
 <p style="text-align: center;">State of Connecticut JUDICIAL BRANCH COURT SUPPORT SERVICES DIVISION POLICY AND PROCEDURES</p>	POLICY NO. 3.14	EFFECTIVE DATE: October 20, 2014	PAGE 1 of 11
	SUPERSEDES: April 1, 2011		
APPROVED BY: Executive Director	TITLE: FAMILY SERVICES ISSUE-FOCUSED CUSTODY / VISITATION EVALUATIONS		

1. **Policy** The Family Relations Counselor (FRC) will conduct an Issue-Focused Evaluation on all Court referred custody/visitation cases that have been screened using the Family Civil Intake Screen and identified by the Screen as appropriate for this service or otherwise directed by the Court.

2. **Definitions**

- A. Access/Visitation Dispute A dispute regarding the contact and access of the child(ren) with a non-custodial parent or other interested party.
- B. Authorization For Release of Information (JD-CL 46) A Judicial Branch form that is completed by the FRC/FSS that authorizes the FRC/FSS to obtain information from collateral professional contacts who have worked with the clients involved in the case <http://spforms/CourtForms/Shared%20Documents/PDF/cl046.pdf>.
- C. Custody Dispute A dispute regarding the parenting, living arrangements, care and best interest of the child(ren).
- D. Family Civil Intake Screen (FCIS) (JD-FM-194) A screening instrument that is administered at the time a case is being referred. The screen assists the FRC/FSS in determining the most appropriate service offered by Family Services for clients in the Family Civil Court with access and custody disputes. The most appropriate service is one that is least intrusive but has the highest likelihood of resolving the referred matter. [FM194.PDF](#).
- E. Family Civil Intake Sheet (JD-FM-194a) An intake form containing demographic and case specific information needed to open a referral. [FM194A.PDF](#).
- F. Family Relations Counselor (FRC) A CSSD employee with the qualifications and training who performs the functions outlined in the job description for Family Relations Counselor, which can be accessed by clicking the following link: <http://zeus/AdminSvc/HRM/Job%20Descs/Job%20Descriptions%20Header.htm>.
- G. Family Services Face Sheet (JD-FM-63) A CSSD-Family Service form that prefaces the body of a non-agreement report being submitted to Court. [FM063.PDF](#).

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H. Family Services Supervisor (FSS) A CSSD employee with the qualifications and training who performs the functions outlined in the job description for Family Services Supervisor, which can be accessed by clicking the following link: <http://zeus/AdminSvc/HRM/Job%20Descs/Job%20Descriptions%20Header.htm>.


I. Issue-Focused Evaluation (IFE) A non-confidential process of assessing a limited issue impacting a family and/or a parenting plan. The goal of the IFE is to define and explore the issue causing difficulties for the family, gathering information regarding only this issue, and to provide a recommendation to the parents and ultimately the Court regarding a resolution to the dispute. This evaluation format is limited in scope, involvement and duration. The issue is one that is defined by a Court order at the time of referral.

J. Self-Represented Party A person who files an appearance to represent him or herself.

3. General Procedures

A. Screening and Intake Clients with custody and access disputes may be referred by the Court for services. The referrals will be screened by the FRC to assess whether or not an issue focused evaluation is the appropriate intervention in the matter.


- (1) Upon receiving a potential referral, the FRC will administer a FCIS in accordance with CSSD Policy and Procedure 3.13, Family Services – Family Civil Intake Screen, to determine if the IFE is the most appropriate service.
- (2) At the time of intake, the Family Relations Counselor (FRC) will provide each client and attorney with a brief explanation of the Issue Focused Evaluation process.
- (3) The FRC will notify the Court of the selected service via a Request for Referral from Family Services, JD-FM-230, [FM230.PDF](#) and simultaneously will submit a completed Request For Order –Issue Focused Evaluation, JD-FM-198, [FM198.PDF](#) outlining the issue/scope of the IFE. The IFE will not be initiated without a court order.

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- (4) The FRC will explain the purpose of and have both clients sign the necessary release of information forms for the issue(s) the Court has referred for evaluation.
- (5) Prior to the initial interview, the Issue Focused Evaluation Questionnaire, (**CSSD Attachment A**), or Spanish version (**CSSD Attachment A-1**) will be supplied to each parent to be completed and brought to the first appointment.
- (6) Upon completion of the FCIS, the FRC/FSS will print a copy of JD-FM-194a [FM194A.PDF](#) which shall be retained in the case file.

B. Case Assignment Once a referral for an IFE has been effectuated, the following procedures will be completed:

- (1) The Family Relations Counselor will submit to the Family Services Supervisor a completed intake form (JD-FM-194a) in a timely manner.
- (2) The Family Services Supervisor will verify that the court ordered the service, review the completed Family Civil Intake Screen for accuracy prior to assigning the case, confirm that the FCIS has been entered into the automated system and direct clerical staff to establish a paper file.
- (3) The Family Services Supervisor will make every reasonable effort to assign the case within five (5) business days of the referral notification date.
- (4) The FRC will schedule appointments for Issue-Focused Evaluations within 3 days of receiving the case and will mail appointment letters to the clients utilizing the Issue-Focused Evaluation Initial Joint Appointment Letter (**CSSD Attachment B**) or Spanish version (**CSSD Attachment B-1**) or the Issue Focused Evaluation Initial Individual Appointment Letter (**CSSD Attachment C**) or Spanish version (**CSSD Attachment C-1**).
- (5) The first appointment should be scheduled to occur within 28 days from the referral or referral notification date.


