

**YOUR COUNTY (BRANCH LOCATION)
FAMILY LAW FACILITATOR REFERENCE SHEET**

Facilitator Office Information (To Be Completed for Each Facilitator Office Location)	
Facilitator Name	
Facilitator Address	
Facilitator Public Phone	
Facilitator Fax	
Facilitator (local) Website	
Facilitator Direct Phone (Confidential)	
Facilitator Office Hours	<input type="checkbox"/> Mon from ___ a.m. to ___ p.m. <input type="checkbox"/> Tues from ___ a.m. to ___ p.m. <input type="checkbox"/> Wed from ___ a.m. to ___ p.m. <input type="checkbox"/> Thurs from ___ a.m. to ___ p.m. <input type="checkbox"/> Fri from ___ a.m. to ___ p.m. <input type="checkbox"/> Other from ___ a.m. to ___ p.m.
Facilitator Services	<input type="checkbox"/> Appointments <input type="checkbox"/> Classes/Workshops <input type="checkbox"/> Forms assistance <input type="checkbox"/> In Court Title IV-D <input type="checkbox"/> In Court-Family Law <input type="checkbox"/> Prepare support calculations <input type="checkbox"/> Non-support related assistance <input type="checkbox"/> Mediation services <input type="checkbox"/> Translation services (languages): _____ <input type="checkbox"/> Walk-In Limits: _____ <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Mobile/Van <input type="checkbox"/> Videoconferencing <input type="checkbox"/> Videotape Sessions: _____
LCSA . Address:	
LCSA Public Telephone	
LCSA Fax	
LCSA Website:	
LCSA Direct Phone for Facilitator Use (Confidential)	
LCSA Office Hours <i>[Displayed as web link]</i>	<input type="checkbox"/> Mon from ___ a.m. to ___ p.m. <input type="checkbox"/> Tue from ___ a.m. to ___ p.m. <input type="checkbox"/> Wed from ___ a.m. to ___ p.m. <input type="checkbox"/> Thurs from ___ a.m. to ___ p.m. <input type="checkbox"/> Fri from ___ a.m. to ___ p.m.
LCSA Ombudsperson (Name) Address (if different) Telephone Fax <i>[Displayed as web link]</i>	

LCSA Local Procedures/Programs	List: <input type="checkbox"/> Incarcerated Program available <input type="checkbox"/> Telephone Appearance available <input type="checkbox"/> Videoconferencing available <input type="checkbox"/> Visitation Access Program available <input type="checkbox"/> Other: _____ _____
Title IV-D Court Clerk Address: Telephone: FAX: Filing Hours: <i>[Displayed as web link]</i>	<input type="checkbox"/> E-filing <input type="checkbox"/> Fax filing <input type="checkbox"/> Vendor fax filing
Family Law Court Clerk Address: Telephone: FAX: Filing Hours: <i>[Displayed as web link]</i>	<input type="checkbox"/> E-filing <input type="checkbox"/> Fax filing <input type="checkbox"/> Vendor fax filing
Court Filing Fee – First Paper for Petitioner <i>[Web link]</i>	
Court Filing Fee – First Paper for Respondent <i>[Web link]</i>	
Court Filing Fee – Motion/OSC <i>[Web link]</i>	
Court Copy Fee – Per Page Copy <i>[Web link]</i>	
Family Law Local Forms	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Law Local Rules	<input type="checkbox"/> Yes <input type="checkbox"/> No Attached <input type="checkbox"/> Tentative Ruling Local rule number: _____
Motion/OSC Title IV-D Calendar	<input type="checkbox"/> Pick a Date <input type="checkbox"/> Contact Clerk Next Available (estimated): _____ weeks
Motion/OSC Family Law Calendar	<input type="checkbox"/> Pick a Date <input type="checkbox"/> Contact Clerk Next Available (estimated): _____ weeks
Title IV-D Calendar: Motion/OSC Days and Times Dept: _____ <i>[Displayed as web link]</i>	<input type="checkbox"/> Mon at ____ a.m./p.m. <input type="checkbox"/> Tue at ____ a.m./p.m. <input type="checkbox"/> Wed at ____ a.m./p.m. <input type="checkbox"/> Thurs at ____ a.m./p.m. <input type="checkbox"/> Fri at ____ a.m./p.m.
Family Law Calendar: Motion/OSC Days and , Times Dept: _____ <i>[Displayed as web link]</i>	<input type="checkbox"/> Mon at ____ a.m./p.m. <input type="checkbox"/> Tue at ____ a.m./p.m. <input type="checkbox"/> Wed at ____ a.m./p.m. <input type="checkbox"/> Thurs at ____ a.m./p.m. <input type="checkbox"/> Fri at ____ a.m./p.m.
Family Court Services/Mediation Address: Telephone: Fax <i>[Displayed as web link]</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Recommending <input type="checkbox"/> Non-Recommending <input type="checkbox"/> Fee Amount \$ <input type="checkbox"/> Visitation Access Program available
Other Mediation Agency (Name): Address Telephone Fax:	<input type="checkbox"/> Court Ordered <input type="checkbox"/> Voluntary <input type="checkbox"/> Fee Amount \$

<i>[Displayed as web link]</i>	
Lawyer Referral Service Address: Telephone Fax: <i>[Displayed as web link]</i>	
Legal Aid Agency: Address: Telephone Fax: <i>[Displayed as web link]</i>	
Domestic Violence Agency Address: Telephone Fax: <i>[Displayed as web link]</i>	
Other Family Law Resources Address: Telephone Fax: <i>[Displayed as web link]</i>	