

ZOOM ROOM INTAKE FORM

- Computer stations may only be used for the intended purpose of this visit. This computer is monitored and no expectation of privacy should be assumed
- Gloves and wipes are available for use
- Use of Zoom Rooms is on a scheduled basis only
- The intake form is for use by the Clerk's Office to aid in scheduling of the Zoom Rooms

Basic Information				
Name: _____ Address: _____ Phone Number: _____ Email Address: _____	<input type="checkbox"/> Bringing Witnesses <input type="checkbox"/> Submitting Evidence (should be sent ahead of time) <input type="checkbox"/> Interpreter Needs/Language: _____ <hr style="border: 1px solid black;"/> <input type="checkbox"/> ASL Interpreter			
Docket Number(s)	Department	Courthouse		
Case Type				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> 209A (Abuse Prevention) <input type="checkbox"/> 209C <input type="checkbox"/> Eviction/Summary Process <input type="checkbox"/> Small Claims <input type="checkbox"/> Section 35 <input type="checkbox"/> Divorce <input type="checkbox"/> Equity </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Guardianship <input type="checkbox"/> Paternity <input type="checkbox"/> Guardianship <input type="checkbox"/> CRA <input type="checkbox"/> 258E (Harassment) <input type="checkbox"/> Criminal matter <input type="checkbox"/> Other: _____ </td> </tr> </table>			<input type="checkbox"/> 209A (Abuse Prevention) <input type="checkbox"/> 209C <input type="checkbox"/> Eviction/Summary Process <input type="checkbox"/> Small Claims <input type="checkbox"/> Section 35 <input type="checkbox"/> Divorce <input type="checkbox"/> Equity	<input type="checkbox"/> Guardianship <input type="checkbox"/> Paternity <input type="checkbox"/> Guardianship <input type="checkbox"/> CRA <input type="checkbox"/> 258E (Harassment) <input type="checkbox"/> Criminal matter <input type="checkbox"/> Other: _____
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Party Type				
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Custodial parent <input type="checkbox"/> Defendant/Respondent <input type="checkbox"/> Interested party <input type="checkbox"/> Landlord <input type="checkbox"/> Non-custodial parent </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Relative <input type="checkbox"/> Spouse(s) <input type="checkbox"/> Tenant <input type="checkbox"/> Other: _____ </td> </tr> </table>			<input type="checkbox"/> Custodial parent <input type="checkbox"/> Defendant/Respondent <input type="checkbox"/> Interested party <input type="checkbox"/> Landlord <input type="checkbox"/> Non-custodial parent	<input type="checkbox"/> Plaintiff/Petitioner <input type="checkbox"/> Relative <input type="checkbox"/> Spouse(s) <input type="checkbox"/> Tenant <input type="checkbox"/> Other: _____
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Hearing Start Time	Expected Duration			
Arrival Time	Departure Time			