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C. Initial Joint Interview

- (1) The first meeting with the clients will be joint, unless otherwise determined by the FRC in consultation with the Family Services Supervisor. See Variations, (Section 4. Case Administration, Subsection D.(1) a. through e.) below for potential reasons for this determination.
- (2) The initial session, whether conducted jointly or separately, will be structured in such a way as to accomplish the following in accordance with the Outline for Conjoint Meeting, (**CSSD Attachment D**):
 - a. Discuss the Issue Focused Evaluation philosophy and format;
 - b. Explain the role of the Family Relations Counselor;
 - c. Identify and explore the issue(s) that were referred by the Court from each parent’s perspective, the historical background of the issue(s), the impact of the referred issue(s) on the parenting/caretaking ability of mother, father, or intervener, and the impact the issue(s) has on the child(ren).
 - d. Review the child(ren)’s adjustment and have a discussion regarding their needs as it relates to the issue(s) referred for evaluation;
 - e. Identify relevant information needed for decision-making and sign any additional releases of information for professional collateral contacts;
- (3) All parties concerned will be made aware of the factors and criteria upon which recommendations will be based.

D. Individual Interviews with Each Parent

- (1) In an Issue-Focused Evaluation the time spent with each parent should be based on the information that is needed to assess the limited focus of the evaluation. Subsequent individual meetings may only need to occur with one of the parties and not the other. The FRC will make these determinations after consultation with their FSS.

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- (2) In subsequent interviews with the party/parties identified for follow-up contact, the evaluator will further explore the issue(s) from that individual's perspective in more depth, and gather any additional information the FRC needs to assess the issue and determine a recommendation in accordance with the Outline for Individual Meeting, (**CSSD Attachment E**).

E. Interviews with Children/Home visits

- (1) Minor children will be interviewed and/or observed. When interviews occur, they will be conducted in a manner and atmosphere that is as comfortable as possible for the children. The interviews may be omitted from the IFE process by the FRC, only after consultation with and approval by the Family Services Supervisor, when it is determined they are not needed to assess the issues referred by the Court.
- (2) When possible, arrangements will be made to interview the child(ren) apart from the parents/clients.
- (3) The child(ren) will not be asked to make choices between parents/clients.
- (4) Confidentiality will not be offered to the child(ren).
- (5) Home visits are not necessary for every Issue-Focused Evaluation, and if they occur they do not have to be conducted in both parent's homes. The FRC, after consultation with the Family Services Supervisor, may include a home visit if it is required to assess an issue referred by the Court.

F. Collateral Contacts


- (1) The FRC will discuss with the parents/clients the necessary limited collateral sources of information to be contacted (i.e., agencies, schools, therapists, doctors, etc).
- (2) Collateral contacts cannot be offered confidentiality. This information must be shared with the Court, the attorneys, and the clients if the matter proceeds to formal litigation.

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- (3) The FRC will provide assurance that the information will be handled with sensitivity and discretion.
- (4) The FRC will contact collateral references in a timely manner.
- (5) Follow-up telephone calls with collateral contacts and professionals will be conducted when appropriate. If schools, day care providers, therapists, or medical/treatment providers were identified as necessary contacts within the Issue-Focused Evaluation, follow-up by telephone contact should be made by the FRC in addition to any paper records/reports received.
- (6) The FRC may accept collateral contact information directly from the clients provided that a release of information is signed and the author of the information is available to the Family Relations Counselor for follow-up questions/clarification.

G. Final Conference

- (1) A final conference will be held in all Issue-Focused Evaluations to orally share the information that was collected during the evaluation process, the assessment and conclusions of the FRC, and the recommendations.
- (2) The FRC in consultation with the FSS will decide if the final conference will be conducted as a joint conference or separately. That decision will be based on factors listed in Variations, subsection D. (1), a. through e. If it is decided the meeting will not be held jointly, the other presentation options to be followed are listed in Variations, subsection D.(3), a. and b.
- (3) Prior to the final joint or separate conference, the Family Relations Counselor (FRC) will be prepared to meet with the Family Services Supervisor to review the case, and discuss both the recommendations that will be made, as well as the manner in which this information will be presented to the parents/clients and their attorneys.
- (4) All FRC recommendations in the case must be pre-approved by the FSS prior to disclosure to the parties or their counsel.


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- (5) Attorneys for each parent/client, as well as any attorney appointed for the child(ren) will be invited to attend the final conference.
- (6) Unless otherwise agreed upon by all parties, if both parents are represented, the joint conference will not be conducted with only one of the parents' attorneys being present.
- (7) Whenever possible, the final conference should be held on the report back court date.
- (8) The FRC will summarize for the clients pertinent information acquired during the course of the Issue Focused Evaluation and their recommendations.
- (9) The FRC will share their assessment of the issue(s), family situation, and recommendations with the parents in a sensitive manner.
- (10) The FRC will ask the parents/clients and their attorney(s) to consider the information presented at the final conference, including the recommendations of Family Services, and report to the FRC and Court if there is an agreement or if a hearing is necessary.
- (11) If the case goes on to trial/hearing the FRC may be called to testify to their report and recommendations. The FRC will do so in a professional and prepared manner.

