

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, str		
	city, state, and zip code)?		
4.	E-mail address:		
5.	Who else lives in the home?		
6.	How long have you lived at this address?		
7.	Do you have a valid driver's license?	Yes No	
8.	Do you have an attorney?	Yes No	
9.	If yes, what is your attorney's name?		
10.	Do you require an interpreter? Specify language	Yes No	
11.	Has there ever been domestic violence involving you, the other parent or child?	☐Yes ☐No	
Pursuant to Family Code 3181, where there has been a history of domestic violence between partie			
	separate sessions can be requested, are you requesting separate mediation?	Yes No	
	11 a. Waiver of separate session to participate in joint session with other parent	Yes No	
12.	Has a member of your household ever been involved in domestic violence?	☐Yes ☐No	
13. Is there/or has there ever been a protective order or domestic violence restraining order in effect?			
		Yes No	
14. 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)?	Yes No	
;	a. Which county and state?		
	b. Did CPS give you and the other party a Safety Plan?	Yes No	
15.	Have you ever been cited or charged with a drug or alcohol related crime?	Yes No	
16.	Has the other parent ever been charged with a drug or alcohol related offense?	Yes No	
17.	Are you currently on parole, informal or formal probation?	Yes No	
	a. If yes, what county? When will you be off of parole or p	robation?	
	b. Is the other parent currently on parole probation? Unknown	Yes No	
	c. Has anyone you live with been arrested, convicted, or charged with a crime?	Yes No	
	d. If yes, what county and what crime(s)?		

Please print clearly and complete all questions. e. Has anyone living with the other parent have a criminal record? Unknown Yes No 18. Did you read the Information Sheet on Family Court Services (FCS) and Formal Child Custody Recommendation Counseling (CCRC). Yes No 19. Did you watch the Family Court Mediation Orientation video? Yes No 20. What is the name, date of birth and age(s) of each of the child(ren) in this case? Yes No 21. Is there a current custody and visitation order? a. If yes, are the parties following the current orders? b. If checked 'No' to either question, where does the child(ren) live and share time with each parent? 22. 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)? 23. What are your top three important concerns regarding the current informal plan or ordered plan? 24. Do you have any safety concerns for the child(ren) while in the other parent's care? Yes No 25. If yes, what is your concern? _____ 26. 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 27. 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 (FCS 05/2024)