

Superior Court of California, County of Colusa

CHILD CUSTODY MEDIATION INTAKE FORM

PLEASE COMPLETE ALL SECTIONS BELOW

PARENTS/GUARDIANS

Your Relationship to the child(ren) Circle One:

Mother Father Grandparent Other: _____

Your name: _____ Date of Birth: _____

Address: _____

and Street Apt. # City State Zip Code

Check here if you want your address to be kept private from the other party.

Description of your residence (Circle One):

Home Apartment Trailer # of bedrooms: _____ # of bathrooms: _____

Who do you share your residence with? _____

Mailing Address if different from address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Your Employer: _____

Employer address: _____

Job title: _____ Length of employment: _____

Work Schedule: _____ Days off: _____

Your Attorney: _____ Phone #: _____

Attorney address: _____

and Street Suite # City State Zip Code

Name of other parent: _____ Phone# _____

Address: _____

and Street Suite # City State Zip Code

Are you and the other parent living apart? Yes No

If yes, how long have you been living apart _____

Date of marriage: _____ Date of separation: _____

If dissolution filed, when and where? _____

MINOR CHILD(REN)

List all children (under 18) whom you and the other parent have had together by birth or adoption:

	<u>Name</u>			Date of Birth	Age	Parent with whom residing
	First	Middle	Last			
1.	_____	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____	_____

EDUCATION OF CHILD(REN)

	Child	Name of School	Teacher/Counselor	Grade
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Child(ren's) activities and other special needs: (i.e., special classes, team activities, etc.) _____

CHILD DEPENDENCY

Have you or the other parent ever been involved, as a parent, in a juvenile dependency case about any of the above children? Yes No

If yes, explain _____

Have you or the other parent ever had contact with Child Protective Services (CPS) Yes No

If yes, in which state and country? _____ Case # _____
(if known)

Date _____

CPS worker's name _____

Explain reason for CPS contact _____

Are there any safety related issues that impact you or your children? Yes No

If yes, explain _____

Please note: Separate appointments may be requested when there is a history of **sworn** allegations of domestic violence or when there is a restraining order in place that protects one party from the other party.

DOMESTIC VIOLENCE

Has the other parent been violent or abusive to you? Yes No

If yes, explain: _____

How long ago did the incident(s) of abuse occur? Still on-going/0-6 months/6 months-1 yr. / + 1 yr.

When was the most recent violence or abuse? (date): _____

Please describe the violence or abuse: _____

Were the children present? Yes No

Was law enforcement called? Yes No Agency Name: _____

Was a law enforcement report made? Yes No

Have you ever asked for a restraining order against the other parent? Yes No

If yes, in which state and county? _____ Case # _____

Do you have a restraining order against the other parent now? Yes No

If yes, in which state and county? _____ Case # _____

If yes, you may bring a support person with you to mediation.

Are you worried that the other parent might be violent or abusive to you again? Yes No

Do you want to meet with the mediator separately? Yes No

If Yes, the mediator must meet with you separately if you check one of these spaces:

_____ I have a restraining order against the other parent.

_____ I declare, under penalty of perjury under the laws of the State of California, that the other Parent has been violent or abusive to me.

Sign your name: _____ Date: _____

SUBSTANCE ABUSE

Have you or the other parent ever abused drugs and/or alcohol? Yes No

If yes, explain: _____

Have you or the other parent ever participated and completed a drug treatment program? Yes No

If yes, explain: _____

CRIMINAL HISTORY

Have you or the other parent ever been arrested? Yes No

If yes, explain: _____

Have you or the other parent ever been convicted of a criminal offense? Yes No

If yes, explain: _____

Have you or the other parent ever been placed on probation? Yes No

If yes, explain (i.e., why and where placed on probation; name of probation officer): _____

CHILD CUSTODY AND VISITATION

Is there a court order regarding custody and visitation now? Yes No

If yes, briefly summarize it: _____

What parenting plan would you like to have? _____

YOUR SIGNATURE

DATE

Office Use Only

PETITIONER: _____ CASE NUMBER: _____

RESPONDENT: _____ SCHEDULED COURT DATE: _____

OTHER PARTY: _____