

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

Name	DOB	School

OTHER MINOR CHILDREN

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)