

Office of Dispute Resolution
Federally Funded Access & Visitation (AV) Grant
Information Questionnaire

This information will be used for mandatory Federal Grant Reporting purposes only. This information is strictly confidential. Submission of the information is voluntary, and refusal to supply it will not jeopardize financial assistance. Thank you for your cooperation.

1. Racial or Ethnic Category:

- | | |
|---|---|
| a. <input type="checkbox"/> American Indian or Alaskan Native | e. <input type="checkbox"/> Hispanic or Latino |
| b. <input type="checkbox"/> Black or African-American | f. <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| c. <input type="checkbox"/> Caucasian/White | g. <input type="checkbox"/> Two or More Races |
| d. <input type="checkbox"/> Asian | h. <input type="checkbox"/> Middle Eastern or North African |

2. Client Information:

- | | |
|--|--|
| a. <input type="checkbox"/> Father (Primary Custodial) | d. <input type="checkbox"/> Mother (Non-Custodial) |
| b. <input type="checkbox"/> Father (Non-Custodial) | e. <input type="checkbox"/> Grandparent/Legal Guardian |
| c. <input type="checkbox"/> Mother (Primary Custodial) | |

3. Number of Children in common:

4. Marital Status (with the parent of the child or children involved in this case):

- | | |
|---|---|
| a. <input type="checkbox"/> Married to each other | c. <input type="checkbox"/> Divorced from each other |
| b. <input type="checkbox"/> Separated from each other | d. <input type="checkbox"/> Never married to each other |

5. Income:

- | | | |
|--|--|--|
| a. <input type="checkbox"/> Less than \$10,000 | c. <input type="checkbox"/> \$20,000 to \$29,999 | e. <input type="checkbox"/> \$40,000 and above |
| b. <input type="checkbox"/> \$10,000 to 19,999 | d. <input type="checkbox"/> \$30,000 to \$39,000 | |

6. Referral Source:

- | | |
|--|-----------------------------------|
| a. <input type="checkbox"/> Child support agency | b. <input type="checkbox"/> Court |
|--|-----------------------------------|

TO BE COMPLETED BY THE ADR NEUTRAL

Date: Interpreter: Session hours: MOU hours:

ADR process: ☐ Mediation ☐ ENA ☐ supervised visit ☐ supervised exchange

Outcome:

- | | | | |
|---|-----------------------------------|--|---|
| <input type="checkbox"/> full agreement | <input type="checkbox"/> ongoing | <input type="checkbox"/> no agreement | <input type="checkbox"/> no show/cancel |
| <input type="checkbox"/> partially resolved | <input type="checkbox"/> proposal | <input type="checkbox"/> inappropriate | <input type="checkbox"/> N/A (sup visit/exchange) |

Increased parenting time with children for the non-custodial parent? ☐ **Yes** ☐ **No**

Allegations of DV? ☐ **Yes** ☐ **No**

Current protection order? ☐ **Yes** ☐ **No**

Does the family have a child support order or a child support case? ☐ **Yes** ☐ **No** ☐ **Unknown**