) who are paying for your food and giving you a place to stay including their monthly income. If you are in a Shelter a letter from them. **PLEASE BE AWARE THAT YOUR CASE CANNOT BE REVIEWED WITHOUT INCOME VERIFICATION.**
2. Current Nevada Photo Drivers License or any type of photo ID;
3. Completed Questionnaire;
4. Signed Pro Bono Project Guidelines;
5. Copies of court documents such as all minutes, last order, TPO, complaint, answer-counterclaim, motion, opposition, decree, if arrested for domestic violence court disposition.

You MUST bring the attached documents filled out completely to your interview.

BEFORE YOU DECIDE TO GO THROUGH OUR APPLICATION PROCESS, YOU SHOULD CONSIDER that if your legal problem falls within any of these areas, we likely will NOT be able to represent you:

- You have a Trial or Evidentiary Hearing within 8 weeks from today;
- There is currently a Temporary Protective Order (TPO) against you or you been convicted of domestic violence;
- You need to modify a previous custody order and did not provide evidence to prove a change in circumstances; and/or
- You were arrested for domestic violence, elder or child abuse must provide documentation on the status of the case or disposition of the case.

WE CANNOT GRANT YOU AN INTERVIEW IF:

- 1) *You currently have an attorney for this matter (regardless of whether you are paying or not);*
- 2) *You only need to obtain/modify child support (Contact the DA at 702-671-2500);*
- 3) *Child Protective Services (CPS) is currently or have been involved and there are allegations against you.*

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Legal Name: First: _____ Middle Name: _____ Last Name: _____

Commonly used name: _____

Mailing Address: _____ Apt./SpC No.: _____

City: _____ State: _____ Zip Code: _____ Telephone Number: _____

Alternate Address: _____ Cell No: _____

City: _____ State: _____ Zip Code: _____ Work No: _____

Preferred contact method for official communication ☐ Email ☐ Postal Mail

Email Address: _____ **(Do NOT use email if any safety issues exist)**

Date of Birth: _____

Gender: _____

Social Security No. (Last 4 Digits): _____

☐ **Hispanic and/or the following:**

☐ White

☐ African American

☐ Asian

☐ American Indian/Alaskan Native

☐ Native Hawaiian/Other Pacific Islander

☐ American Indian/Alaskan Native/White

☐ Asian/White

☐ African American/White

☐ American Indian/Alaskan Native/African American

☐ Other/Multi Racial

☐ Unknown

Language: ☐ English ☐ Spanish ☐ Other: _____

Female Head of Household: ☐ Yes ☐ No

Is Client Disabled? ☐ Yes ☐ No

Is Client Active Duty Military? ☐ Yes ☐ No

Is Client a Veteran? ☐ Yes ☐ No

How did you find out about Legal Aid Center?

☐ Bar Association

☐ Rape Crisis Center

☐ Court

☐ Relative/Friend/Neighbor

☐ D.A.

☐ Safenest/Safehouse

☐ DFS

☐ School

☐ Internet

☐ Self Help Center - Civil

☐ Medical Provider

☐ Self Help Center - Family

☐ Military

☐ State, County, Law Enforcement

☐ Nevada Legal Services or Non-Profit Agency

☐ Previous Client

☐ Other (specify) _____

Legal Problem:

☐ Divorce

☐ Special Education

☐ Bankruptcy

☐ Foreclosure

☐ Auto Purchase/Repair

☐ Custody

☐ Garnishment

☐ Identity Theft

☐ Real Estate

☐ Auto Repossession

☐ Guardianship ☐ Debt Collection

☐ Student Loan

☐ Landlord/Tenant

☐ Social Security

☐ Being Sued ☐ Payday/Title Loan

☐ Small Claims

☐ Homeowners Assoc.

