SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO

FAMILY COURT SERVICES

REQUEST FOR SEPARATE COUNSELING SESSIONS

		PERSONAL INFORMATION						
Name: Date								
(First)	(Middle)	(Last)						
Phone Number(s): ()		()			()	() ()		
	(Home)		(Work)			(Message / Cell)		
OTHER PARENT / PARTY'S	PERSONAL INF	ORMATION			<u> </u>			
Other Parent's / Party's Name:					Date of Birth:			
	(First)	(Middle) (Last)						
DOMESTIC VIOLENCE								
Is there currently a Restraining O	rder in effect: 🗌 YI	ES 🗌 NO (If 'YES'	, provide expira	ation date c	of the Order)			
Has there ever been any police i		•				he other parent:		
YES NO (If 'YES', plea								
Location where the	Reason for Arrest or Police Involvement:			Police	Name & Phone Number			
Date: incident occurred:				Report Numbers	of Parole / Probation Officer			
		a tha damaatia vi						
Please answer the following q	-			-				
Were your children present during	L YES L N	ES NO Were police called:			📙 YES 📋 NO			
Were any weapons involved:	🗌 YES 🗌 N	YES NO Were charges filed:			🗌 YES 🗌 NO			
Was medical attention required:								
Are there police/sheriff reports:	🗌 YES	□ NO If	'YES', list re	port numb	ers:			
Estimate the total number of viole	ent incidents:							
Within the past year, has the frequencies	uency: 🗌 I	ncreased 🗌 Decr	eased 🗌 R	emained t	he same			
I would like for the Family Court S services for Victims of Domestic \		vide me with inform	ation about o	creating a	Safety Plan a	nd/or information about		
	_	_			ile hiliter e red la			
reschedule the newly assigned	ed appointment							
•	able to respond to	the statements mad	de by the oth	er parent o	during their se	eparate session with the		
I am aware that I have the op	otion to participate i	n a joint mediation	session and b	oring a sup	oport person t	o provide me with		
emotional support								
Was medical attention required: Are there police/sheriff reports: Estimate the total number of viole Within the past year, has the frequent I would like for the Family Court S services for Victims of Domestic N I am aware that my separate as reschedule the newly assigned I am aware that I may not be counselor I am aware that I have the op	YES ent incidents: uency: I Services staff to pro Violence: YI session will be assi ed appointment able to respond to	□ YES □ □ YES □ □ YES □ □ NO If □ If If □ If If □ If If <t< td=""><td>O Were c O Type of 'YES', list re eased R hation about c nily Court Se de by the oth</td><td>harges file f injuries: port numb emained ti creating a rvices ava er parent o</td><td>ed: pers: he same Safety Plan a ilability and I during their se</td><td>nd/or information about will not be able to eparate session with the</td></t<>	O Were c O Type of 'YES', list re eased R hation about c nily Court Se de by the oth	harges file f injuries: port numb emained ti creating a rvices ava er parent o	ed: pers: he same Safety Plan a ilability and I during their se	nd/or information about will not be able to eparate session with the		

(Date)

(Signature)