



TRIAGE QUESTIONNAIRE

Divorce, Paternity, Third Party Custody, Grandparent Visitation

Name of Person(s) Filing	Case Type
Pathways	
<p>The Elkhart County Family Court assigns cases to a Pathway. Pathways help decide how many hearings there need to be, help move cases along more quickly when possible, and also tell the Court if a family has any needs they can help address.</p> <ul style="list-style-type: none"> • Streamlined Pathway: Everyone agrees with what needs to happen (usually this means an Agreement has been filed- it's not just one person filing to open a case), or a case is very simple. There may be no hearings at all on this pathway, or just one Final Hearing. • Tailored Pathway: There may be some agreements, but not enough to file an Agreement right away. Parties might want some assistance from the Court, and the Court will encourage parties to work together towards making their own agreement so the Court does not have to decide things for your family. If you do not know the whereabouts of the other party, your case will be Tailored because that process is a little more complicated. "Typical" cases are also Tailored cases, and you can expect to have one or two hearings, a Problem-Solving Settlement Conference, and probably no trials. • Judicial/Specialized Pathway: There are no agreements at all, or a major disagreement about something big like custody or parenting time. This pathway is also used when anyone has concerns for child safety, addiction, mental health, or domestic/family violence. There will be hearings, including the possibility of a trial, and Problem-Solving Settlement Conferences. There may also be involvement from the Office of Family Court Services and Family Court Case Management. 	
Which pathway best fits your situation?	<input type="checkbox"/> Streamlined <input type="checkbox"/> Tailored <input type="checkbox"/> Judicial/Specialized
<i>Please help us better decide which Pathway your case fits on by answering the following questions.</i>	

<p>1. Do you have any of the following concerns/issues? (Mark all that apply)</p> <table border="0"> <tr> <td style="vertical-align: top;"> <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 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"/> Other: <input type="checkbox"/> <i>I have none of these concerns.</i> </td> <td style="vertical-align: top;"> <input type="checkbox"/> I have concerns about <i>(Mark all that apply)</i>: <input type="checkbox"/> Domestic/family violence <input type="checkbox"/> Child sexual, physical, or emotional abuse; child neglect <input type="checkbox"/> Adult sexual, physical, or emotional abuse <input type="checkbox"/> Drug or alcohol abuse/addiction <input type="checkbox"/> Parental or familial alienation of the Child/ren </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 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"/> Other: <input type="checkbox"/> <i>I have none of these concerns.</i>	<input type="checkbox"/> I have concerns about <i>(Mark all that apply)</i> : <input type="checkbox"/> Domestic/family violence <input type="checkbox"/> Child sexual, physical, or emotional abuse; child neglect <input type="checkbox"/> Adult sexual, physical, or emotional abuse <input type="checkbox"/> Drug or alcohol abuse/addiction <input type="checkbox"/> Parental or familial alienation of the Child/ren
<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 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"/> Other: <input type="checkbox"/> <i>I have none of these concerns.</i>	<input type="checkbox"/> I have concerns about <i>(Mark all that apply)</i> : <input type="checkbox"/> Domestic/family violence <input type="checkbox"/> Child sexual, physical, or emotional abuse; child neglect <input type="checkbox"/> Adult sexual, physical, or emotional abuse <input type="checkbox"/> Drug or alcohol abuse/addiction <input type="checkbox"/> Parental or familial alienation of the Child/ren	
<p>2. Does anyone involved in this case have major health problems?</p> <p><input type="checkbox"/> Yes, I do. <input type="checkbox"/> Yes, the other parent does. <input type="checkbox"/> Yes, a child does. <input type="checkbox"/> Yes, someone else does. <i>If yes, please briefly say what the health problem is:</i> <input type="checkbox"/> No, no one involved in this case has any major health problems.</p>		
<p>3. Is there currently a Protection Order or No Contact Order (issued through a criminal case) open that involves anyone in this case?</p> <p><input type="checkbox"/> Yes, there is a protection order under case number: <input type="checkbox"/> Yes, there is a No Contact Order through criminal case number: <input type="checkbox"/> No, there are no related protection orders or no contact orders.</p>		
<p>4. Are there any other open cases that involve anyone in this case?</p> <p><input type="checkbox"/> Yes, and the case number(s) is/are: <input type="checkbox"/> No, I don't know about any other open cases.</p>		

Please answer the following questions if this is a **Dissolution of Marriage with Children or Paternity** case:

How long have you and the other parent known each other?	
Have you and the other parent ever lived together?	<input type="checkbox"/> Yes <i>When did you live together?</i> <i>When did you stop living together?</i> <i>Have you lived together off and on?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No, we have never lived together.
Are you or the other parent employed?	<input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Myself <input type="checkbox"/> Other parent
Are you or the other parent disabled?	<input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Myself <input type="checkbox"/> Other parent
Who has financial records (banking, taxes, etc.)?	<input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Myself <input type="checkbox"/> Other parent
Who do/es the child/ren currently live with?	<input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Myself <input type="checkbox"/> Other parent
Who currently makes major decisions about the child/ren?	<input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Myself <input type="checkbox"/> Other parent
Do you have an <u>agreed</u> schedule for the children to spend time with each parent right now?	<input type="checkbox"/> Yes, the schedule is: <input type="checkbox"/> No, I would like it to be:
Do you have an <u>agreed</u> plan for future custody?	<input type="checkbox"/> Yes, the plan is: <input type="checkbox"/> Mother primary <input type="checkbox"/> Father primary <input type="checkbox"/> Joint <input type="checkbox"/> Other: <input type="checkbox"/> No, but I would like the plan to be: <input type="checkbox"/> Mother primary <input type="checkbox"/> Father primary <input type="checkbox"/> Joint <input type="checkbox"/> Other:
If the plan is not joint custody, do you have an <u>agreed</u> plan for future parenting time with the noncustodial parent?	<input type="checkbox"/> Yes, the plan is: <input type="checkbox"/> No, I want like the plan to be: <input type="checkbox"/> Indiana Parenting Time Guidelines <input type="checkbox"/> Supervised visitation <input type="checkbox"/> Other:
Do you have an <u>agreed</u> plan for what to do for child support, tax exemptions, medical insurance, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial plan <input type="checkbox"/> Need help making a plan
If you do NOT have an agreed plan with the other parent, do you believe you can make a plan with the Court's help?	<input type="checkbox"/> Yes, we are able to get along fairly well. <input type="checkbox"/> Maybe, sometimes we get along but sometimes we don't. <input type="checkbox"/> No, we don't get along and can't agree on anything.

Please answer the following questions if this is a **Dissolution of Marriage Without Children** case:

How long have you and your spouse known each other?	
Have you and your spouse ever lived together?	<input type="checkbox"/> Yes, from _____ until _____ . <i>Have you lived together off and on?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, we are still living together. <input type="checkbox"/> No, we have never lived together.
Are you or your spouse employed?	<input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Myself <input type="checkbox"/> Spouse
Are you or your spouse disabled?	<input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Myself <input type="checkbox"/> Spouse
Who has financial records (banking, taxes, etc.)?	<input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Myself <input type="checkbox"/> Spouse

Please answer the following questions if this is a **Grandparent Visitation** case:

Are you the Maternal or Paternal grandparent(s)?	<input type="checkbox"/> Maternal <input type="checkbox"/> Paternal
If you are the Paternal grandparent(s), has paternity been established through marriage or a paternity affidavit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has an Adoption Petition been filed for the child/ren?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, has the adoption been finalized? <input type="checkbox"/> Yes <input type="checkbox"/> No</i> <i>If yes, the case was filed in _____ County.</i>
Who do/es the child/ren live with now?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Other:
Who has physical custody of the child/ren right now?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Unsure <input type="checkbox"/> Other:
Does the non-custodial parent live with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an <u>agreed</u> schedule for the children to spend time with you right now?	<input type="checkbox"/> Yes, the schedule is: <input type="checkbox"/> No, but I would like the schedule to be:
If you do NOT have an agreed plan with the parent(s)/legal custodian/guardian, do you believe you can make a plan with the Court's help?	<input type="checkbox"/> Yes, we are able to get along fairly well. <input type="checkbox"/> Maybe, sometimes we get along but sometimes we don't. <input type="checkbox"/> No, we don't get along and can't agree on anything.

Please answer the following questions if this is a **Third Party Custody** case:

Who do/es the child/ren live with now?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Other:
Who has physical custody of the child/ren right now?	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Unsure <input type="checkbox"/> Other:
Do/es the parent(s)/legal guardian(s)/custodian(s) agree that you should have custody of the child/ren?	<input type="checkbox"/> Yes, everyone agrees <input type="checkbox"/> Only one person agrees <input type="checkbox"/> No, no one agrees
Do you have an <u>agreed</u> plan for the child/ren to spend time with their parent(s)/legal guardian(s)/custodian(s)?	<input type="checkbox"/> Yes, the plan is: <input type="checkbox"/> Indiana Parenting Time Guidelines <input type="checkbox"/> Our Plan: <input type="checkbox"/> Supervised visitation <input type="checkbox"/> No, but I would like the plan to be: <input type="checkbox"/> Indiana Parenting Time Guidelines <input type="checkbox"/> Other: <input type="checkbox"/> Supervised visitation
Do you have an <u>agreed</u> plan for what to do for child support, tax exemptions, medical insurance, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Partial plan <input type="checkbox"/> Need help making a plan
If you do NOT have an agreed plan with the child/ren's parent(s)/legal guardian(s)/custodian(s), do you believe you can make a plan with the Court's help?	<input type="checkbox"/> Yes, we are able to get along fairly well. <input type="checkbox"/> Maybe, sometimes we get along but sometimes we don't. <input type="checkbox"/> No, we don't get along and can't agree on anything.

Please file your completed Triage Questionnaire with your initial Petition, or with your Response if you did not open this case.