☐ Other: _____

Name of people and/or companies involved with this problem: _____

Briefly describe your legal problem: _____

What are you hoping Legal Aid Center of Southern Nevada can do to help you? _____

ALL CLIENT INCOME & EXPENSES

Number of Adults in Household: _____ Children: _____

Are you currently employed? ☐ Yes ☐ No Where? _____

TOTAL HOUSEHOLD MONTHLY INCOME (Income before taxes and other deductions)

Your Income:

Employment Income \$ _____
Social Security/Disability \$ _____
TANF/Food Stamps \$ _____
Unemployment Income \$ _____
Child Support \$ _____
Pension or Other Income \$ _____

Other Household Income:

Employment Income \$ _____
Social Security/Disability \$ _____
TANF/Food Stamps \$ _____
Unemployment Income \$ _____
Child Support \$ _____
Pension or Other Income \$ _____

TOTAL HOUSEHOLD INCOME \$ _____

HOUSEHOLD ASSETS

Cash on Hand (or in bank) \$ _____
Tools/Equipment/Other Asset \$ _____
Home Equity \$ _____
Real Property \$ _____
Auto Equity \$ _____
Total Assets \$ _____

MONTHLY HOUSEHOLD EXPENSES

Mortgage or Rent Expenses \$ _____
Utilities \$ _____
Child Care/Transportation \$ _____
Child Support Expenses \$ _____
Debt Payments \$ _____
Medical Expenses \$ _____
Other \$ _____
Total Monthly Expenses \$ _____

I have read the information above and attest that it is correct to the best of my knowledge, information and belief. By signing below, you understand that no legal advice or information will be provided during your initial intake interview. Completing this intake does not establish an attorney/client relationship. Legal Aid Center of Southern Nevada is not offering or agreeing to represent you in any legal matter. Assistance is based only on a brief review of the disclosed facts. Legal Aid Center of Southern Nevada is not responsible for the outcome of your case. It is recommended that you consult with a private attorney prior to the filing of any documents.

Signature: _____ Date: _____

If you are dissatisfied with the services provided to you by Legal Aid Center of Southern Nevada, or by the denial of services, you may file a written grievance. You may obtain a copy of the grievance procedure from the receptionist.



Pro Bono Project Guidelines

Please Read Carefully

APPLICATION

You will need to fill out some paperwork so that our staff can determine if you qualify for our services under our income guidelines. This paperwork must be filled out *accurately* and *completely*.

Our staff will consider several factors in determining if you qualify for our program. First, your income must meet our eligibility guidelines. Second, we will consider whether or not you have a legal issue requiring the assistance of an attorney. We will also examine the merits of your case and other factors.

If you qualify, and our caseload permits, we will notify you in writing that your case has been accepted into the pro bono program. We will then begin to try to find an attorney to represent you at no charge. Our attorneys are volunteers, they do not work for Legal Aid Center of Southern Nevada. Therefore, we cannot guarantee that we will find an attorney with the necessary expertise and time to assist you. Unfortunately, there are times when it is impossible to place a particular case. If your case cannot be placed after 90 days, you will be contacted and your case with us may need to be closed. In the meantime, if you decide to proceed by other means, it is imperative that you notify our office immediately, as we have many other applicants waiting for representation.

RELEASE OF INFORMATION

In order to place your case with a pro bono attorney, we will need to release some information about your case to potential pro bono attorneys and all of the information you have provided to us to the pro bono attorney who ultimately accepts your case. By applying for our services and seeking a pro bono attorney, you are agreeing that we may release such information to a pro bono attorney and potential pro bono attorneys as necessary.

SERVICES TO OPPOSING PARTY

Because we are one of the only organizations in Clark County providing pro bono legal services, it is possible that the other individual(s) in your case may come to us seeking assistance. Please be aware that we may talk to the other party/parties in your case, review their applications, and even accept their case for placement with a pro bono attorney. However, be assured that all information collected from one party in a case will be kept separate and confidential from the other party in the case. A pro bono attorney for one party will not have access to any information gathered from the other party.