4. Case Administration

A. Upon completion of the Issue-Focused Evaluation the FRC will file a written report and/or a Notice to Court, JD-FM-223, [FM223.PDF](#) with the Clerk of Court as follows:

- (1) Disputed Issues Resolved
 - a. If the parents are able to reach an agreement with the assistance of the Family Relations Counselor, the FRC will submit to the parents, their attorneys and the Civil Clerk's office a Family Services Notice to Court

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JD-FM-223, [FM223.PDF](#) indicating an agreement was reached and the party's intent to submit this agreement to court. The FRC will also prepare an Agreement Form, JD-FM-231, [FM231.PDF](#) detailing the proposed provisions of the agreement. This document will then be made available for signing at the next court date. Finally, a summary of the case will be entered into CMIS by the FRC outlining the issues evaluated, the collateral information gathered, an overview of the evaluation process and the agreed upon recommendations.

(2) Disputed Issues Not Resolved

- a. If the case is not resolved by the Issue Focused Evaluation process, the FRC will complete JD-FM-63, [FM063.PDF](#) and attach a full written report. The written report should follow the Report Outline for Issue-Focused Evaluation, (**CSSD Attachment F**). The recommendations should logically follow the FRC's assessment and represent a viable solution to the limited issue(s) that was referred by the Court. The JD-FM-63 and attached report will be submitted to the Clerk of Court, all attorney/GALs of record, and self-represented parties. In addition the Family Services will prepare and submit to the Clerk of Court, any attorney/GALs or record and self-represented clients JD-FM-223, [FM223.PDF](#), Notice to Court indicating the service has been completed and report has been submitted to the Court.

(3) Withdrawn

- a. If an IFE is terminated before the FRC meets with both parties, it will be considered a withdrawal. The FRC will complete JDFM 223 indicating the matter is being returned to court for further direction. A brief narrative will be attached to the Notice outlining receipt of the referral and the fact that it is being withdrawn until further order of the court. If appropriate the reason for the withdrawal may also be indicated. The notice and attached narrative will be submitted to the Clerk of Court, any attorney/GALs of record and self-represented parties.


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B. Closing the IFE

- (1) Issue-Focused Evaluations may be considered closed once the Notice to Court and where applicable the full report, JD-FM-63 has been filed with the Clerk of Court.
- (2) The IFE should be completed within eight (8) weeks of the referral notification date.
- (3) In the event the case is not completed within the eight (8) week timeframe, the Court, counsel and self-represented parties will be notified via JD-FM-223 indicating an extension is being requested to complete the service. A narrative will be attached identifying what remains to be done, and an expected date for completion.
- (4) The FRC will present all written reports and narratives attached to the JD-FM-223 to the Family Services Supervisor for review prior to sending the report to the Clerk of Court, counsel, and self-represented parties. The FSS will ensure that the narrative attached to the JD-FM-223 does not include any information that may be prejudicial to the Court. The FRC will do so, allowing sufficient time for the FSS to read, edit, and review any necessary rewrites of the report. That timeframe will be determined by the supervisor.

C. File Maintenance


- (1) The FRC will maintain a well documented and accurate record of their work, keeping both the paper file and CMIS file up-to-date with required information and notes from all interviews, home visits, collateral contacts and observations. The closed status of the case will immediately be recorded into CMIS, when the JD-FM-63 and/or the JD-FM-223 have been submitted to the Court.
- (2) Any correspondence, notes or reports received during the evaluation will be retained in the Family Services file.
- (3) The FRC will also place a copy of the written report, Notice to Court and narratives in the Family Services file.

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- (4) Notes on the home visit observations will be recorded as close to completing the home visit as possible.
- (5) Sharing information from the file will only be done so in accordance with CSSD Policy and Procedure 3.12, Family Services – Access to Information.

D. Variations

- (1) A situation may occur in which the FRC determines with supervisory consultation, that it is not appropriate for the two parents to meet together for the initial interview and/or final joint conference. The reasons for such a deviation include but are not limited to the following:
 - a. A No Contact Criminal Protective Order or No Contact Civil Restraining Order is in effect.
 - b. Domestic violence or reasonable fear of or intimidation by one party towards the other;
 - c. Psychological problem(s) of one or both parents/clients;
 - d. A referral involving one parent residing out-of-state.
 - e. One of the principle parties is incarcerated.
- (2) In those cases that the FRC deems inappropriate for initial joint conferences, the FRC will follow the same process described above in Section 3.C. (1) through (3), with the exception that the material covered in that section will be addressed in individual conferences.
- (3) The decision to modify the procedure to hold a joint final conference will be made by the FRC in consultation with their supervisor. Whenever a final joint conference is deemed inappropriate, the FRC and the FSS will decide to proceed in one of the following ways, preferably in the following order
 - a. Orally present the results of the evaluation to the parents/clients individually with or without their attorney being present.

