

Case Number: _____

FAMILY COURT SERVICES CCRC 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 OTHER MINOR CHILDREN

| 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 you answered 'YES' to questions #2 and #4, please immediately contact Family Court services via email at FresnoFCS@fresno.courts.ca.gov 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 a detailed visitation schedule, including specific days and times for exchanges:

Visitation schedule: 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:

- | | |
|--|---|
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Exposure to criminal behavior/Arrest History |
| <input type="checkbox"/> Child/ren's resistance to visitation | <input type="checkbox"/> Child/ren's poor academic performance |
| <input type="checkbox"/> Neglect of medical care | <input type="checkbox"/> History of child abuse / CPS/ Police involvement |
| <input type="checkbox"/> Use of inappropriate discipline | <input type="checkbox"/> 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? _____

7. Do you, the other parent and / or your child/ren have mental health needs: YES NO (If 'YES', please describe)

| Name | Nature of Problem | Name of Clinician | Psychiatric Hospitalization | Phone # |
|------|-------------------|-------------------|--|---------|
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

8. Have you or the other parent ever been arrested, or been in jail or prison: YES NO (If 'YES', please provide the following information)

• PLEASE BRING COPIES OF POLICE REPORTS, IF AVAILABLE

| Name of Person Arrested | Date of Arrest | County/State in Which Arrest Occurred | Reason for Arrest | Police Report Numbers | Name & Phone Number of Parole / Probation Officer |
|-------------------------|----------------|---------------------------------------|-------------------|-----------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |

ALCOHOL / DRUG ABUSE

Do you/other parent use, or have you/other parent ever used, illicit drugs and/or alcohol: YES NO
(If 'YES', please explain and provide any relevant information)

CHILD ABUSE

NOTE: Child Custody Recommending Counselors are mandated reporters and are required to report suspected child abuse to Child Protective Services (CPS)

FAMILY CODE §3027: Monetary Sanctions for False Accusations of Child Abuse or Neglect. (a) If a Court determines that an accusation of Child Abuse or Neglect made during a child custody proceeding is FALSE at the time the accusation was made, the Court may impose reasonable monetary sanctions not to exceed ALL COSTS INCURRED BY THE PARTY ACCUSED AS A DIRECT RESULT OF DEFENDING THE ACCUSATION and reasonable attorney fees incurred in recovering sanctions against the person making the accusation. For the purpose of this section, "person" includes "a witness", a "party" or a "party's attorney".

Is there currently, or has there ever been, a reasonable suspicion of child abuse: YES NO (If 'YES', please provide the following information)

| Date of Incident | Type of Abuse (Physical, Sexual, Emotional) | Was the Incident Reported to CPS or Police? | If 'YES', Name and Telephone Number of Agency or Social Worker |
|------------------|---|--|--|
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |

CURRENT RELATIONSHIP

Name of CURRENT Spouse or Partner: _____ Date of His/Her Birth: _____

Do You and Your Current Spouse, or Partner, Reside in the Same Home: YES NO

SIGNATURE

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

(Date)

/s/ _____
(Signature)