

**PARENTING SERVICES DEPARTMENT**  
**REQUEST FOR SERVICES**

Case Name \_\_\_\_\_ Date \_\_\_\_\_

Case No. \_\_\_\_\_ File No. \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Pre-Decree                                   | <input type="checkbox"/> Agreed Referral       | <input type="checkbox"/> Full Investigation             |
| <input type="checkbox"/> Post-Decree                                  | <input type="checkbox"/> Post Decree Mediation | <input type="checkbox"/> Modified Investigation         |
| <input type="checkbox"/> Court Ordered (by Judge/Mag)                 | <input type="checkbox"/> Other _____           | <input type="checkbox"/> Parenting Time Investigation   |
| <input type="checkbox"/> Home Visit Requested<br>(State reason below) | <input type="checkbox"/> Relocation            | <input type="checkbox"/> Shared Parenting Investigation |

**Mother has filed for**  Shared parenting  To be sole residential parent  Change of Parenting time  
 Other \_\_\_\_\_

**Father has filed for**  Shared Parenting  To be sole residential parent  Change of Parenting time  
 Other \_\_\_\_\_

**Specific problems to be addressed in the investigation:**

**Mother:**

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_  
Attorney \_\_\_\_\_ Phone No ( ) \_\_\_\_\_

**Father:**

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Zip \_\_\_\_\_  
Employer \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_  
Attorney \_\_\_\_\_ Phone No ( ) \_\_\_\_\_

**Children:**

Name _____	Age _____	Living With Whom _____
_____	Age _____	Living With Whom _____
_____	Age _____	Living With Whom _____
_____	Age _____	Living With Whom _____

**To Be Completed by Court for Parenting Time and Shared Parenting Investigations**

Follow up hearing to be set? Yes \_\_\_\_\_ No \_\_\_\_\_ Length of time for hearing \_\_\_\_\_  
Before Judge/Magistrate \_\_\_\_\_ Date of hearing \_\_\_\_\_ (if  
pre-set by Magistrate or Judge – please call Parenting Services Dept. to obtain approx. time frame for appt. date –  
hearings should occur no sooner than 45 days after first scheduled appt. with the parents)