

INFORMATION SHEET

**Please fill out this form completely and bring it with you to your appointment. The information you provide will be used to assist in your upcoming appointment. Failure to bring the completed form with you will delay your appointment time.
Please do not attach any additional pages.**

YOUR CASE #: _____

Personal Information

Name: _____
Other names you have used: _____
Birthdate: _____ Birthplace: _____ Age: _____
Do you have a valid driver's license? _____
Home address: _____
City: _____ State: _____ Zip code: _____
Mailing address: _____
City: _____ State: _____ Zip code: _____
Home phone: _____ Cell: _____ Work / message: _____
Email Address: _____

Attorney Information (please complete if you have an attorney)

Name: _____
Address: _____
City: _____ State: _____ Zip code: _____
Telephone #: _____ Fax #: _____

Children Involved in This Matter

Name: _____	DOB: _____	Age: _____	Lives with: _____
Name: _____	DOB: _____	Age: _____	Lives with: _____
Name: _____	DOB: _____	Age: _____	Lives with: _____
Name: _____	DOB: _____	Age: _____	Lives with: _____

If your children have any special needs, please list them here:

Your Residence

How long have you resided at your current address? _____
Number of bedrooms: _____ Do you rent or own? _____
Are you planning to move? _____ Where? _____
Names and relationship to you (including children) of all persons who live at this residence:

Employment Information

Employer: _____
Employer's Address: _____
Date employed: _____
Days & hours of work: _____
Job title: _____

Status of Your Relationship With the Other Parent

Married / Domestic Partnership: () Yes () No
Date of marriage / domestic partnership: _____
Date began living together: _____ Date of last separation: _____
Date divorce was final / domestic partnership was terminated: _____

Other Marriages / Domestic Partnerships/ Other Children

Name: _____ Date: _____
Children from this relationship: _____
Name: _____ Date: _____
Children from this relationship: _____

If the following is applicable, please read carefully and fill out completely. If it is not applicable, please skip and continue on the next page.

Domestic Violence / Restraining Orders

When there is a history of domestic violence or a domestic violence restraining order, the protected party may request a separate session and bring a *support person under Family Codes 3181 & 6303.

_____ I request a separate session under **code section 3181**
_____ I wish to bring a support person under **code section 6303**

Briefly describe any history of domestic violence:

- Latest incident: _____

- Other incidents:

- Were the police called / any police reports made? _____
 - If yes, in what city or county were they involved? _____
 - Police report #s (if you have them): _____
- Was emergency medical treatment needed?

- Were weapons involved? _____
- Was the Court involved? _____
 - If yes, in which county? _____
- Were temporary restraining orders issued? _____
- Has anyone received counseling or help from a domestic violence agency? _____
 - If yes, where? _____
- Have the children witnessed any of the domestic violence? _____
 - If yes, briefly explain: _____

If you have a copy of a restraining order from another county or a criminal protective order, please provide a copy of the order to your recommending counselor.

***Support Person:** The support person is there to provide moral and emotional support only. He/she cannot participate in the session or act as an advocate. The support person should not have a dual role (i.e. supervising the visits) or be a person whose presence would be disruptive to the mediation process (i.e. a significant other or a person who has conflict with the other parent). The mediator/ CCRC has the right to exclude a support person if there is a conflict of interest, if the support person's presence is disruptive to the session, attempts to participate in the session, or the support person attempts to influence the session in any way. The support person must sign and adhere to the support person guidelines in order to support the survivor in the session.

Current Parenting Plan/Schedule

- Are the children seeing the other parent? _____
 - If yes, what is the current parenting plan or schedule in which the child(ren) are with each parent? _____
 - If no, what are the current circumstances preventing contact between the other parent and the children? _____

- Do you or the other parent have any history or current issues with drug or alcohol abuse? _____
 - If yes, please explain briefly: _____
- Are there any current charges of child physical or sexual abuse or neglect? _____
 - If yes, please explain briefly: _____
- Has a dependency petition (W&I 300) been filed with the Juvenile Court? _____
 - If yes, please explain briefly: _____
- Are there any concerns relating to the safety of the children? _____
 - If yes, please explain briefly: _____
- Has Child Protective Services (CPS) ever been involved with your family? _____
 - If yes, in which county? _____
 - Please briefly explain their involvement and the outcome: _____

What custody / visitation challenges, if any, currently exist?

Please list some reasonable solutions to the challenges: _____

Under penalty of perjury, I certify all the information provided to Family Court Services is true and correct. I understand falsification or omission of any information may affect the disposition of my case. I understand that Family Court Services staff may consider all other information available regarding my Family Court Services case.

Signature: _____ Date: _____