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b. Orally present the results of the evaluation to the attorneys only.

E. Professional Conduct

- (1) The FRC will conduct himself/herself in a professional manner, treating clients with courtesy and respect throughout the IFE process. The FRC will strive to be accurate, objective, fair and independent in their work. They will treat all participants and weigh all data, opinions, and hypotheses thoroughly and impartially. They will assess all information that is provided to them in a balanced manner. The process will be an open one in which the parties are aware of the issues that have been raised, and they will be offered the opportunity to respond.
- (2) During the course of the IFE, the FRC shall not have substantive ex-parte communications about the case with the Court, the attorney's representing the parties or children, or the Guardian Ad Litem except of an administrative nature or with mutual consent of all parties.
- (3) The FRC will not offer legal advice or conduct any therapeutic intervention with anyone involved in the IFE process.

5. **Exceptions** Any exception to this policy will require prior written approval from the Division's Executive Director.

ISSUE FOCUSED EVALUATION QUESTIONNAIRE

ISSUE FOCUSED EVALUATION GENERAL INFORMATION

Name: _____ DOB: _____

Address: _____

Phone number: _____ Other phone: _____

Attorney Name: _____ Atty phone number: _____

Employment/occupation: _____

Current work schedule: _____

Date of Marriage/Start of Relationship with other parent in this matter: _____

Date of Separation/End of Relationship with other parent in this matter: _____

Date of Divorce: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

What is the current Parenting Plan/access schedule? _____

How long have these arrangements been in place: _____

You have been referred to Family Services for an Issue Focused Evaluation regarding the issue of _____, what is your suggested proposal to resolve this issue?

List all adults and children (excluding yourself and children listed above) currently living in your household:

	Name	DOB	Relationship to self
--	------	-----	----------------------

1. _____

2. _____

3. _____

4. _____

5. _____

Contacts with the Courts and other State Agencies

A. CRIMINAL COURT

Arrest Record: Father

Have you ever been arrested? ___ Yes ___ No

If yes, please state the date of arrest, charges and outcome (disposition) for all

Are you currently on Probation or Parole? _____

If yes, please state the location and probation officer: _____

Does anyone else currently living in father's home or father's significant other have criminal arrests or convictions?

If yes, state the date of arrest, charges and dispositions for all: _____

Arrest Record: Mother

Have you ever been arrested? ___ Yes ___ No

If yes, please state the date of arrest, charges and outcome (disposition) for all: _____

Are you currently on Probation or Parole? _____

If yes, please state the location and probation officer: _____

Does anyone else currently living in mother's home or mother's significant other have criminal arrests or convictions?

If yes, state the date of arrest, charges and dispositions for all: _____

B. DOMESTIC VIOLENCE

1. Has there ever been violence between you and the other parent? ___ Yes ___ No

2. Did the police intervene during any of these events? ___ Yes ___ No

If an arrest was made was the case referred to Family Services? ___ Yes ___ No

If yes, please provide the number of referrals, the dates of referral, the court location and the outcome: _____

3. Are there currently or have there been Protective Orders or Civil Restraining Orders in effect?

C. DEPARTMENT OF CHILDREN AND FAMILY AND THE JUVENILE COURT

1. Did DCF ever open a case involving you, the other parent and the children? ___ Yes ___ No

If yes, how many prior cases were opened and which DCF office investigated?

2. What was the outcome of their investigation?

Substantiation of abuse- How many times? _____

Unsubstantiation of abuse- How many times? _____

3. Has your current partner/significant other ever had an open DCF case regarding their children or yours? ___ Yes ___ No

If yes, how many cases were opened, which DCF office investigated and what was the outcome?

4. Has a case involving you, the other parent and the children ever been brought to the Juvenile Court or Probate Court? ___ Yes ___ No

If yes, please indicate the reason why the matter was referred to the Court and outcomes.

Psychological, Psychiatric, Counseling, Alcohol and Drug Treatment History

A. PSYCHOLOGICAL AND PSYCHIATRIC TREATMENT

1. Are you currently in counseling or therapy? ___ Yes ___ No
If yes, please state the therapist and/or agency that is providing this service and the complete mailing address:

2. Were you ever in counseling or therapy? ___ Yes ___ No
If yes, please list in chronological order (by year) the therapists, counselors, clergy and/or marital counselors that you have utilized for services

Date	Name of Therapist/Agency	Complete Mailing Address	Telephone #
1.			
2.			
3.			
4.			

3. Have you ever been hospitalized for psychiatric treatment? ___ Yes ___ No
If yes, please list the hospitals or clinics attended for these services and the corresponding dates of treatment.

Date	Hospital/Clinic	Complete Mailing Address	Telephone #
1.			
2.			
3.			

4. Have you or the other parent ever taken psychiatric medication? ___ Yes ___ No
If yes, please list the names of all medication and the name and complete mailing address of the physician who prescribed the medication:

5. Has the other parent ever been in counseling/therapy or hospitalized for psychiatric treatment? ___ Yes ___ No
If yes, please list the therapist, agency or hospital that provided the services and the dates of treatment:

B. ALCOHOL AND SUBSTANCE ABUSE

1. Are you currently in or have you received treatment for alcohol or substance abuse? ___ Yes ___ No

Please check all applicable treatment

- Counseling/Therapy
- Detox
- Rehab Inpatient
- Rehab Outpatient
- AA/NA

If a box was checked, please list in chronological order the therapist/agency/hospital utilized for treatment.

