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	☐ **Mon from ___a.m. to_____p.m.** ☐ **Tues from ___a.m. to ____ p.m.** ☐ **Wed from____a.m. to _____p.m.** ☐ **Thurs from ___a.m. to _____p.m.** ☐ **Fri from _____a.m. to _____p.m.** ☐ **Other from ___a.m. to _____p.m.**
Facilitator Services	☐ **Appointments** ☐ **Classes/Workshops** ☐ **Forms assistance** ☐ **In Court Title IV-D** ☐ **In Court-Family Law** ☐ **Prepare support calculations** ☐ **Non-support related assistance** ☐ **Mediation services** ☐ **Translation services** **(languages):_____** ☐ **Walk-In** **Limits:_____** ☐ **Telephone** ☐ **Fax** ☐ **Mail** ☐ **E-mail** ☐ **Mobile/Van** ☐ **Videoconferencing** ☐ **Videotape Sessions:_____**
LCSA Address:	
LCSA Public Telephone	
LCSA Fax	
LCSA Website:	
LCSA Direct Phone for Facilitator Use (Confidential)	
LCSA Office Hours *[Displayed as web link]*	☐ Mon from ____a.m. to _____p.m. ☐ Tue from _____a.m. to _____p.m. ☐ Wed from ____a.m. to _____p.m. ☐ Thurs from ___a.m. to _____p.m. ☐ Fri from _____a.m. to _____p.m.
LCSA Ombudsperson (Name) Address (if different) Telephone Fax *[Displayed as web link]*	

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

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