SUPERIOR COURT OF CALIFORNIA
COUNTY OF FRESNO

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?

_____

_____

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

_____

_____

_____

Holiday Schedule:
Easter: _____ Thanksgiving: _____ Christmas: _____

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

_____

_____

_____

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: _____

_____

_____

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

_____

_____

SIGNATURE

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

_____ /S/ _____
(Date) (Signature)