

Checklist

Date \_\_\_\_\_ Custodial \_\_\_\_\_ Visiting \_\_\_\_\_ Guardian / Other \_\_\_\_\_

Consumer Name: \_\_\_\_\_ Family Law Number \_\_\_\_\_

Checklist

Initial call: \_\_\_\_\_ Interview scheduled: \_\_\_\_\_

Location of interview: \_\_\_\_\_

Interview (in person) _____	Custody Order _____
Copy of DL _____	Protective Order _____
Crime History Reports: Location _____ www.crimereports.com	Domestic Violence documentation _____
Person _____	Agreement _____
Supervised / Exchange Order _____	SV Neutrality _____
Divorce Order _____	Guidelines _____

Choose one:

Approved for services and visits are scheduled for day of week \_\_\_\_\_ at \_\_\_\_\_  
am / pm for \_\_\_\_\_ hour/s until updated Court documentation.

Denial due to safety risk. Informed via \_\_\_\_\_ on \_\_\_\_\_.

By FCCS Staff (printed): \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_