

Case Number: \_\_\_\_\_

# FAMILY COURT SERVICES TIER 2 INTAKE FORM

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Other Names Used: \_\_\_\_\_  
(First) (Middle) (Last) (Nickname, Aliases, Maiden Name)

Address: \_\_\_\_\_ City: \_\_\_\_\_  
(Number and Street Name) (Apartment No.)

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Email: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Home) (Work / Cell)

## OTHER PARENT / PARTY'S PERSONAL INFORMATION

Other Parent's / Party's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(First) (Middle) (Last)

## EMPLOYMENT

Employer (If Unemployed, Please Write "Unemployed"): \_\_\_\_\_

Work Schedule:  MON  TUES  WED  THURS  FRI  SAT  SUN Work Hours: \_\_\_\_\_

## ATTORNEY

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## MINOR CHILDREN IN THIS CASE

Name	DOB	School	Name	DOB	School

## OTHER ADULTS IN YOUR HOME

Name	DOB	Relationship	Name	DOB	Relationship

## DOMESTIC VIOLENCE

1. Is there currently a Restraining Order in effect protecting you or the other parent?  YES  NO Expiration date: \_\_\_\_\_

2. Are you, under penalty of perjury, alleging that there is a history of domestic violence between you and the other parent?  YES  NO

3. If you answered YES to question #2:  
Were the child/ren present during the violence?  YES  NO Was medical attention required?  YES  NO  
Were any weapons involved?  YES  NO Was Law Enforcement involved?  YES  NO

4. Are you requesting a separate mediation session due to a history of domestic violence between you and the other parent?  YES  NO

If yes to #4, would you like for the FCS staff to provide you with information about creating a Safety Plan:  YES  NO

**If you answered 'YES' to questions #2 and #4, please immediately contact Family Court services by calling (559) 457-2100 and selecting option #4 to receive a packet regarding your request for separate mediation sessions.**

**QUESTIONNAIRE**

1. Do you currently have a Court order for custody and visitation:  YES  NO

Describe how much time each parent has with the child/ren since your separation?

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2. Please provide 2 detailed visitation schedule options, including specific days and times for exchanges:

Visitation schedule 1:  Sole Legal  Sole Physical  Joint Legal  Joint Physical

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Holiday Schedule:

Easter: \_\_\_\_\_ Thanksgiving: \_\_\_\_\_ Christmas: \_\_\_\_\_

Visitation schedule 2:  Sole Legal  Sole Physical  Joint Legal  Joint Physical

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Holiday Schedule:

Easter: \_\_\_\_\_ Thanksgiving: \_\_\_\_\_ Christmas: \_\_\_\_\_

3. Approximately, how many miles do you reside from the other parent? \_\_\_\_\_

4. Major areas of concern that would justify limited contact between the child/ren and the other parent:

- Substance abuse
- Child/ren's resistance to visitation**
- Neglect of medical care
- Use of inappropriate discipline
- Exposure to criminal behavior/Arrest History
- Child/ren's poor academic performance**
- History of child abuse / CPS/ Police involvement
- Unavailability of other parent to care for the child/ren

5. Briefly summarize the concerns you have regarding the custody and/or welfare of the child/ren: \_\_\_\_\_

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6. Do the child/ren have any special needs that could impact custody/visitation? \_\_\_\_\_

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**SIGNATURE**

I declare that the foregoing information, as provided in this entire form, is true and correct.

\_\_\_\_\_/s/\_\_\_\_\_  
(Date) (Signature)