



# TRIAGE QUESTIONNAIRE FOR MARRIED & NEVER MARRIED PEOPLE

Elkhart County Family Courts

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

**1. Do you have any of the following issues? (Mark all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> I have nowhere to live.                      | <input type="checkbox"/> I have no access to our money (if married). |
| <input type="checkbox"/> Normal bills are not paid.                   | <input type="checkbox"/> I have not seen our child since:            |
| <input type="checkbox"/> Our child is not safe.                       | <input type="checkbox"/> I plan to move to:                          |
| <input type="checkbox"/> I have concerns about (mark all that apply): |  |
| <input type="checkbox"/> Domestic/Family Violence                     | <input type="checkbox"/> Alcohol/Drug Abuse                          |
| <input type="checkbox"/> Emotional Abuse                              | <input type="checkbox"/> Sexual Abuse                                |
| <input type="checkbox"/> Other:                                       |  |

**2. Do you, the other person, or child have major health problems? ☐ Yes ☐ No**

*If yes, explain:*

**3. Is there currently an Order of Protection involving the same people? ☐ Yes ☐ No**

*If yes, case number:*

**4. Are there any other cases involving you, other person, or the child(ren)? ☐ Yes ☐ No**

*If yes, case number(s):*

**5. Married? ☐ Yes ☐ No      6. How long have you known the other person? \_\_\_\_\_ Years**

**7. Have you ever lived together? ☐ Yes ☐ No**

*If yes, when:*

*If not currently living together, when did you separate:*

*Has it been off and on? ☐ Yes ☐ No*

**8. Who do the children live with now?**

**9. Who makes the major decisions about the children now?**

**10. Do you have a current schedule for the children to spend time with each parent? ☐ Yes ☐ No**

*If yes, explain the schedule:*

**Answer these questions about your children under 19 years of age:**

**11. Do you and the other parent have a plan concerning:**

- Making major decisions such as education, health, and religion. ☐ Yes ☐ No ☐ Don't Know ☐ Partial Agreement
- Where the children will live. ☐ Yes ☐ No ☐ Don't Know ☐ Partial Agreement  
*If yes, please indicate:* ☐ Equal Shared ☐ Mom Primary ☐ Father Primary ☐ Other
- When the child(ren) will spend time with each parent. ☐ Yes ☐ No ☐ Don't Know ☐ Partial Agreement  
*If yes, please indicate:* ☐ Our Plan ☐ Indiana Standard Parenting Time
- Child support & insurance ☐ Yes ☐ No ☐ Don't Know ☐ Partial Agreement  
*If yes, has Indiana Child Support Worksheet been completed?* ☐ Yes ☐ No
- Tax exemptions ☐ Yes ☐ No ☐ Don't Know ☐ Partial Agreement

**Answer these questions about you and the other party:**

- 12. Employed? ☐ Both ☐ Neither ☐ Me ☐ Other Party ☐ Don't Know
- 13. Disabled? ☐ Both ☐ Neither ☐ Me ☐ Other Party ☐ Don't Know
- 14. Who has financial Records? (i.e. bank records, tax returns, etc.) ☐ Both ☐ Neither ☐ Me ☐ Other Party ☐ Don't Know