

FAMILY COURT SERVICES INTAKE FORM MEDIATION OR CHILD CUSTODY RECOMMENDING COUNSELING

THE INFORMATION REQUESTED BELOW IS TO ASSIST YOUR MEDIATOR OR RECOMMENDING COUNSELOR IN PROVIDING BETTER SERVICES AND MAY BE USED ONLY IN A SEALED CCRC REPORT FILED IN YOUR CASE

Your Full Name: _____ Your Date of birth: _____

Home address: _____ City _____ State _____ Zip _____

Mailing address: _____ City _____ State _____ Zip _____

Cell phone: () _____ Work/Home phone: () _____

Email addresses: _____ Attorney: _____ Tel: _____

Other Party's Full Name: _____ Case Number(s) _____

Mailing Address: _____

Tel: _____ 2nd Tel/email: _____

- Are there orders from another county or from juvenile court concerning your children? YES NO
- Is there a currently open CPS Case for you or the other party/parent? YES NO
- Are you currently concerned about your safety? ** YES NO
- Are there police reports for abuse/violence for you, your children, or the other parent? ** YES NO
- Have there ever been legal charges for abuse/violence for any person in this case? ** YES NO
- Have you or the other party ever had a Protective Order or Restraining Order? ** YES NO
- What date was it issued? _____ Has it expired? YES NO
- Is there any current Criminal Case for you or the other party? YES NO
- Is there a current Fact Based Inquiry open in this case? YES NO

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 There was violence or abuse of (**check all that apply**):
 NOBODY ** YOU THE CHILDREN THE OTHER PARENT OTHER PEOPLE

PARTNER ABUSE PROCEDURES NOTICE (California Rules of Court 5.215): If a party to this action has made a written allegation of domestic violence under penalty of perjury or is a party protected by a Restraining Order then that party may request separate sessions and/or have a support person present in session. If you are the protected party, you may waive separate sessions, as applicable (Family Code Section 3181).

A mediator or counselor may exclude a support person if the support person participates in the Mediation or CCRC session, or acts as an advocate, or the presence of a support person disrupts the process of Mediation or CCRC. The presence of the support person does not waive the confidentiality of the Mediation or CCRC (Family Code Section 6303).

****IF YOU WANT YOUR SESSION TO FOLLOW RULES FOR PARTNER ABUSE, PLEASE CHECK HERE**

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Under penalty of perjury, I swear I have completed the above information truthfully and to the best of my knowledge. I agree to appear at all sessions and to cooperate in the mediation or child custody recommending counseling process. If I fail to attend my appointment, or to cooperate with the process, I understand that sanctions, including fines, may be imposed against me by the Court.

SIGN _____ DATE _____

TURN OVER

Please **check everyone** who lives in your house part-time or full-time: TOTAL ADULTS___ TOTAL KIDS___

- MY PARTNER/SPOUSE MY PARTNER'S KIDS MY CHILD/REN
- FRIENDS/HOUSEMATES OTHER'S KIDS RELATIVES_____

Please list all **children in this court case**:

Child lives with:

NAME_____ DOB _____ AGE _____ SEX _____ Mo ___ Fa ___

NAME_____ DOB _____ AGE _____ SEX _____ Mo ___ Fa ___

NAME_____ DOB _____ AGE _____ SEX _____ Mo ___ Fa ___

NAME_____ DOB _____ AGE _____ SEX _____ Mo ___ Fa ___

Please list any children not listed, above, who live in your home, even if only part-time:

NAME_____ AGE _____ SEX _____ RELATIONSHIP _____

NAME_____ AGE _____ SEX _____ RELATIONSHIP _____

NAME_____ AGE _____ SEX _____ RELATIONSHIP _____

NAME_____ AGE _____ SEX _____ RELATIONSHIP _____

Please list your work schedule information: None/Not applicable

Work Name _____ City: _____

Work Days/Hours/Schedule: _____

Please list your school, therapy, or other schedule information: None/Not applicable

Please list your children's schedule information for school, any activities, regular therapy appointments, etc.:

School Name _____ City: _____ Hours: _____

Other Schedules: _____

School Name _____ City: _____ Hours: _____

Other Schedules: _____