SHC/AB1058–Customer Information Form

Q1. Date of Service:		If **IV-D Only** (Complete **Q1–Q11.1**) If **IV-D** and **Non IV-D** services or Non IV-D only (Complete applicable sections **Q1–Q15)**
Q2. County:		

Q3. Has the customer visited this self-help center before?		
☐Yes	☐ No	☐ Customer Doesn't Know

Q4. What languages were services requested in?
☐ English
☐ Spanish
☐ Cantonese
☐ Mandarin
☐ Filipino/Tagalog
☐ Vietnamese
☐ Korean
☐ Armenian
☐ Persian/Farsi
☐ Cambodian
☐ Hmong
☐ Russian
☐ Arabic
☐ ASL
☐ Other:

Q5. What language were services provided in
☐ Language Requested In: _____
☐ Other: _____

Q6. Zip Code
☐ Customer did not provide a zip code
☐ Customer did not provide a zip code

Q7. How service is provided: *(Select all that apply)*
☐ In-person *(One-on-One Services or workshop)*
☐ Text Message
☐ E-mail/ Web Portal
☐ Mail *(Correspondence)*
☐ Video Conf. (Skype, Zoom, etc.)
☐ Other

Q8. IV-D triage conducted		
☐ Yes	☐ No	☐ Don't know

Q9. Services provided: *(Select all that apply)*
☐ Forms and/or Documents *(Select all that apply)*
☐ Review Forms
☐ Provide Forms and/or Info Packets
☐ Help with Completing Forms
☐ Make Copies/Organize Documents/Mailings
☐ Help with Document Assembly
☐ Help with E-filing
☐ Courtroom Services
☐ Order After Hearing or Judgment
☐ Services provided in a Language Other than English
☐ Referral
☐ Other:

If a referral was made, where was the customer referred:

2-1-1
Behavioral Health
DA/Child Abduction Unit
DA/Victim Witness Program
DV Agency/Shelter
Elder Assistance Program
Food Banks
Homeless Outreach
Law Enforcement
Law Library
LCSA
Legal Aid
Local Affordable Housing assistance programs
Local Social Security office
Mental Health
Other Court Self Help Center
Other Superior Court
Public Health
Public Library
Regional Center
Sheriff or local PD who does service of process
Unemployment office
Welfare Office

Q10. Service(s) customers received
☐ IV-D Services Only
☐ Non-IV-D Services Only
☐ IV-D and Non-IV-D Services

Q11. IV-D Service(s) Provided: *(Select all that apply)*
☐ Modify Child Support
☐ Support Arrears
☐ Establish Child Support
☐ Preparation of Order
☐ Medical Support
☐ Answer
☐ License Revocation
☐ Spousal Support
☐ Paternity

☐ Other (Enter Type of IV-D Service): _____

Q12. Family Law Service(s) Provided: *(Select all that apply)*
☐ Adoption
☐ CARE Act
☐ Child Support (non-IV-D services)
☐ Child Custody and/or Visitation
☐ Divorce (What phase of the case did you assist with(please check all that apply) ☐ Initial Documents ☐ Financial Disclosure ☐ Judgement
☐ Domestic Violence – Petitioner
☐ Domestic Violence – Respondent
☐ Parentage (non-IV-D services)
☐ Spousal or Partner Support
Q13. Civil Service(s) Provided: *(Select all that apply)*
☐ Civil Harassment – Petitioner
☐ Civil Harassment – Defendant
☐ Landlord/Tenant – Landlord
☐ Landlord/Tenant – Tenant
☐ Small Claims – Petitioner
☐ Small Claims – Defendant
☐ Consumer Debt
☐ Elder Abuse
☐ Name Change
☐ Other Limited Civil
☐ General Civil
☐ Other: _____

Q14. Probate Service(s) Provided: *(Select all that apply)*

☐ Guardianship – Petitioner
☐ Guardianship - Defendant
☐ Conservatorship
☐ Limited Conservatorship
☐ Probate
☐ Other: _____
Q15. Expungements, Traffic: Other Miscellaneous non-IV-D Service(s) Provided: *(Select all that apply)*
☐ Expungements
☐ Traffic
☐ Other: _____