ATTORNEY FEES

If you are accepted for attorney representation, your assigned attorney will represent you without charge unless awarded attorney's fees from the opposing party. If a court awards your pro bono attorney fees from the opposing party, the attorney is authorized to keep such fees.

COPIES OF DOCUMENTS

Any documents you provide to our office will not be returned to you. Accordingly, please do not leave any original documents with us. We can make copies for you if necessary. Please note, copies provided to us will remain part of your file in this office, regardless of whether or not we are able to provide you with services.

CLIENT RESPONSIBILITIES

Filing Fees and Costs: The court will normally, but not always, waive the filing fees for individuals who qualify for our services. The notable exception is the bankruptcy petition filing fee which is rarely waived. In the event the fees in your case cannot be waived, you will need to be prepared to pay the appropriate filing fee if necessary.

Filing fees are as follows:

****Filing fees are subject to change without notice****

Complaint (Annulment)	\$269	Answer or Appearance (Divorce/Annulment)	\$217
Complaint (Custody)	\$259	Answer or Appearance (Custody)	\$212
Complaint (Divorce)	\$299	Answer or Appearance (Civil/District)	\$223
Complaint (Civil/District Court)	\$270	Answer or Appearance (Civil/Justice)	\$71+
Complaint (Civil/Justice Court)	\$74-\$274	Probate/Guardianship: Estate < \$2,500	\$0
Adoption Proceeding	\$238	Estate in between \$2,500 - \$20,000	\$185.50
Bankruptcy Chapter 7	\$335	Estate >20,000 but less than 200,000	\$284.50
		Estate > \$200,000	\$537.50
Bankruptcy Chapter 13	\$310	Objection to Guardianship	\$80

While volunteer attorneys with our program agree to handle cases without charging the clients fees for their work, they are not necessarily agreeing to spend their own money to cover the costs in those cases. The clients are ultimately responsible for all costs associated with their cases which cannot be waived. Accordingly, if you are assigned a pro bono attorney, it is very important that you talk with that attorney in your first meeting about potential costs that may arise in your case.

COOPERATION WITH YOUR PRO BONO ATTORNEY

If you are placed with an attorney, you must cooperate with him/her in prosecuting and/or defending your case. You must keep all scheduled appointments and be prompt, courteous and prepared. Please leave small children with a competent sitter.

Do not report anything about your case to any “social media” sites you may belong to, or send any information about your case through texting or e-mail, etc. (except to the attorney assigned to your case, since that is privileged information). Opposing parties, their attorneys, and representatives routinely monitor such sites and seek e-mail and text addresses of claimants to obtain information, and can subpoena such information direct from the service providers. Not only could you damage your case, but any “friend” on your site could be forced to become a witness and discuss all conversations they ever had with you. ***Please take this warning seriously.***

When your case is completed, your attorney will withdraw from further representation and will not appeal a court decision on a pro bono basis.

An attorney assigned to you is strictly a volunteer and is not obligated by rule of law to represent you without charge. The attorney has agreed to provide you with a consultation but there is no guarantee that he or she will negotiate or litigate your matter to conclusion; that decision is left to the attorney’s professional judgment. The attorney is not employed by or otherwise associated with the Pro Bono Project, other than volunteering to assist you with your legal problem without charge.

PLEASE NOTE: WE WILL CLOSE YOUR CASE IMMEDIATELY, if: 1) You misrepresent information in your application; 2) You fail to show for scheduled appointments; or 3) You don’t cooperate with your attorney. Failure to cooperate is grounds for your attorney to withdraw from your case and you will no longer be eligible for further assistance.

REPORTING NEW INFORMATION

If you change your address or telephone number, you must notify our office and your attorney immediately. If we cannot locate you because you moved and/or changed your telephone number and did not notify us, we will have to close your case.

If you are accepted into our Program, while awaiting placement with a pro bono attorney, you must keep our office updated regarding significant developments in your case (i.e. if you are served with a motion or find out something has been scheduled in your case).

