

**TRUMBULL COMMON PLEAS COURT  
DIVISION OF DOMESTIC RELATIONS  
AND JUVENILE DEPARTMENT  
EX PARTE CUSTODY COURT INQUIRY**

Please complete the top portion of this form and have court personnel fax it to Trumbull County Children Services Board  
Fax Number: (330) 372-4688 ATTENTION: Screeners. Copies of the Pleadings and Supporting Affidavit must be attached.

Date of request: \_\_\_\_\_ Attorney for Petitioner(s): \_\_\_\_\_  
 Name of Petitioner(s): \_\_\_\_\_  
 Address of Petitioner(s): \_\_\_\_\_  
 Social Security Number(s): \_\_\_\_\_ DOB(s): \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to child(ren): \_\_\_\_\_  
 Mother's name: \_\_\_\_\_ Alias/Maiden Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Father's name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Child (ren)'s Name(s), Birthdates and who has current possession of child(ren): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHILDREN SERVICES BOARD RESPONSE  
Regarding Petitioner(s) and Child(ren)**

\_\_\_\_\_ No Record  
 \_\_\_\_\_ Open Record Assigned Caseworker/Supervisor: \_\_\_\_\_  
 \_\_\_\_\_ Closed Record Date closed: \_\_\_\_\_ TCCSB's last date of contact: \_\_\_\_\_  
 \_\_\_\_\_ Open Record in another county(s): \_\_\_\_\_

- This Agency supports this action.
- This Agency cannot support this action due to significant child welfare history.  
A Court hearing is recommended.
- This Agency does not have a position regarding this action.
- See attached summary of Agency involvement.

Comments/Findings: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Trumbull County Children Services Board,  
Executive Director

Completed by: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Supervisor Initial: \_\_\_\_\_