



FAMILY COURT SERVICES
DANE COUNTY COURTHOUSE
215 South Hamilton Street, Room 2030
Madison, WI 53703-3282
<https://familycourtservices.countyofdane.com/>

Please complete and return this questionnaire on or before the reply date indicated in your letter. You may email to: familycourtservices@countyofdane.com
Thank You!

Name _____ Date of Birth _____

Address _____ City/State/Zip Code _____

Contact Telephone _____ Email Address _____

Employer _____ Occupation _____ Gross Monthly _____

Name of other parent _____ Your attorney _____

Children:

Name _____ Birth Date _____ School _____ Grade _____

Name _____ Birth Date _____ School _____ Grade _____

Name _____ Birth Date _____ School _____ Grade _____

When do the children spend time with each parent?

Do any of the children have special needs? (Physical, Educational or Emotional)

What issues do you hope to resolve in this process?

When did you separate from the other parent? _____

If you lived with the other parent, how long? _____

Preferred Appointment Time at FCS:

Weekdays – Monday through Friday

AM

PM

Updated 01/2019

Below, check all that are applicable. Please explain all yes responses at the bottom of the page or on a separate piece of paper.

- | | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|
| 1. Are you fearful of the other parent for any reason? | <input type="radio"/> | <input type="radio"/> |
| 2. Has the other parent ever hit you or used any other type of physical force towards you? | <input type="radio"/> | <input type="radio"/> |
| 3. Have you ever called the police, requested a restraining order, or sought help for yourself as a result of abuse from the other parent? | <input type="radio"/> | <input type="radio"/> |
| 4. Do you have any concerns about the child/children's emotional or physical safety with the other parent? | <input type="radio"/> | <input type="radio"/> |
| 5. Has the Department of Human Services ever been involved with your family? | <input type="radio"/> | <input type="radio"/> |
| 6. Has the management of your finances been an issue in this relationship? | <input type="radio"/> | <input type="radio"/> |

Signature

Date

Additional space for responses. Please label each one with the appropriate number.