While your case is open, you must inform the Pro Bono Project in writing if your income changes from what it was at the time of your first interview. If your new income exceeds our guidelines, you will be declared ineligible for pro bono services and your attorney may be permitted to charge his/her normal hourly rate, starting when you became ineligible. We reserve the right to inquire into your financial situation.

I hereby acknowledge that I have read and understand the above policies and have received a copy of the same.

_____ (Signature)

_____ (Date)

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www.lacsn.org

FAMILY LAW INTAKE QUESTIONNAIRE

This information is personal and confidential. Answer all questions completely and honestly. If something does not apply to you write "N/A".

TYPE OF CASE
<input type="checkbox"/> Divorce <input type="checkbox"/> Custody <input type="checkbox"/> Dissolution of Partnership <input type="checkbox"/> Modification of Decree/Order

PART 1 - INFORMATION ABOUT YOU		
First Name:	Middle Name:	Last Name:
Full name you want after divorce:		
Best number to contact you:	Alternate Number:	
Email:		
Do you have any social networking pages such as Facebook, Twitter, Instagram, other? <input type="checkbox"/> No <input type="checkbox"/> Yes, which one		
Who do you live with? <input type="checkbox"/> Self <input type="checkbox"/> Child(ren) <input type="checkbox"/> Spouse <input type="checkbox"/> Roommate <input type="checkbox"/> Parents <input type="checkbox"/> Significant Other <input type="checkbox"/> Other		
Current address, city, state, zip code:		
Is current address confidential? <input type="checkbox"/> No <input type="checkbox"/> Yes MUST Provide Alternate Address:		
Do you identify with the LGBTQ Community? <input type="checkbox"/> No <input type="checkbox"/> Yes	Gender Identification: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> MTF <input type="checkbox"/> FTM <input type="checkbox"/> Genderqueer <input type="checkbox"/> Preferred Gender Pronoun: _____	
Ethnicity/Race:	Are you disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes, what disability?	
Birthplace :	Date of Birth:	Age:

Social Security No.:		Do you need help with immigration? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Your level of education: Grade: _____		<input type="checkbox"/> Some university <input type="checkbox"/> College graduate	
What language do you speak, read and write?		<input type="checkbox"/> English <input type="checkbox"/> Español <input type="checkbox"/> Other:	
Employer's Name & Address:			
Work Telephone:		Job Title:	Hours per week:
Length of employment:		Work schedule:	
Monthly income, including tips (before taxes): \$		Hourly wage or salary: \$	

PUBLIC BENEFITS

Benefit	Recipient	Recipient	Yes, how much are you receiving?
Food Stamps	<input type="checkbox"/> You	<input type="checkbox"/> Children	\$
TANF		<input type="checkbox"/> Children	\$
Medicaid	<input type="checkbox"/> You	<input type="checkbox"/> Children	
Social Security/SSI/SSD	<input type="checkbox"/> You		\$
		<input type="checkbox"/> Children	\$
Child Support			\$
What other form of monthly income do you have?			\$

Additional local resources can be found by calling United Way at 211 or at www.211.org

Are you actively using illegal drugs? <input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, what are you using?

INFORMATION ABOUT CRIMINAL BACKGROUND

List ALL arrests and all information you have. Do not leave blank. Write **NO** if there is no criminal history.

