Completed form may be sent to [info@empoweredpathwayscny.org](mailto:info@empoweredpathwayscny.org) or via fax.

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| **►Referral Information** (Self-Referrals Please Skip This Section) | | | |
|  | |  |  |
| ▲Referrer Name (Staff Member/ Judge) Referrer Phone (Direct) Referral Date | | | |
|  | |  |  |
| Agency Name/ Referring Court (Family, IDV, etc) Agency Phone (General) Agency Fax | | | |
|  |  | |  |
| Authorized Representative Next Scheduled Appointment or Court Appearance Time | | | |
|  |  | | |
| Court/ Agency Case/ File Number Relevant Docket Numbers | | | |

**►Referral/ Case Type**

|  |  |  |
| --- | --- | --- |
| Custody/Visitation Mediation  Child Support Mediation  Parent-Child/PINS Mediation  Divorce/Separation Mediation  Truancy/Attendance Mediation | Special Ed./VR/EI Mediation  Small Claims Mediation  Landlord-Tenant Mediation  Employee/Workplace Mediation  Other Mediation: | Responsive/Restorative Circle  Family Group Conferencing  CCAP, Full Evaluation\*  CCAP, Home Visit ONLY\*  Other: |

\*CCAP: Child Custody Advocate Program (V-Dockets, some N-Dockets)

The Child Custody Advocate Program (V-Dockets, some N-Dockets) performs objective evaluations through which recommendations concerning the custody of, parenting of, and access to, children can be made to the court in cases where the parents are unable to work out their own parenting plans. Advocates are always working with the best interest of the children as the primary focus.

If a Home Study ONLY is requested, this will be primarily a report on the conditions of the home. We do not focus on interviewing the participants during a home study. In addition we may or may not make recommendations regarding custody or visitation.

*Demographic information will be used for reporting purposes only. Funders require Empowered Pathways to collect and report demographic data like income and ethnicity. This information is aggregated and reported statistically. No personally identifiable information is reported. This information is not required to receive services and disclosure of information is strictly voluntary.*

**►Case Disposition (Empowered Pathways use only)**

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| Agreement Reached  Partial Agreement Reached  No Agreement Reached  Resolved Outside Program  Screened: Not Appropriate  Screened: Unable to Contact  Screened: Declined Service  Withdrew from Service  Failed to Appear | Adoption  Advocate Dismissed  Case Removed from Docket  Case Transferred  Aged Out  Death of Minor Child  Family Moved  Placed with Legal Guardian  Returned to Family of Origin | Other/ Details: |

*Revised 10/2018 EP-1001*

**►Quick Screening**

Please answer the following questions to the best of your ability. The answers to these questions help us to provide safe, quality service to all parties. All information will be held as confidential, with the exception of previously unreported allegations of child abuse or neglect. Parties may be subject to additional screening.

|  |
| --- |
| 1. Do any of the parties currently have an **Order of Protection** against another party? If so, why? |
| Yes  No |
| 2. Are any of the parties **currently being investigated** for child abuse, neglect, or maltreatment? If so, why? |
| Yes  No |
| 3. Are any of the parties **currently involved** in an ongoing investigation with law enforcement? If so, how? |
| Yes  No |
| 4. Are the parties primarily seeking **legal advice** or **representation in court**? If so, why? |
| Yes  No |
| 5. Are any of the parties **uncomfortable** meeting with another party face-to-face? If so, why? |
| Yes  No |
| 6. Do you have **any other** **concerns** about the **safety** of the parties or their ability to access our service? If so, what? |
| Yes  No |

**►Issues Summary**

Please give a brief summary of the issues involved in the dispute. The mediator, arbitrator, or advocate will have an opportunity to gather detailed background and information.

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**►Parties Involved in the Dispute**

Please fill out the following information, if applicable. If you are unsure about any applicable information, please write “unknown”. You may list additional parties in the dispute on the attached pages. This must include any **minor children** involved in, or the subject of, the dispute (for example, in a custody dispute). You may continue to add parties as required by copying the last page.