Date	Therapist/Hospital	Complete Mailing Address	Telephone #
1.			
2.			
3.			

2. Has the other parent ever received treatment for alcohol or substance abuse? ___ Yes ___ No

If yes, please list the therapist/agency/hospital utilized and the dates of treatment:

C. GENERAL HEALTH

1. Are you or have you been under the care of a physician for a significant medical issue or condition? ___ Yes ___ No
If yes, please specify the treating physician, the complete mailing address and telephone number of the doctor and briefly outline the reason for treatment:

2. Has the other parent ever been under the care of a physician for a significant medical issue or condition? ___ Yes ___ No
If yes, please list the condition, the treating doctor and the dates of treatment:

Child Information

Please list your children in the boxes below starting with the oldest. If there are more than four children, please attach a separate sheet with the necessary information.

Child's name: _____
Date of Birth: _____ Age: _____

School or Daycare name: _____
Mailing address: _____

Telephone number: _____
Teacher/Daycare provider name: _____
Principal name: _____

Pediatrician name: _____
Mailing address: _____

Telephone number: _____

Does your child presently have physical or emotional problems? _____ Yes _____ No

Is your child presently in individual counseling, therapy or a children of divorce group? _____ Yes _____ No

Professional's/Agency name: _____
Mailing Address: _____

Telephone number: _____

Child's name: _____
Date of Birth: _____ Age: _____

School or Daycare name: _____
Mailing address: _____

Telephone number: _____
Teacher/Daycare provider name: _____
Principal name: _____

Pediatrician name: _____
Mailing address: _____

Telephone number: _____

Does your child presently have physical or emotional problems? _____ Yes _____ No

Is your child presently in individual counseling, therapy or a children of divorce group? _____ Yes _____ No

Professional's/Agency name: _____
Mailing Address: _____

Telephone number: _____

Child's name: _____
Date of Birth: _____ Age: _____

School or Daycare name: _____
Mailing address: _____

Telephone number: _____
Teacher/Daycare provider name: _____
Principal name: _____

Pediatrician name: _____
Mailing address: _____

Telephone number: _____

Does your child presently have physical or emotional problems? _____ Yes _____ No

Is your child presently in individual counseling, therapy or a children of divorce group? _____ Yes _____ No

Professional's/Agency name: _____
Mailing Address: _____

Telephone number: _____

Child's name: _____
Date of Birth: _____ Age: _____

School or Daycare name: _____
Mailing address: _____

Telephone number: _____
Teacher/Daycare provider name: _____
Principal name: _____

Pediatrician name: _____
Mailing address: _____

Telephone number: _____

Does your child presently have physical or emotional problems? _____ Yes _____ No

Is your child presently in individual counseling, therapy or a children of divorce group? _____ Yes _____ No

Professional's/Agency name: _____
Mailing Address: _____

Telephone number: _____

CUESTIONARIO DE EVALUACIÓN CONCENTRADO EN PROBLEMAS ESPECÍFICOS

**EVUALACIÓN CONCENTRADA EN PROBLEMAS ESPECÍFICOS:
INFORMACIÓN GENERAL**

Nombre: _____ Fecha de nacimiento: _____
Dirección: _____
Número de teléfono _____ 2do número de teléfono: _____
Nombre del abogado: _____ Número de teléfono del abogado: _____
Empleo/Oficio: _____
Horario de trabajo: _____

Fecha del matrimonio/Cuando empezó la relación con la otra pareja en este caso: _____
Fecha de la separación/Cuando terminó la relación con la otra pareja en este caso: _____
Fecha del divorcio: _____

Nombre del hijo(a): _____	Fecha de nacimiento: _____
Nombre del hijo(a): _____	Fecha de nacimiento: _____
Nombre del hijo(a): _____	Fecha de nacimiento: _____
Nombre del hijo(a): _____	Fecha de nacimiento: _____
Nombre del hijo(a): _____	Fecha de nacimiento: _____
Nombre del hijo(a): _____	Fecha de nacimiento: _____

¿Cuál es el plan familiar actual / y cuál es el horario autorizado? _____

¿Por cuanto tiempo este acuerdo ha estado en lugar? _____

Usted ha sido remitido a Servicios de Familia para una evaluación concentrada en problemas específicos sobre la cuestión de _____ ¿Qué usted sugiere para resolver este asunto?

Escriba los nombres y apellido de todos los adultos y menores que viven actualmente en su hogar (sin incluirse a usted y los menores ya mencionados)

Nombre	Fecha de nacimiento	¿Cuál es el parentesco?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Contactos con los Tribunales y otras agencias del estado

A. TRIBUNAL DE LO PENAL

Historial de arrestos: Del padre

¿Alguna vez ha sido arrestado? Sí _____ No _____

Si contesto afirmativamente, por favor escriba la fecha de arresto, los cargos y el resultado (resolución) de todos los cargos: _____

¿Usted esta actualmente en libertad probatoria o libertad condicional? _____

Si contestó afirmativamente, por favor escriba la localidad y el nombre del Agente de Probatoria _____

¿Hay alguien viviendo en el hogar del padre o de la pareja del padre que haya sido arrestado o que le hayan impuesto una condena?

