

County # _____ Providers Initials _____

Today's Date: ____/____/____

Site # _____ Petition #/Family ID _____

EXHIBIT E: ATTACHMENT 7



ADMINISTRATIVE OFFICE
OF THE COURTS

CENTER FOR FAMILIES, CHILDREN
& THE COURTS

Access to Visitation Grant Program Initial Entry Form

Parent 1 (Non-Custodial Parent)

1. Start Date of Access to Visitation Service: ____/____/____

2. Gender: Male Female

3. Date of birth: ____/____/____

4. Relationship to child(ren):

- Custodial mom
- Non-custodial mom
- Custodial dad
- Non-custodial dad
- Grandparent
- Legal guardian

5.a. Marital status with child's other parent (upon entry into program):

- Married, (living in the same household)
- Separated, (still legally married to each other but living in separate households)
- Divorced, (people who have received a legal divorce from each other)
- Unmarried, (never married to each other)
- Don't know
- Refused

5.b. Cohabiting relationship with child(ren)'s other parent:

- Never lived together
- Lived together in the past
- Live together at this time
- Don't know
- Refused

6. Ethnic background:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White (non-Hispanic)
- Two or More Races
- Don't know
- Refused

7. Is this parent able to receive services in English?

- Yes No

8. What language is this parent most comfortable speaking?

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Hmong | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Japanese | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> American Sign | <input type="checkbox"/> Korean | |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Mandarin | |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Tagalog | |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Vietnamese | |

9. Are services provided in the language the parent is most comfortable speaking?

- Yes No

10. Does this parent pay or receive child support?

- Yes, the parent pays child support
- Yes, the parent receives child support
- No, the parent does not pay nor receive child support
- Refused Don't know

County # _____ Providers Initials _____

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11. Is this parent ordered to pay or receive child support?

- Yes, the parent is ordered to pay child support
- Yes, the parent is ordered to receive child support
- No, the parent is not ordered to pay nor to receive child support
- Don't know
- Refused

12. Individual annual income before taxes (Including all sources of income):

- No Income
- Less than \$10,000
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000- \$39,999
- \$40,000 or above
- Don't know
- Refused

13. Does coming to this program raise any concern for the parent about their safety or their child(ren)'s safety?


- Yes
- No
- Don't know

14. Actual End Date of Access to Visitation Service:

____/____/____

15. Reason for ending service:

- Mutual agreement
- Completed program
- Could not afford it
- Failure to comply with center rules

(if yes...) 

- Safety was an issue
- Dropped out
- Don't know
- Grant fund ended
- Other _____

County # _____ Providers Initials _____ Today's Date: ____/____/_____
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Parent 2 (Custodial Parent)

16. Start Date of Access to Visitation Service ____/____/____

17. Gender: Male Female

18. Date of birth: ____/____/____

19. Relationship to child(ren):

- Custodial mom
- Non-custodial mom
- Custodial dad
- Non-custodial dad
- Grandparent
- Legal guardian

20.a. Marital status with child's other parent (upon entry into program):

- Married, (living in the same household)
- Separated, (still legally married to each other but living in separate households)
- Divorced, (people who have received a legal divorce from each other)
- Unmarried, (never married to each other)
- Don't know
- Refused

20.b. Cohabiting relationship with child(ren)'s other parent:

- Never lived together
- Lived together in the past
- Lived together at this time
- Don't know
- Refused

21. Ethnic background: (check all that apply)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or other Pacific Islander
- White (non-Hispanic)
- Two or More Races
- Don't know
- Refused

22. Is this parent able to receive services in English?

- Yes No

23. What language is this parent most comfortable speaking?

- | | | |
|--|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> English | <input type="checkbox"/> Hmong | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Spanish | <input type="checkbox"/> Japanese | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> American Sign | <input type="checkbox"/> Korean | |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Mandarin | |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Tagalog | |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Vietnamese | |

24. Are services provided in the language the parent is most comfortable speaking?

- Yes No

25. Does this parent pay or receive child support?

- Yes, the parent pays child support
- Yes, the parent receives child support
- No, the parent does not pay nor receive child support
- Don't know
- Refused

26. Is this parent ordered to pay or receive child support?

- Yes, the parent is ordered to pay child support
- Yes, the parent is ordered to receive child support
- No, the parent is is not ordered to pay nor to receive child support
- Don't know
- Refused

