

**Neutral Evaluation Inquiry Form**

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | You | Other parent |
| Full legal name |  |  |
| Maiden/other names used |  |  |
| Attorney name |  |  |
| Name of past or new partner or spouse |  |  |
| No contact order affecting parent? |  |  |
| Type of case (divorce, custody, modification, contempt, etc.)   |  |
| County where case is filed  |  |
| Most recent court date or deadline (type and date) |  |
| Next court date or deadline (type and date) |  |
| Issues in dispute  |  |

**Please submit this form by email to** **diane@iaccj.org****.**

*Iowa Center for Children’s Justice only: Conflict check \_\_\_\_\_\_\_\_\_\_\_\_\_\_*