Si contesto afirmativamente, fecha del arresto, cargos y resolución de todos los casos: _____

Historial de arresto: De la madre:

¿Alguna vez lo han arrestado? Sí _____ No _____

Si contesto afirmativamente, por favor escriba la fecha del arresto, los cargos y el resultado _____

¿Está actualmente en libertad probatoria o libertad condicional? _____

Si es así, por favor escriba la localidad y el nombre de su agente de libertad probatoria _____

¿Hay alguien viviendo en el hogar de la madre o de la pareja de la madre que haya sido arrestado o que le hayan impuesto una condena?

Si contesto afirmativamente, fecha del arresto, cargos y resolución de todos los casos:

B. VIOLENCIA DOMÉSTICA

1. ¿Alguna vez ha visto violencia doméstica entre usted y su cónyuge? Sí _____ No _____

2. ¿La Policía intervino durante estos acontecimientos? Sí _____ No _____

Si hubo un arresto, ¿el caso fue remitido a Servicios de Familia? Sí _____ No _____

Si es así, por favor escriba la cantidad de remisiones, las fechas de las remisiones, la localidad del tribunal y el resultado: _____

3. ¿En el pasado o actualmente ha tenido órdenes de protección u órdenes de alejamiento vigentes?

C. DEPARTAMENTO DE MENORES Y FAMILIAS Y EL TRIBUNAL DE MENORES

1. ¿Hubo un caso con usted o la otra pareja o con los hijos con el Departamento de Menores y Familias?

Sí _____ No _____

Si es así, ¿cuántos casos hubo y qué oficina del Departamento de Menores y Familias hizo la investigación?

2. ¿Cuál fue el resultado de la investigación?

Se confirmó el maltrato ¿Cuántas veces? _____

No se confirmó el maltrato ¿Cuántas veces? _____

3. Su pareja actual /pareja alguna vez han tenido un caso con el Departamento de Menores y Familias que tuvo que ver con los hijos de su pareja o los hijos suyos ? Sí _____ No _____

Si es así, ¿cuántos casos hubo y qué oficina del Departamento de Menores y Familias hizo la investigación?

4. ¿Se llevado al Tribunal de Menores o al Tribunal de Sucesiones un caso que tuviera que ver con usted, el otro padre o los menores? Sí _____ No _____

Si es así, por favor indique la razón por la que el caso fue remitido al Tribunal y cual fue el resultado.

Historial de tratamiento de drogas y alcohol asesoría psiquiatría psicología

A. TRATAMIENTO DE PSIQUIATRÍA Y PSICOLOGÍA

1. ¿Usted está actualmente recibiendo asesoría o terapia? Sí ___ No ___

Si es así, por favor escriba el nombre y apellido del profesional o el nombre de la agencia que presta este servicio y la dirección postal:

2. ¿Alguna vez estuvo en asesoría o en terapia? Sí ___ No ___

Si es así, por favor escriba en orden cronológico (por año) los terapeutas, asesores, clérigos y o consejeros de matrimonio cuyos servicios usted utilizó.

Fecha	Nombre del terapeuta/Agencia	Dirección postal	Número de teléfono
1.			
2.			
3.			
4.			

3. ¿Alguna vez usted ha sido hospitalizado por tratamiento psiquiátrico? Sí ___ No ___

Si es así, por favor escriba los nombres de los hospitales o clínicas a las que usted haya asistido para recibir estos servicios y las fechas de tratamiento.

Fecha	Hospital/Clínica	Dirección postal	Número de teléfono
1.			
2.			
3.			

4. ¿Usted o la otra pareja alguna vez han tomado medicamentos psiquiátricos? Sí ___ No ___

Si es así, escriba todos los nombres de las medicinas y dirección postal de los médicos que le recetaron las medicinas. _____

5. ¿La otra pareja ha recibido asesoría/terapia o ha sido hospitalizado por tratamiento psiquiátrico? Sí ___ No ___

Si es así, escriba el nombre de el terapeuta, agencia o hospital que prestó los servicios y las fechas del tratamiento.

B. ABUSO DE ALCOHOL Y SUBSTANCIA

1. ¿Actualmente esta o le han dado tratamiento por alcohol o abuso de sustancia ? Sí ____ No ____

Por favor marque todos los tratamientos que son aplicables.

- Asesoría / Terapia
- Desintoxicar
- Paciente ingresado/internado en rehabilitación
- Paciente de consulta externa en rehabilitación
- AA /NA

Si marcaron una casilla por favor escriba en orden cronológico el terapeuta/agencia / hospital que usted utilizó para el tratamiento.

Fecha	Terapeuta/ Hospital	Dirección postal	Número de teléfono
1.			
2.			
3.			