County # _____ Providers Initials _____

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Site # _____ Petition #/Family ID _____

**27. Individual annual income before taxes
(including all sources of income):**

- | | |
|--|---|
| <input type="checkbox"/> No Income | <input type="checkbox"/> \$30,000- \$39,999 |
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$40,000 or above |
| <input type="checkbox"/> \$10,000 - \$19,999 | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> \$20,000 - \$29,999 | <input type="checkbox"/> Refused |


28. Does coming to this program raise any concern for the parent about their safety or their child(ren)'s safety?

- Yes
- No
- Don't know

29. Actual End Date of Access to Visitation Service:

____/____/____

30. Reason for ending service:

- Mutual agreement
- Completed program
- Could not afford it
- Failure to comply with center rules
- (if yes...) 
- Safety was an issue
- Dropped out
- Don't know
- Grant fund ended
- Other _____

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31. Referral source:

- Court order (e.g. judicial officer) or family court services (e.g. mediator, evaluator) or Judicial Council Form **Go to q. 32**
- Self-referral
- Title IVD (Child Support Case)/Family Law Facilitator/Local Child Support Agency
- Non-profit agency
- Attorney
- Child Abuse Agency
- Domestic Violence Agency
- Don't know
- Other _____

Go to q. 33

32a. Reason for referral: (check all that apply) ←

| | P1 | P2 |
|--|--------------------------|--------------------------|
| Child abuse allegations or history | <input type="checkbox"/> | <input type="checkbox"/> |
| Child sexual abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| Child physical abuse | <input type="checkbox"/> | <input type="checkbox"/> |
| Child emotional abuse allegations or history | <input type="checkbox"/> | <input type="checkbox"/> |
| Child neglect allegations or history | <input type="checkbox"/> | <input type="checkbox"/> |
| Domestic violence allegations or history (if yes...) | <input type="checkbox"/> | <input type="checkbox"/> |
| Child resided in household where domestic violence was perpetrated | <input type="checkbox"/> | <input type="checkbox"/> |
| Parenting concerns (allegations or history) | <input type="checkbox"/> | <input type="checkbox"/> |
| Abduction risk (threatened or attempted kidnapping) | <input type="checkbox"/> | <input type="checkbox"/> |
| Substance abuse allegations or history (if yes, please specify) | <input type="checkbox"/> | <input type="checkbox"/> |
| Alcohol | <input type="checkbox"/> | <input type="checkbox"/> |
| Psychoactive drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| Prescription drugs | <input type="checkbox"/> | <input type="checkbox"/> |
| Mental illness | <input type="checkbox"/> | <input type="checkbox"/> |
| Lack of access | <input type="checkbox"/> | <input type="checkbox"/> |
| Reintroduction/lack of contact | <input type="checkbox"/> | <input type="checkbox"/> |
| Other _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| Don't know (court order does not specify reason for referral) | <input type="checkbox"/> | <input type="checkbox"/> |

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32b. Court order history from Form FL-341(A):

1) Date of Initial Order:

Service Type (Check all that apply):

SV SE

Duration of each session: hours;

Frequency: hours per week;

Duration of the order weeks total

Order does not specify

Further order of the court

2) Date of Modification:

Service Type (Check all that apply):

SV SE

Duration of each session: hours;

Frequency: hours per week;

Duration of the order weeks total

Order does not specify

Further order of the court

Missing Order Info (from FL-341(A))



33. Is there any restraining order in effect now that prevents one parent from coming near or having any contact with the other?

| | | | |
|------------|------------------------------|-----------------------------|-------------------------------------|
| Against P1 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Against P2 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

County # _____ Providers Initials _____

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Child Information

| | 34. Child #1 | 35. Child #2 | 36. Child #3 | 37. Child #4 | 38. Child #5 | 39. Child #6 |
|--------------------------|--|--|--|--|--|--|
| a. Date of birth: | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ | ____/____/____ |
| b. Gender: | <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Female <input type="checkbox"/> Male | <input type="checkbox"/> Female <input type="checkbox"/> Male |

40. Total number of children receiving services _____

Other Information

41. Is there anyone else (in addition to the parents and children listed in this form) designated to pick-up/drop-off or visit with the child(ren)?

No

Yes → 41.b. What is their relationship with the child? _____