

## Civil Case Questionnaire

Case #: \_\_\_\_\_

**The Petitioner states the following is true and accurate to the best of his/her knowledge and belief:**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1) Has any party been charged with, convicted of, or plead guilty to domestic violence?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2) Has any party been charged with, convicted of, or plead guilty to an offense, where a member of the family or household was physically harmed? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3) Is there currently a Protection Order in place involving any of the parties to this action? <i>(if yes, include name below)</i>                | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Name of Protected Persons: _____  |                              |                             |
| 4) Are there issues that you and the other party agree on?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5) Does the child(ren) have physical, emotional or educational disabilities?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6) Does any party have physical disabilities or mental health challenges?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 7) Has any party stopped you, or prevented you from seeing the child(ren) on this case?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 8) Does drug or alcohol use prevent a party from keeping a child on this case safe?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 9) Do you believe a child on this case has been physically or emotionally abused?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 10) Are you, or the other party, trying to move residences?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 11) Have any of the parties been involved with Lucas County Children Services?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 12) Has any party been charge, convicted or, or plead to child endangerment?  | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <i>(If yes, include name and relationship to child)</i>   |                              |                             |
| Endangered Child: _____   |                              |                             |
| Relationship: _____   |                              |                             |

\_\_\_\_\_  
Petitioner's Signature

### **PRAECIPE:**

**TO THE CLERK: Please serve a copy of the foregoing upon the Respondent(s) by personal service, or certified mail.**