2. ¿El otro padre alguna vez ha recibido tratamiento por alcohol o consumo de sustancias? Sí ____ No ____
Si es así, escriba el nombre del terapeuta/agencia/hospital utilizado y las fechas de tratamiento:

C. SALUD GENERAL

1. ¿Está o ha estado al cuidado de un médico por una enfermedad grave? Sí ____ No ____

Si es así, por favor especifique el médico que lo está atendiendo, la dirección postal y el número de teléfono y en resumen la razón por el tratamiento:

2. ¿El otro padre ha estado alguna vez bajo el cuidado del médico por una enfermedad grave? Si ____ No ____

Si es así, escriba la enfermedad, el médico que lo atiende y las fechas del tratamiento:

Información acerca del menor

Por favor escriba los nombres de los menores en las casillas abajo empezando por el mayor. Si tiene más de cuatro hijos por favor adjunte una hoja de papel con la información necesaria.

Nombre del menor: _____
Fecha de nacimiento: _____ Edad: _____
Nombre de la escuela o guardería: _____
Dirección postal: _____
Número de teléfono: _____
Nombre del maestro/Guardería: _____
Nombre del director (a): _____
Nombre del pediatra: _____
Dirección postal: _____
Número de teléfono: _____
¿Su hijo(a) en este momento tiene problemas físicos o emocionales? Si No
¿Su hijo(a) está actualmente recibiendo asesoramiento o terapia, o terapia en Grupo por divorcio? Si No
Nombre y Apellido del Profesional o el Nombre de la Agencia que presta este servicio.
Dirección postal: _____
Número de teléfono: _____

Nombre del menor: _____
Fecha de nacimiento: _____ Edad: _____
Nombre de la escuela o guardería: _____
Dirección postal: _____
Número de teléfono: _____
Nombre del maestro/Guardería: _____
Nombre del director (a): _____
Nombre del pediatra: _____
Dirección postal: _____
Número de teléfono: _____
¿Su hijo(a) en este momento tiene problemas físicos o emocionales? Si No
¿Su hijo(a) está actualmente recibiendo asesoramiento o terapia, o terapia en Grupo por divorcio? Si No
Nombre y Apellido del Profesional o el Nombre de la Agencia que presta este servicio.
Dirección postal: _____
Número de teléfono: _____

Nombre del menor: _____
Fecha de nacimiento: _____ Edad: _____
Nombre de la escuela o guardería: _____
Dirección postal: _____
Número de teléfono: _____
Nombre del maestro/Guardería: _____
Nombre del director (a): _____
Nombre del pediatra: _____
Dirección postal: _____
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¿Su hijo(a) en este momento tiene problemas físicos o emocionales? Si No
¿Su hijo(a) está actualmente recibiendo asesoramiento o terapia, o terapia en Grupo por divorcio? Si No
Nombre y Apellido del Profesional o el Nombre de la Agencia que presta este servicio.
Dirección postal: _____
Número de teléfono: _____

Nombre del menor: _____
Fecha de nacimiento: _____ Edad: _____
Nombre de la escuela o guardería: _____
Dirección postal: _____
Número de teléfono: _____
Nombre del maestro/Guardería: _____
Nombre del director (a): _____
Nombre del pediatra: _____
Dirección postal: _____
Número de teléfono: _____
¿Su hijo(a) en este momento tiene problemas físicos o emocionales? Si No
¿Su hijo(a) está actualmente recibiendo asesoramiento o terapia, o terapia en Grupo por divorcio? Si No
Nombre y Apellido del Profesional o el Nombre de la Agencia que presta este servicio.
Dirección postal: _____
Número de teléfono: _____



State of Connecticut
JUDICIAL BRANCH
COURT SUPPORT SERVICES DIVISION
SUPERIOR COURT
Family Services Unit

[Date]

[Name]

[Address]

[City, Zip Code]

Re: [Case Name]

Docket No: [Docket]

Dear [Salutation]:

The court referred your parenting dispute to our office for an Issue Focused Evaluation. It is our desire to assist you in your attempted resolution of this matter. Please be advised that I have scheduled a first appointment for you and [Other Party] on [Appointment] in this office located at [Office Address]. It is imperative that you attend, as your input is essential to the evaluation process.

Please be aware the high volume of referrals from the court to Family Services makes the rescheduling of missed appointments an ineffective use of our staff's resources. *We ask that you not bring children to evaluation sessions unless the counselor has specifically requested that the children be present.*

I look forward to meeting with you.

Sincerely,

[Counselor]

[Title]

cc: [Attorney]

[GAL/AMC]



State of Connecticut
RAMA JUDICIAL
DIVISIÓN DE SERVICIOS DE APOYO AL TRIBUNAL
TRIBUNAL DE PRIMERA INSTANCIA
Unidad de Servicios de Familia

Fecha: _____

Nombre: _____

Dirección: _____

Ciudad, código postal _____

Re: Nombre del caso _____ **Expediente número: Docket** _____

Estimado _____:

El Tribunal ha remitido su disputa de padres a nuestra oficina para una evaluación conocida como evaluación concentrada en el problema. Es nuestro deseo ayudarlo a usted en un intento por resolver este asunto. Por favor tenga presente que se fijará una cita para usted _____ y _____ en nuestra oficina situada en _____. Es sumamente importante que usted se presente porque su contribución es imprescindible para el proceso de la evaluación.

