



Kings County Superior Court

Case# _____

Family Court Services (FCS) Intake Form for Formal CCRC

1. What is your full name and other names you are known by? _____
2. What is your date of birth? (month, day, year)? _____
3. What is your phone number and the address where you and the child(ren) will stay (number, street, city, state, and zip code)? _____ _____
4. Who else lives in the home? _____
5. How long have you lived at this address? _____
6. Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you have an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. If yes, what is your attorneys name? _____
9. Has there ever been domestic violence involving you, the other parent or child? <input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has a member of your household ever been involved in domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Is there a protective order or domestic violence restraining order in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No
12. Have you, the other parent, a member of your household, or the child ever had a referral, open case, or active case/investigation with Child Protective Services (CPS)? <input type="checkbox"/> Yes <input type="checkbox"/> No
a. Which county and state? _____
b. Did CPS give you and the other party a Safety Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No
13. Have you ever been cited or charged with a drug or alcohol related crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Has the other parent ever been charged with a drug or alcohol related offense? <input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are you currently on parole, informal or formal probation? <input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, what county? _____ When will you be off of parole or probation? _____
b. Is the other parent currently on parole probation? Unknown <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Has anyone you live with been arrested, convicted, or charged with a crime? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. If yes, what county and what crime(s)? _____
c. Has anyone living with the other parent have a criminal record? Unknown <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No
16. Did you read the Information Sheet on Family Court Services (FCS) and Formal Child Custody Recommendation Counseling (CCRC). <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Did you watch the Family Court Mediation Orientation video? <input type="checkbox"/> Yes <input type="checkbox"/> No

18. What is the name, date of birth and age(s) of each of the child(ren) in this case? _____

19. Is there a current custody and visitation order? Yes No

a. If yes, are the parties following the current orders? Yes No

b. If checked 'No' to either question, where does the child(ren) live and share time with each parent?

20. Do you want to change the current order? Yes No

a. If yes, who will make decisions about the child(ren)'s health, education, and welfare?

b. If yes, where will the child(ren) live and when will the child(ren) share time with the other parent?

c. If yes, how will this benefit the child(ren)? _____

21. What are your top three important concerns regarding the current informal plan or ordered plan?

a. _____

b. _____

c. _____

22. Do you have any safety concerns for the child(ren) while in the other parent's care? Yes No

23. If yes, what is your concern? _____

24. Have you ever been ordered to complete any of the following programs? Please check all that apply.

Batterer's Treatment Anger Management Alcohol/Drug Treatment DUI Driving Program

Co-Parenting Individual Counseling Child Endangerment or Child Abuse Prevention

25. Are you currently working? Yes No

a. If yes, what is your work schedule, what are your hours, and is this in the AM or PM?

Sun: Mon: Tue: Wed: Thu: Fri: Sat:

b. Who will watch the child(ren) when you are not available? _____

I declare under penalty of perjury under the laws of the State of California that the information provided above is true and correct.

Date: _____

(please print)

sign