

**Supervised Visitation Court Liaison Report**  
 Circuit Court of Cook County – Domestic Violence Division  
 Family Court Enhancement Project  
 555 West Harrison St., Chicago, IL 60607  
 Telephone (312) 325-9043 FAX (312) 325-9017

Client ID/Docket Number: \_\_\_\_\_ Date: \_\_\_\_\_

Courtroom: \_\_\_\_\_ Judge Name: \_\_\_\_\_

Case Type (circle one): Civil/Criminal

<p><b>Referral source</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Child Relief Expediter</li> <li><input type="checkbox"/> Judge</li> <li><input type="checkbox"/> Attorney       <ul style="list-style-type: none"> <li><input type="radio"/> Civil</li> <li><input type="radio"/> States Attorney</li> <li><input type="radio"/> Public Defender</li> </ul> </li> <li><input type="checkbox"/> Advocate</li> <li><input type="checkbox"/> Victim Witness</li> <li><input type="checkbox"/> Walk-in (self-referral)</li> <li><input type="checkbox"/> Clerk or other first floor personnel</li> <li><input type="checkbox"/> Other _____</li> </ul> <p><b>Timing of Referral</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pre-filing (first floor or with advocate)</li> <li><input type="checkbox"/> EOP</li> <li><input type="checkbox"/> Plenary</li> <li><input type="checkbox"/> Modification</li> <li><input type="checkbox"/> Other: _____</li> </ul> <p><b>Language of SVCL service:</b> _____</p> <p><b>Program staff interpreted session (circle):</b> Y/N</p> <p><b>Session participants (check all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Petitioner</li> <li><input type="checkbox"/> Respondent</li> <li><input type="checkbox"/> Attorney for petitioner</li> <li><input type="checkbox"/> Attorney for respondent</li> <li><input type="checkbox"/> Advocate</li> <li><input type="checkbox"/> Other (please specify): _____</li> </ul> <p><b>Topics Discussed/Outcomes (check all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Physical Care/Custody</li> <li><input type="checkbox"/> Visitation</li> <li><input type="checkbox"/> Supervised Visitation (by family)</li> <li><input type="checkbox"/> Supervised Visitation (by center)</li> <li><input type="checkbox"/> Supervised Exchange (by family)</li> <li><input type="checkbox"/> Safe Exchange (by center)</li> <li><input type="checkbox"/> Financial Matters (child support division)</li> <li><input type="checkbox"/> DCFS Case (open or closed) Protection</li> <li><input type="checkbox"/> Immigration</li> <li><input type="checkbox"/> Shelter</li> <li><input type="checkbox"/> Counseling</li> <li><input type="checkbox"/> Children’s Counseling</li> </ul>	<p><b>Respondent Services</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> PAIP Programs</li> <li><input type="checkbox"/> Child Relief Expediter</li> <li><input type="checkbox"/> Other (please specify): _____</li> </ul> <p><b>Service Provided (check all that apply):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Advice and information</li> <li><input type="checkbox"/> Language/assistance on specific remedy(s) for inclusion in Order of Protection</li> <li><input type="checkbox"/> Information regarding Center specifics</li> <li><input type="checkbox"/> Liaison contact with Center (s)</li> <li><input type="checkbox"/> Additional referral resources provided</li> <li><input type="checkbox"/> FCEP educational brochure materials provided to clients</li> <li><input type="checkbox"/> Other (please specify): _____</li> </ul> <p><b>Outcome (circle one):</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Informational Advice only</li> <li><input type="checkbox"/> Opted to file for custody/visitation in domestic relations division</li> <li><input type="checkbox"/> Agreement by CRE includes SVCL service result in Order of Protection</li> <li><input type="checkbox"/> Visitation granted by Judge</li> <li><input type="checkbox"/> Visitation denied by Judge</li> <li><input type="checkbox"/> Visitation restricted by Judge       <ul style="list-style-type: none"> <li><input type="radio"/> Supervised Visitation (by family)</li> <li><input type="radio"/> Supervised Visitation (by center)</li> <li><input type="radio"/> Supervised Exchange (by family)</li> <li><input type="radio"/> Safe Exchange (by center)</li> </ul> </li> </ul>
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Name: **(Petitioner)** \_\_\_\_\_ Age: \_\_\_\_\_

Full name and Age of child(ren): \_\_\_\_\_

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

Gender (circle one): Female Male Other (please specify): \_\_\_\_\_

Home 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 Arab/Middle Eastern

Currently employed? Yes/No \_\_\_\_\_ Full-time or Part-time employment? \_\_\_\_\_

Currently a student? Yes/No \_\_\_\_\_ Education completed: \_\_\_\_\_

Work or school schedule (days and hours)? \_\_\_\_\_

Primary language? \_\_\_\_\_ Interpreter needed (circle one)? Yes/No

Represented by an attorney (circle one)? Yes/No \_\_\_\_\_

Have an advocate? (circle one) Yes/No \_\_\_\_\_

Name: **(Respondent)** \_\_\_\_\_ Age: \_\_\_\_\_

Full name and Age of child(ren): \_\_\_\_\_

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

Gender (circle 1): Female Male Other (please specify): \_\_\_\_\_

Home 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 Arab/Middle Eastern

Currently employed? Yes/No \_\_\_\_\_ Full-time or Part-time employment? \_\_\_\_\_

Currently a student? Yes/No \_\_\_\_\_ Education completed: \_\_\_\_\_

Work or school schedule (days and hours)? \_\_\_\_\_

Primary language? \_\_\_\_\_ Interpreter needed (circle one)? Yes/No

Represented by an attorney (circle one)? Yes/No \_\_\_\_\_

Have an advocate (circle one) Yes/No \_\_\_\_\_