

## 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?  YES  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?  YES  NO

3) Is there currently a Protection Order in place involving any of the parties to this action? (if yes, include name below)  YES  NO

Name of Protected Persons: \_\_\_\_\_

4) Are there issues that you and the other party agree on?  YES  NO

5) Does the child(ren) have physical, emotional or educational disabilities?  YES  NO

6) Does any party have physical disabilities or mental health challenges?  YES  NO

7) Has any party stopped you, or prevented you from seeing the child(ren) on this case?  YES  NO

8) Does drug or alcohol use prevent a party from keeping a child on this case safe?  YES  NO

9) Do you believe a child on this case has been physically or emotionally abused?  YES  NO

10) Are you, or the other party, trying to move residences?  YES  NO

11) Have any of the parties been involved with Lucas County Children Services?  YES  NO

12) Has any party been charge, convicted or, or plead to child endangerment?  YES  NO

(If yes, include name and relationship to child)

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.**