

Child Relief Expediter Report

Case Number: \_\_\_\_\_ Date: \_\_\_\_\_

Referring Judge: \_\_\_\_\_ Courtroom: \_\_\_\_\_

Case Type (circle one): Civil/Criminal Wait time before session: \_\_\_\_\_

Timing of Referral (circle one): EOP Temporary/ POP Agreed Order/ POP Hearing/ Modification  
If Modification (circle one): Court-driven/ Client-driven

Judicial Instructions (circle one): Yes/No If yes, list instructions: \_\_\_\_\_

Re-referral (circle one): Yes/No If yes, previous date: \_\_\_\_\_

Scheduled previously due to wait time (circle one): Yes/No

Total number of sessions in this referral: \_\_\_\_\_ Length of each session: \_\_\_\_\_

If multiple sessions, list reason: \_\_\_\_\_

Session Status (check one):

- Session occurred
- Session did not occur (specify reason below):
  - Caseload/wait time
  - Other (please specify): \_\_\_\_\_
- Session terminated (specify reason below):
  - Case not appropriate for expediting at this time
    - Reason not appropriate: \_\_\_\_\_
  - Other (please specify): \_\_\_\_\_

Additional Session Participants (check all that apply):

- Attorney for Petitioner
- Attorney for Respondent
- Advocate
- Petitioner's Family
- Respondent's Family
- Other (please specify): \_\_\_\_\_

Topics Discussed/Outcomes (check all that apply):

	Full Agreement	Partial Agreement	No Agreement	N/A
<input type="checkbox"/> Visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supervised Visitation (by family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supervised Visitation (by center)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Neutral Exchange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Supervised Exchange (by family)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Safe Exchange (by center)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Financial Matters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Physical Care/Custody	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Restrictions During Visits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Belongings/Documents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other (please specify): _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reassessment scheduled (circle one): Yes/No If reassessment, list status date: \_\_\_\_\_

Interpreter requested (circle one): Yes/No Interpreter provided (circle one): Yes/No  
Language conducted: \_\_\_\_\_ Program staff interpreted session (circle one): Yes/No

Referrals and/or educational materials provided to clients (circle one): Yes/No