

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.) \_\_\_\_\_

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**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 \_\_\_\_\_

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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 \_\_\_\_\_

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

If yes, explain \_\_\_\_\_

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**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**

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\_\_\_\_\_  
*Office Use Only*

PETITIONER: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

RESPONDENT: \_\_\_\_\_ SCHEDULED COURT DATE: \_\_\_\_\_

OTHER PARTY: \_\_\_\_\_