

IN THE CIRCUIT COURT OF THE _____ JUDICIAL CIRCUIT
IN AND FOR _____ COUNTY, FLORIDA

PETITIONER

CASE NUMBER:

And

RESPONDENT

_____/

CASE MANAGEMENT SUMMARY FOR RESOURCE REFERRAL

Both parties have been requested to participate in (and at least one party responded to) the survey to self-identify legal issues and concerns in their family law case so that the Court is better able to identify possible resources/pathways at the earliest possible time in order to assist the family in addressing their issues in an efficient and affordable manner.

The survey was designed to identify common attributes of high, moderate, and low conflict cases and whether the case would benefit from judicial/quasi-judicial case management. Based on the preliminary data gathering, the case manager concludes the following referrals would benefit the family/parties and the Court in determining the contested matters in this case:

Parenting and Child(ren)'s Issues

- | | |
|--|---|
| <input type="checkbox"/> Issue Focused Evaluation | <input type="checkbox"/> Mediation for parenting issues (including temporary plans) |
| <input type="checkbox"/> Coparenting Facilitation | <input type="checkbox"/> Intensive parent education (beyond 4-hour statutory course) |
| <input type="checkbox"/> Parenting Coordination | <input type="checkbox"/> Social Investigation |
| <input type="checkbox"/> Parenting Plan Evaluation | <input type="checkbox"/> Guardian Ad Litem |
| <input type="checkbox"/> Relocation Risk Assessment | <input type="checkbox"/> Substance Misuse/Abuse Evaluation |
| <input type="checkbox"/> Mental Health Assessment | (<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> child) |
| <input type="checkbox"/> Psychological Evaluation | (<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent <input type="checkbox"/> child) |
| <input type="checkbox"/> Supervised Parenting Time (selecting a professional or agency) | |
| <input type="checkbox"/> Family Therapy Reunification Specialist / Therapeutic Visitation (and selecting a professional) | |
| <input type="checkbox"/> Domestic Violence/Intimate Partner Violence Services (Anger Management, BIP, victim's counseling) | |
| <input type="checkbox"/> Other: _____ | |

Equitable Distribution

<input type="checkbox"/> Business Valuation/CPA	<input type="checkbox"/> Real Estate Appraisal	<input type="checkbox"/> Retirement Plan Valuation(s)
<input type="checkbox"/> Mediation	<input type="checkbox"/> Other: _____	

Spousal Support and Child Support

<input type="checkbox"/> CPA or Certified Divorce Financial Analyst (and selecting a professional)	
<input type="checkbox"/> Vocational Evaluation (and selecting a professional)	
<input type="checkbox"/> Mediation	<input type="checkbox"/> Other: _____

The case manager respectfully requests that a case management conference be set to determine and order appropriate resources/pathway.

Case Manager

Copies provided on [Click or tap to enter a date.](#) to the following:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Petitioner | <input type="checkbox"/> Attorney for Petitioner |
| <input type="checkbox"/> Respondent | <input type="checkbox"/> Attorney for Respondent |