Por favor tenga presente que hay un número elevado de remisiones del tribunal a Servicios de Familia y tener que cambiar la fecha porque no se presentó en la fecha indicada es un uso ineficaz de nuestro personal. Le pedimos que no traiga niños a la sesiones de evaluación a menos que el asesor le haya pedido que su(s) hijo(s) esté/estén presente(s).

En espera de reunirme con usted.

Atentamente,

Asesor _____

Cargo _____

CC: Abogado _____

Tutor ad litem/AMC _____



State of Connecticut
JUDICIAL BRANCH
COURT SUPPORT SERVICES DIVISION
SUPERIOR COURT
Family Services Unit

[Date]

[Name]

[Address]

[City, Zip Code]

Re: [Case Name]

Docket No: [Docket]

Dear [Salutation]:

The court referred your parenting dispute to our office for an Issue Focused Evaluation. It is our desire to assist you in your attempted resolution of this matter. Please be advised that I have scheduled a first appointment for you and [Other Party] on [Appointment] in this office located at [Office Address]. It is imperative that you attend, as your input is essential to the evaluation process.

Please be aware the high volume of referrals from the court to Family Services makes the rescheduling of missed appointments an ineffective use of our staff's resources. *We ask that you not bring children to evaluation sessions unless the counselor has specifically requested that the children be present.*

I look forward to meeting with you.

Sincerely,

[Counselor]

[Title]

cc: [Attorney]

[GAL/AMC]



State of Connecticut
RAMA JUDICIAL
DIVISIÓN DE SERVICIOS DE APOYO AL TRIBUNAL
TRIBUNAL DE PRIMERA INSTANCIA
Unidad de Servicios de Familia

Fecha: _____

Nombre: _____

Dirección: _____

Ciudad, código postal _____

Re: Nombre del caso _____ **Expediente número: Docket** _____

Estimado _____:

El Tribunal ha remitido su disputa de padres a nuestra oficina para una evaluación conocida como evaluación concentrada en el problema. Es nuestro deseo ayudarlo a usted en un intento por resolver este asunto. Por favor tenga presente que se fijará una cita el _____ en nuestra oficina situada en _____. Es sumamente importante que usted se presente porque su contribución es imprescindible para el proceso de la evaluación.

Por favor tenga presente que hay un número elevado de remisiones del tribunal a Servicios de Familia y tener que cambiar la fecha porque no se presentó en la fecha indicada es un uso ineficaz de nuestro personal. Le pedimos que no traiga niños a la sesiones de evaluación a menos que el asesor le haya pedido que su(s) hijo(s) esté/estén presente(s).

En espera de encontrarme con usted.

Atentamente,

Asesor _____

Cargo _____

CC: Abogado _____

Tutor ad litem/AMC _____

OUTLINE FOR CONJOINT MEETING

1. Explain the Process of an Issue focused evaluation – What they can expect.
2. Explain our role in the process.
3. Identify the issues that were referred in their case.
4. Identify the Professional Collateral Contacts that were delineated at the time of referral. Inquiry if there are others with direct knowledge of the issue, sign releases for new collaterals.
5. Review the current situation – What is going on now related to the issue.
6. Garner an overview of each parties perspective of the issue.
7. How has the issue impacted the child(ren).
8. Outcome each client is seeking to resolve the issue.
9. Review any collateral information that may have already been gathered and explore options of resolution given this information.
10. Conclude meeting by scheduling next individual appointment in person. Also schedule any meetings with child(ren) at that time.

OUTLINE FOR INDIVIDUAL MEETING

1. Offer party the opportunity to discuss issue in detail from their perspective.
2. Historical background of the issue - How long has the issue existed, what steps have been taken to address the issue, have parent identify and what has worked and what has not.
3. What role has the parent in question played in the child's life to this point; what is the current parent / child relationship; what impact has the referred issue had on the parenting abilities of the individual; follow-up on how the issue is currently impacting the child, and the parents view on the child's relationship with each parent.
4. Discuss any newly collected collateral information with the clients.

REPORT OUTLINE FOR ISSUE FOCUSED EVALUATION

- A. Background Section** - One or two paragraphs (brief overview)
- Summary of pertinent case details (people involved in the case, relevant background information)
 - Current court orders regarding custody and access
 - Prior Family Services referrals/ limited information regarding court history
 - Date of Issue Focused Evaluation referral and reason for referral (issue must be explained in detail)
- B. Summary of Issues** - One to two paragraphs
- Summarize issue for both parents (one or two sentences for each parent)
 - A brief explanation regarding the impact of the issue on the child should be included when outlining the parent’s perspectives
 - Review of the collateral sources (2 or 3 sentences per source - possibly longer)
 - Description of the parent/child interaction and interview of the child if applicable
- C. Conclusions and Recommendations** - One to three paragraphs
- Discussion and assessment of the issue referred by the court from the Family Relations Counselor’s perspective. (one or two paragraphs)
 - Provide rationale for recommendation
 - Detail recommendations for the issue only (if other issues are raised and a more in depth evaluation is necessary put this in the recommendation).