

Checklist for the SOS-CVEC

Please check items completed and attach to the court order. Having this information will help with assisting the family in coordinating services. Thank you.

_____ Court Case Name/Number: _____

_____ Court document or journal entry to be emailed or faxed to CVEC

_____ Contact by clients will be within (check one): _____ 24 hours _____ 48 hours _____ 72 hours
_____ Other _____

_____ If either party fails to contact the CVEC as directed, the Court shall be notified by the CVEC.

_____ Visitation services being requested are as follows:

_____ Exchange services being requested are as follows:

_____ Court Holiday Parenting schedule being used.

_____ Fee Assessment: _____ non-custodial parent only _____ custodial parent only
_____ split between parties

_____ Requesting a report from the CVEC prior to the next hearing. Date of hearing: _____

_____ Requesting notification of client termination or suspension.

_____ Clients receiving mediation.

Reason for Referral (Please check all that apply):

_____ Allegations of physical or sexual abuse of a child.

_____ Confirmations of physical or sexual abuse of a child.

_____ Child Neglect

_____ Risk that the parent would flee with the child.

_____ Previous drug or alcohol abuse.

_____ Failure of a drug or alcohol screen.

_____ Lack of contact with the child which requires a supervised transition period with the Child.

_____ Conflict between parents.

_____ Violence/abuse toward the other parent.

_____ Mental Illness/Disability

_____ Other: _____
