



**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](mailto: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.

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