Please print clearly and answer all questions.

Superior Court of the State of California, County of Kings Case No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Court Services (FCS)

Intake Form - For Formal Child Custody Recommending Counselor (CCRC)

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| --- |
| 1. Your full name (and any other names you’ve used?
 |
| 1. Your Date of Birth? (MM/DD/YYYY)
 |
| 1. Your contact Information:
	1. Phone number:
	2. Full address where you and the child(ren) will live (street, city, state, zip):
 |
| 1. Email address:
 |
| 1. Who lives in your home? (List names):
 |
| 1. How long have you lived at this address?
 |
| 1. Do you have a valid driver’s license?
 | [ ] Yes [ ] No |
| 1. Do you have an attorney?
	1. If yes, what is your attorney’s name:
 | [ ] Yes [ ] No |
| 1. Do you need an interpreter?
	1. If yes, what language:
 | [ ] Yes [ ] No |
| 1. Has there ever been domestic violence involving you, the other parent or child?
	1. Under California Family Code 3181, if there’s a history of domestic violence between parents, you may ask to meet separately. Do you want a separate session?
	2. If you have the right to meet separately, do you want to waive that right and meet together?
 | [ ] Yes [ ] No[ ] Yes [ ] No[ ] Yes [ ] No |
| 1. Has anyone in your household ever been involved in domestic violence?
 | [ ] Yes [ ] No |
| 1. Has there ever been a restraining order (past or present) for domestic violence or protection?
 | [ ] Yes [ ] No |
| 1. Have you, the other parent, or anyone in your household ever had a case or investigation with Child Protective Services (CPS)?
	1. Which county/state:
	2. Did CPS give you or the other parents a Safety Plan?
 | [ ] Yes [ ] No[ ] Yes [ ] No |
| 1. Have you ever been arrested or cited for a drug or alcohol related crime?
 | [ ] Yes [ ] No |
| 1. Has the other parent ever been arrested or cited for a drug or alcohol related crime?
 | [ ] Yes [ ] No |
| 1. Are you currently on parole or probation (formal or informal)?
	1. If yes, which county:
	2. When will it end:
 | [ ] Yes [ ] No |
| 1. Have you ever been cited or charged with a drug or alcohol crime?
 | [ ] Yes [ ] No |
| 1. Has the other parent ever been cited or charged with a drug or alcohol crime?
 | [ ] Yes [ ] No |
| 1. Are you currently on parole, informal or formal probation?
	1. If yes, in what county:
	2. When will your parole, probation, or other supervision end?
	3. Is the other parent on parole or probation right now?
	4. Has anyone in your home been arrested, charged, or found guilty of a crime?
	5. If yes, in what county and what was the crime?
	6. Does anyone in the other parent’s home have a criminal record?
 | [ ] Yes [ ] No[ ] Yes [ ] No[ ] Yes [ ] No[ ] Yes [ ] No |

|  |  |
| --- | --- |
| 1. Did you read the Family Court Services (FCS) and Child Custody Recommendation Counseling (CCRC) information sheet?
 | [ ] Yes [ ] No |
| 1. Did you watch the Family Court Mediation Orientation video?
 | [ ] Yes [ ] No |
| 1. What is the full name, date of birth, and age of each child in this case?

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| 1. Is there a current custody and visitation order?
	1. If yes, are both parents following that order?
	2. If not, where does the child live and how much time does the child spend with each parent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 | [ ] Yes [ ] No[ ] Yes [ ] No |
| 1. Do you want to change the current custody/visitation order?
	1. If yes, who will decide the child’s health, education, and welfare?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* 1. If yes, where will the child live and when will they be with each parent?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* 1. If yes, how will this change help the child?

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| 1. List your top three concerns about the current plan or court-ordered plan?
	1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| 1. Do you have any safety concerns for the child when they are with the other parent?
	1. If yes, what are your concern(s)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Yes [ ] No |
| 1. Have you ever been ordered to complete any of the following programs?

(Please check all that apply).

|  |  |
| --- | --- |
| * 1. [ ]  Batterer’s Treatment.
	2. [ ]  Anger Management.
	3. [ ]  Alcohol/Drug Treatment.
	4. [ ]  DUI Driving Program.
 | * 1. [ ]  Co-Parenting.
	2. [ ]  Individual Counseling.
	3. [ ]  Child Endangerment or Child Abuse Prevention.
 |

 | [ ] Yes [ ] No |
| 1. Are you currently employed?
	1. If yes, what is your work schedule? Please indicate the days and time you work, and whether it is in the morning or evening?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Sunday[ ] AM [ ] PMTime:  | Monday[ ] AM [ ] PMTime: | Tuesday[ ] AM [ ] PMTime: | Wednesday[ ] AM[ ] PMTime: | Thursday[ ] AM[ ] PMTime: | Friday[ ] AM[ ] PM Time:  | Saturday[ ] AM[ ] PMTime:  |

 * 1. Who will watch the child(ren) when you are not available? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ] Yes [ ] No |

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

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Full Name Sign Full Name