Who	Date	Location	What crime?	Outcome (dropped, pled guilty, convicted, etc.)
You				
Other Party				

PART 2 - INFORMATION ABOUT THE OTHER PARTY (Divorce, Custody, Modification, Domestic Partnership)

First Name:		Middle Name:		Last Name:	
Best number to contact the other person:			Alternate Number:		
Ethnicity/Race:			Does this person speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No, what language?		
Is this person disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes, what disability?				Social Security No.:	
Birthplace:		Date of Birth:		Age:	
Gender Identification: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> MTF <input type="checkbox"/> FTM <input type="checkbox"/> Genderqueer <input type="checkbox"/> Preferred Gender Pronoun: _____					
Height:	Weight:	Hair Color:	Glasses:	Eye Color:	
Tattoos:					
You <u>MUST</u> provide current OR last known address of the adverse party.					
Address, city, state, zip code:					
Who does the other person live with? <input type="checkbox"/> Child(ren) <input type="checkbox"/> Self <input type="checkbox"/> Roommate <input type="checkbox"/> Significant Other <input type="checkbox"/> Parents <input type="checkbox"/> Other:					

Employer's Name & Address:		
Work Telephone:	Job Title:	Hours per week:
Length of employment:	Work schedule:	
Monthly income, including tips (before taxes) \$	Hourly wage or salary: \$	
You <u>MUST</u> provide name and phone of a relative or friend that might know where to find the other person.		
Full Name:		
Phone Number:	Alternate Number:	

PART 3- MARRIAGE INFORMATION (Divorce, Domestic Partnership)	
Date you first met each other:	Date of marriage or Partnership:
County, State, and Country of marriage/partnership:	
Have you separated in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes, how many times:	
Date of final separation: <input type="checkbox"/> Still live together	
Who left? <input type="checkbox"/> Me <input type="checkbox"/> Spouse/Partner Why are you requesting a divorce/dissolution?	
Are you or the wife pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Both partners pregnant	Who is the father of the unborn child? Name: _____ Relationship to you: _____

PROPERTY ACQUIRED DURING THE MARRIAGE or DOMESTIC PARTNERSHIP

(Do not leave blank if you don't own a home or land, write **NO**.)

Address of the marital home:				
Are you on the title? <input type="checkbox"/> No <input type="checkbox"/> Yes	When was it purchased? <input type="checkbox"/> Before marriage <input type="checkbox"/> During marriage	Whose name is on the mortgage? <input type="checkbox"/> Both <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Me <input type="checkbox"/> Other		
Who pays the mortgage? <input type="checkbox"/> Both <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Me <input type="checkbox"/> Other		Is there a Quitclaim or Did you sign away the house? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
Did you buy other land or houses during the marriage? <input type="checkbox"/> No Address Are you on the title? Did you sign away the property?				
1) _____				
2) _____				
Year/make-car/rv/motorcycle- _____ _____ _____ _____		Who has it? <input type="checkbox"/> Me <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Me <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Me <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Me <input type="checkbox"/> Spouse/Partner	Do you want it? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes	Title to: _____ _____ _____ _____
Do you have retirement benefits through an employer? <input type="checkbox"/> No <input type="checkbox"/> Yes		Current Amount \$	Do you want it? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
Does your spouse/partner have retirement benefits? <input type="checkbox"/> No <input type="checkbox"/> Yes		Current Amount \$	Do you want it? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	
List all other assets you or your spouse/partner own together. For instance, boats, jewelry, RV, investment accounts, whole life insurance, etc.				
Do you have a SAVINGS account? <input type="checkbox"/> No <input type="checkbox"/> Yes		What bank?		How much? \$

Do you have a CHECKING account? <input type="checkbox"/> No <input type="checkbox"/> Yes	What bank?	\$
Do you have a JOINT account with your spouse/partner? <input type="checkbox"/> No <input type="checkbox"/> Yes	What bank? Do you have access? <input type="checkbox"/> No <input type="checkbox"/> Yes	\$
Are you requesting spousal support/Alimony? <input type="checkbox"/> No	<input type="checkbox"/> Yes, Amount per month \$ _____ Duration _____ Months _____ Years	

DEBTS ACQUIRED DURING THE MARRIAGE or DOMESTIC PARTNERSHIP

Do not leave blank. Write **NO** if no debts.

Please list all debts, including credit cards, student loan, car loan, IRS debt, collection accounts, mortgage, medical bills etc.