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| **►First Party** (Case Name) | | | | | | | | | | | | | |
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| ▲Last Name First Name MI | | | | | | | | | | | | | |
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| Address City State ZIP | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | |
| Date of Birth Age eMail Address | | | | | | | | | | | | | |
| Male  Female |  | | | | | | |  | | | | | |
| Gender Primary Phone, Type (*Home, Work, Cell, etc.*) Other Phone, Type (*Home, Work, Cell, etc.*) | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | |
| Relationship/Role *(e.g. Landlord, Contractor, Mother, Custodial Parent, etc.)* Individual Income (Annual) | | | | | | | | | | | | | |
|  | | | |  | | | | | | |  | | |
| Attorney or Attorney for Child Law Office Phone | | | | | | | | | | | | | |
| Primary Income Source | | Ethnicity | | | Educational Level | | | | |  | | | |
| Employment  Public Assistance  Social Security (Retirement)  Social Security (Disability)  Student, n/a  Unemployed, n/a | | Asian  Black  Hispanic  American Indian  White  Other | | | <9  9  10  11  12 | | Associates  Bachelors  Masters  Doctorate | | |  | | | |

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| **►Additional Party** | | | | | | | | | | | | | |
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| ▲Last Name First Name MI | | | | | | | | | | | | | |
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| Address City State ZIP | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | |
| Date of Birth Age eMail Address | | | | | | | | | | | | | |
| Male  Female |  | | | | | | |  | | | | | |
| Gender Primary Phone, Type (*Home, Work, Cell, etc.*) Other Phone, Type (*Home, Work, Cell, etc.*) | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | |
| Relationship/Role *(e.g. Landlord, Contractor, Mother, Custodial Parent, etc.)* Individual Income (Annual) | | | | | | | | | | | | | |
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| Attorney or Attorney for Child Law Office Phone | | | | | | | | | | | | | |
| Primary Income Source | | Ethnicity | | | Educational Level | | | | |  | | | |
| Employment  Public Assistance  Social Security (Retirement)  Social Security (Disability)  Student, n/a  Unemployed, n/a | | Asian  Black  Hispanic  American Indian  White  Other | | | <9  9  10  11  12 | | Associates  Bachelors  Masters  Doctorate | | |  | | | |

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| **►Additional Party** | | | | | | | | | | | | | |
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| ▲Last Name First Name MI | | | | | | | | | | | | | |
|  | | | |  | | | | |  | | |  | |
| Address City State ZIP | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | |
| Date of Birth Age eMail Address | | | | | | | | | | | | | |
| Male  Female |  | | | | | | |  | | | | | |
| Gender Primary Phone, Type (*Home, Work, Cell, etc.*) Other Phone, Type (*Home, Work, Cell, etc.*) | | | | | | | | | | | | | |
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| Relationship/Role *(e.g. Landlord, Contractor, Mother, Custodial Parent, etc.)* Individual Income (Annual) | | | | | | | | | | | | | |
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| Attorney or Attorney for Child Law Office Phone | | | | | | | | | | | | | |
| Primary Income Source | | Ethnicity | | | Educational Level | | | | |  | | | |
| Employment  Public Assistance  Social Security (Retirement)  Social Security (Disability)  Student, n/a  Unemployed, n/a | | Asian  Black  Hispanic  American Indian  White  Other | | | <9  9  10  11  12 | | Associates  Bachelors  Masters  Doctorate | | |  | | | |

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| **►Additional Party** | | | | | | | | | | | | | |
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| ▲Last Name First Name MI | | | | | | | | | | | | | |
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| Address City State ZIP | | | | | | | | | | | | | |
|  |  | |  | | | | | | | | | | |
| Date of Birth Age eMail Address | | | | | | | | | | | | | |
| Male  Female |  | | | | | | |  | | | | | |
| Gender Primary Phone, Type (*Home, Work, Cell, etc.*) Other Phone, Type (*Home, Work, Cell, etc.*) | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | |
| Relationship/Role *(e.g. Landlord, Contractor, Mother, Custodial Parent, etc.)* Individual Income (Annual) | | | | | | | | | | | | | |
|  | | | |  | | | | | | |  | | |
| Attorney or Attorney for Child Law Office Phone | | | | | | | | | | | | | |
| Primary Income Source | | Ethnicity | | | Educational Level | | | | |  | | | |
| Employment  Public Assistance  Social Security (Retirement)  Social Security (Disability)  Student, n/a  Unemployed, n/a | | Asian  Black  Hispanic  American Indian  White  Other | | | <9  9  10  11  12 | | Associates  Bachelors  Masters  Doctorate | | |  | | | |

**►Notes: Staff Use Only**

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