

CONFIDENTIAL INTERVIEW QUESTIONNAIRE
(Do Not Share This Information with the Other Parent)
Circuit Court of Cook County – Domestic Violence Division
Family Court Enhancement Project
555 West Harrison, Chicago, IL 60607
Telephone (312) 325-9000 FAX (312) 325-9017

Name: _____ Date of Birth: _____

Full name and date of birth of child(ren): _____

Date Parents' Relationship Began ___/___/___ Date Parents' Relationship Ended ___/___/___

Parents' current relationship status (circle one): Married Civil Union Divorced Never Married

Have you ever lived with the other parent? _____ Do you currently live with the other parent? _____

Distance between parent's homes (time): _____

Other people who live with you (Names, Relationships, Ages): _____

Other marriages/re-marriages (Spouses' Names/Dates): _____

Your children from other relationships (Names, Ages, Who They Live With): _____

Are you currently employed? _____ Do you work full-time or part-time? _____

What is your work schedule (days and hours)? _____

What is your primary language? _____ Do you need an interpreter (circle one)? Yes/No

Are you represented by an attorney (circle one)? Yes/No Do you have an advocate (circle one)? Yes/No

What is a contact number where we can reach you? () _____

For statistical purposes, we ask that you please provide the following additional information:

Gender (circle one): Female Male Other

Education completed: _____ Zip code: _____

Race/ethnicity (circle one):
American Indian or Alaska Native Asian
Black or African American Hispanic or Latino
Native Hawaiian or other Pacific Islander White
Unknown

Court Staff Only: Case number _____

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	YES	NO
1. Do you have any concerns about the child(ren)'s emotional and/or physical safety when with the other parent?	___	___
2. Does the Illinois Department of Children and Family Services (DCFS) have an open case involving you, the other parent, or the children?	___	___
Have there been any DCFS cases in the past?	___	___
3. Do you, or the other parent, have any other pending court cases?	___	___
4. Have you ever feared that your child(ren) would be kept from you?	___	___
5. Do you have any concerns regarding the use of alcohol and/or drugs in the immediate family?	___	___
6. Do you have any concerns regarding mental health-related issues in the family?	___	___
7. In addition to the allegations on the petition, have other physical confrontations occurred between you and the other parent? Other verbal, emotional, or psychological abuse or threats to personal safety?	___	___
8. Has a weapon ever been used during a conflict with you and the other parent?	___	___
9. Has there previously been Orders of Protection or Restraining Orders between you and the other parent? If yes, were they ever violated, and by whom?	___	___
10. Do you have any other concerns about your own emotional and/or physical safety with the other parent?	___	___
11. Are you in any way afraid to meet/speak with the other parent?	___	___
12. Are you able to speak up for yourself and/or disagree with the other parent?	___	___
13. Are you ready to discuss the development of a visitation plan with the assistance of a neutral expediter?	___	___
14. Were you afraid to answer any of these questions?	___	___

Please immediately inform the expediter, or a sheriff, if you have any concerns about your safety while you are waiting or once the session has started.

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