Who do you owe?	Amount owed	Monthly Payment	Who makes the payments?	How do you want to divide it?
	\$	\$	<input type="checkbox"/> Me <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> No one	
	\$	\$	<input type="checkbox"/> Me <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> No one	
	\$	\$	<input type="checkbox"/> Me <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> No one	
	\$	\$	<input type="checkbox"/> Me <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> No one	
	\$	\$	<input type="checkbox"/> Me <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> No one	

PART 4 - INFORMATION ABOUT CHILDREN
(Divorce, Custody, Modification, Dissolution of Partnership)

1.	Full Name:	Sex:	Birth date:	Age:
Birthplace:		Social Security No.:		
Name of parents on birth certificate 1) _____ Relationship _____ 2) _____ Relationship _____		If this child is not a U.S. Citizen, what is the child's legal status in the U.S.?		
Relationship to applicant:		Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes, what disability?		
Child lives with:		Since when?		
Date the other parent/parents last saw the child:		Ethnicity-Race:		
Is there a court order in place regarding custody or guardianship of this child? <input type="checkbox"/> No <input type="checkbox"/> Yes, what State?				
Has the child lived in Nevada for the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Date child started to live in Nevada: Month _____ Year _____				

2.	Full Name:	Sex:	Birth date:	Age:
Birthplace:		Social Security No.:		
Name of parents on birth certificate 1) _____ Relationship _____ 2) _____ Relationship _____		If this child is not a U.S. Citizen, what is the child's legal status in the U.S.?		
Relationship to applicant:		Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes, what disability?		
Child lives with:		Since when?		
Date the other parent/parents last saw the child:		Ethnicity-Race:		
Is there a court order in place regarding custody or guardianship of this child? <input type="checkbox"/> No <input type="checkbox"/> Yes, what State?				
Has the child lived in Nevada for the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Date child started to live in Nevada: Month _____ Year _____				

3.	Full Name:	Sex:	Birth date:	Age:
	Birthplace:	Social Security No.:		
	Name of parents on birth certificate 1) _____ Relationship _____ 2) _____ Relationship _____	If this child is not a U.S. Citizen, what is the child's legal status in the U.S.?		
	Relationship to applicant:	Disabled? <input type="checkbox"/> No <input type="checkbox"/> Yes, what disability?		
	Child lives with:	Since when?		
	Date the other parent/parents last saw the child:	Ethnicity-Race:		
Is there a court order in place regarding custody or guardianship of this child? <input type="checkbox"/> No <input type="checkbox"/> Yes, what State?				
Has the child lived in Nevada for the past 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Date child started to live in Nevada: Month _____ Year _____				

Add additional page for more children

CHILD CUSTODY (Divorce, Custody, Domestic Partnership)	
Type of LEGAL CUSTODY you are seeking: <input type="checkbox"/> Joint <input type="checkbox"/> Sole	
Type of PHYSICAL CUSTODY you are seeking: <input type="checkbox"/> Joint <input type="checkbox"/> Primary <input type="checkbox"/> Sole <input type="checkbox"/> Visitation only	
What days do you want the children to be with YOU? _____	
What days with the OTHER PARENT? _____	
If you are seeking PRIMARY OR SOLE physical custody, what physical evidence do you have that the OTHER PARENT is unfit?	
Have you or the other parent ever been involved with Child Protective Services? <input type="checkbox"/> No <input type="checkbox"/> Yes **** MUST bring letter from CPS regarding the outcome of the case****	When?
Why?	Case status:

CHILD SUPPORT

Are you requesting child support? ☐ Yes

☐ No, there is a pending case

☐ No, child support has been established

☐ No, I will pay child support

Has the District Attorney ever taken YOU to court over child support?

☐ No

☐ Yes

PART 5- COMPLETE ONLY IF FILING FOR CUSTODY (never married)

Date you first met each other:

Date you started living together:

☐ We never lived together

Have you separated in the past? ☐ No

☐ Yes, how many times:

Date of final separation:

☐ Still live together

Who broke off the relationship? ☐ Me
Why?

