



TRIAGE QUESTIONNAIRE

DOMESTIC RELATIONS WITH CHILDREN AND PATERNITY

Elkhart County Unified Family Court

Name of Person Filing	Case Number
Pathways	
<p>The Elkhart County Family Court has three different Pathways available to you:</p> <ul style="list-style-type: none"> • Streamlined: Everything, or nearly everything, is agreed upon; OR you do not know where the other party is located. • Tailored: Some agreement but may need some help with issues such as details of custody, parenting time, and asset division. • Judicial/Specialized: There are major issues involved, for example contested custody or parenting time, domestic/family violence, alcohol/drug abuse, emotional abuse, or sexual abuse. 	
Which Pathway do you believe fits your situation?	<input type="checkbox"/> Streamlined <input type="checkbox"/> Tailored <input type="checkbox"/> Judicial/Specialized
<i>Please help us determine your Pathway by completing this questionnaire as accurately and thoroughly as possible.</i>	

Answer these questions about your family:		
<p>1. Do you have any of the following issues? (Mark all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> I have nowhere to live. <input type="checkbox"/> Normal bills are not paid. <input type="checkbox"/> The child(ren) is/are not safe. <input type="checkbox"/> I have concerns about (<i>mark all that apply</i>): <ul style="list-style-type: none"> <input type="checkbox"/> Domestic/Family Violence <input type="checkbox"/> Drug/Alcohol Abuse </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> I have no access to our money (if married). <input type="checkbox"/> I have not seen the child(ren) since: _____ <input type="checkbox"/> I plan to move to: _____ <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Other: _____ </td> </tr> </table>	<input type="checkbox"/> I have nowhere to live. <input type="checkbox"/> Normal bills are not paid. <input type="checkbox"/> The child(ren) is/are not safe. <input type="checkbox"/> I have concerns about (<i>mark all that apply</i>): <ul style="list-style-type: none"> <input type="checkbox"/> Domestic/Family Violence <input type="checkbox"/> Drug/Alcohol Abuse 	<input type="checkbox"/> I have no access to our money (if married). <input type="checkbox"/> I have not seen the child(ren) since: _____ <input type="checkbox"/> I plan to move to: _____ <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Other: _____
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<p>2. Do you, the other parent, or the child(ren) have major health problems?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, please explain:</i></p>		
<p>3. Is there currently a Protection Order involving yourself, the other parent, or the child(ren)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, please provide the case number:</i></p>		
<p>4. Are there any other open cases involving yourself, the other parent, or the child(ren)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>If yes, please provide the case number(s):</i></p>		

5. Are you and the other parent currently married?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. How long have you and the other parent known each other?	
7. Have you and the other parent ever lived together?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, when?</i> _____	
<i>If no, when did you separate?</i> _____	
<i>Has it been off and on?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Answer these questions about you and the other parent:	
a. Are you employed?	<input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Myself <input type="checkbox"/> Other parent <input type="checkbox"/> Unsure
b. Are you disabled?	<input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Myself <input type="checkbox"/> Other parent <input type="checkbox"/> Unsure
c. Who has financial records (banking, taxes, etc.)?	<input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Myself <input type="checkbox"/> Other parent <input type="checkbox"/> Unsure

<i>Answer these questions about any children under 19 years of age:</i>	
9. Who do the children currently live with?	
10. Who currently makes major decisions about the children?	
11. Do you have a current schedule for the children to spend time with each parent?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, what is the current schedule?</i>	
12. Do you and the other parent have a plan concerning:	
a. Making major decisions about the children's education/health/religion?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Partial Plan
b. Child support and insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Partial Plan
<i>If yes, has an Indiana Child Support Worksheet been completed?</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Who will claim tax exemptions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Partial Plan
d. Where the children will live?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Partial Plan
<i>If yes, please indicate:</i> <input type="checkbox"/> Joint <input type="checkbox"/> Mother Primary <input type="checkbox"/> Father Primary <input type="checkbox"/> Other	
e. When the children will spend time with each parent?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Partial Plan
<i>If yes, please indicate:</i> <input type="checkbox"/> Our Plan <input type="checkbox"/> Indiana Parenting Time Guidelines	

Please file your completed Triage Questionnaire with the rest of your required documentation.