☐ Other Parent

Are you or the other parent pregnant?
☐ No ☐ Yes

Who is the father of the unborn child?

Name: _____

Relationship to you: _____

PART 6- COMPLETE ONLY IF FILING FOR MODIFICATION OF DECREE OR ORDER

Date of most recent divorce/dissolution/custody order:

County and State of divorce /dissolution/ custody order:

Why are you requesting a change of custody, visitation, support, property matters and If any what proof is there?

What orders do you want the court to make regarding custody, visitation, support or property?

Is there a parenting agreement? ☐ Yes

☐ No

PART 7- INFORMATION ABOUT DOMESTIC VIOLENCE

When did the domestic violence start:

Date of **most recent** abuse:

Please describe:

Date of **most severe** incident of abuse:

Please describe:

Does the other person have a weapon in the house? ☐ Yes ☐ No

Does the other person have a TPO against you? ☐ Yes ☐ No

Do you have a protective order (TPO) against the other person? ☐ Yes ☐ No

Do you have a copy?
☐ Yes ☐ No

Next Court:
Date: _____ Hour: _____

Mark what the other person has used to control you and/or children

COERCION & THREATS: Making and/or carrying out threats to do something to hurt you or the children or pets. Threaten to leave, commit suicide or report to CPS or welfare. Making you drop charges or do illegal things.

YOU

☐

CHILDREN

☐

EMOTIONAL ABUSE: Putting you down. Making you feel bad about yourself. Calling you names. Making you think you are crazy. Playing mind games. Humiliating you. Making you feel guilty.

☐
☐

INTIMIDATION: Making you afraid by using looks, actions, & gestures. Yelling/Screaming. Smashing things. Destroying your property. Abusing pets. Displaying weapons.	<input type="checkbox"/>	<input type="checkbox"/>
PHYSICAL ABUSE: slapping, hitting, biting, pushing, kicking, strangulation.	<input type="checkbox"/>	<input type="checkbox"/>
SEXUAL ABUSE	<input type="checkbox"/>	<input type="checkbox"/>
ISOLATION: Controlling what you do, who you see & talk to, what you read & where you go. Limiting your outside involvement. Using jealousy to justify actions.	<input type="checkbox"/>	<input type="checkbox"/>
MINIMIZING, DENYING, AND BLAMING: Making light of the abuse and not taking your concerns about it seriously. Saying the abuse didn't happen. Shifting responsibility for abusive behavior. Saying you caused it.	<input type="checkbox"/>	<input type="checkbox"/>
USING CHILDREN: Making you feel guilty about the children. Using the children to relay messages. Using visitation to harass you. Threatening to take the children away.	<input type="checkbox"/>	<input type="checkbox"/>
ECONOMIC ABUSE: Preventing you from getting or keeping a job. Making you ask for money. Giving you an allowance. Taking your money. Not letting you know about or have access to family income.	<input type="checkbox"/>	<input type="checkbox"/>
PRIVILEGE: Treating you like a servant, making all the big decisions, acting like the "master of the castle"	<input type="checkbox"/>	<input type="checkbox"/>

PART 8 - PENDING COURT HEARINGS
Has there ever been a case in ANOTHER STATE for custody/divorce/domestic partnership? <input type="checkbox"/> No
<input type="checkbox"/> Yes, year, state, outcome of case: _____
Have you been served with court papers? <input type="checkbox"/> No
<input type="checkbox"/> Yes, date you were served _____
Do YOU have any pending court hearings?
<input type="checkbox"/> No <input type="checkbox"/> Yes Date: _____ Reason: _____

ALTERNATE CONTACTS		
If we cannot contact you, we will close your case. Please provide alternate contacts to prevent such a situation.		
Name:	Relationship:	Phone number:
1)		
2)		

The above information is true and correct.

Signature

Date