

Name of Case: _____ Case No: _____ Date of Appointment: _____

Name of Attorney: _____ Return form by : _____

FAMILY COURT SERVICES INTAKE FORM

Your Name :		Other Parent's Name:		
Mailing Address:		City:	State:	Zip:
Phone:	Email:	Driver's Lic No:		
Birth date:	Age:	Date of Separation:		
Length of Relationship:		Lived together? Y N	How Long?	

Children's Name (this action, only)				
	Age:	Birth date:		Age:
	Age:	Birth date:		Age:
	Age:	Birth date:		Age:
	Age:	Birth date:		Age:

Children's contact with **BOTH** parents over recent months:

Other Children that Reside in Your Household			
	Age:	Birth date:	Other Parent:
	Age:	Birth date:	Other Parent:
	Age:	Birth date:	Other Parent:
	Age:	Birth date:	Other Parent:

Kind of contact these children have with the other parent:

Other Marriages / Partnerships (Names)		
	From:	To:
	From:	To:

Current Residence <input type="checkbox"/> 1 BR <input type="checkbox"/> 2 BR <input type="checkbox"/> 3 BR <input type="checkbox"/> 4 BR <input type="checkbox"/> Apartment <input type="checkbox"/> House <input type="checkbox"/> Mobile		
Residence Address (Confidential):	From:	To:
Previous Addresses (last 2 yrs):	From:	To:
	From:	To:
	From:	To:

Current Partner Name:	<input type="checkbox"/> Spouse <input type="checkbox"/> Boyfriend <input type="checkbox"/> Girlfriend <input type="checkbox"/> Fiancé	Since:
Their Age:	Birth date:	Driver's License No.
Their Criminal Record:	Alcohol Use:	Drug Use:
Who else lives with you:	Relationship to you:	

Current Employer:	Title:	Months/Years:
Work Schedule (Days of week):	(Hours) From:	To:
Who Provides Childcare:	When:	
Previous Employer:	From:	To:
	From:	To:

Ever Received Benefits <input type="checkbox"/> Yes <input type="checkbox"/> No	What:	When:	How long:
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DO NOT ATTACH EXTRA PAGES – MUST BE FILED SEPARATELY BY DECLARATION

MILITARY SERVICE

Currently Enlisted in: _____ Status of Deployment: _____

Are you a Veteran Yes No

Do you receive Military related services? _____

CHILD SUPPORT

Are you and the other Party in Agreement with regard to Child Support? Yes No Not Applicable

PLEASE BE ADVISED THAT FAMILY COURT SERVICES DOES NOT DEAL WITH CHILD SUPPORT

MEDIATION/CHILD CUSTODY RECOMMENDING COUNSELING

Previous Mediation Yes No

If yes with this Parent? Yes No

Other Parent: _____

Which Parent filed this current action? _____

Is there a current Order in Place? Yes No

What do you want from this Action: _____

What has been the Parenting Plan in operation in the last Six Month: _____

1. _____

2. _____

3. _____

YOUR PROPOSED PARENTING PLAN

Father	Weekdays:	Weekends:
Mother	Weekdays:	Weekends:
Holidays/Vacations:		

YOUR PRIOR ARRESTS/PENDING CHARGES

When	Sentence

DOMESTIC (PHYSICAL) VIOLENCE BETWEEN YOU

Police Report Yes No

When: _____ Where: _____

Medical Report Yes No

When: _____ Where: _____

Children Observed it Yes No

Describe: _____

OTHER DOMESTIC VIOLENCE: Who: _____ When: _____ Conviction: Yes No

Describe: _____

CHILD PROTECTIVE SERVICES CONTACTS: Yes No You Ex Partner Children Present Partner

When? Explain: _____

ABUSE / NEGLECT / MOLEST: By Anyone in this Case Yes No

Who: _____

Person(s) Abused: _____

Explain: _____

Have you ever been accused of: Child Abuse Yes No

Child Molest Yes No

Explain: _____

Anyone in this Case threatened to kill		Themselves <input type="checkbox"/> Yes <input type="checkbox"/> No	Someone <input type="checkbox"/> Yes <input type="checkbox"/> No	Who:
When:	Explain:			

YOUR ALCOHOL USE

Avg. # Drinks per	Day:	Week:	Month:	Ever a Problem for you	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:
Alcohol Related Arrest	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:		Alcohol Related Conviction	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:
Attend AA/NA now	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many meetings/week:				

OTHER PARENT'S ALCOHOL USE

Avg. # Drinks per	Day:	Week:	Month:	Ever a Problem for them	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:
Alcohol Related Arrest	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:		Alcohol Related Conviction	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:
Attends AA/NA now	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many meetings/week:				

YOUR NON PRESCRIPTION DRUG USE

Avg. USE per	Day:	Week:	Month:	Ever a Problem for you	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:
DRUG Related Arrest	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:		DRUG Related Conviction	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:
Attend NA now	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many meetings/week:				

OTHER PARENT'S NON PRESCRIPTION DRUG USE

Avg. USE per	Day:	Week:	Month:	Ever a Problem for them	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:
DRUG Related Arrest	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:		DRUG Related Conviction	<input type="checkbox"/> Yes <input type="checkbox"/> No	When:
Attends NA now	<input type="checkbox"/> Yes <input type="checkbox"/> No	How many meetings/week:				

Any Other Drug issues:

Ever Taken Prescription Medication for Mental Health Reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
From When to When?	Medication:

Counseling History: Couple Family Individual Child/Children Specify:

With whom?	From when to when?	# of sessions
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Any Reason to limit contact of the Children with anyone? Yes No Who?

Because?

What are positive and negative results of the child spending time with the other parent?

Positive:

Negative:

What are positive and negative results of the child spending time with you?

Positive:

Negative:

What could you do to encourage a cooperative and acceptable solution of this custody dispute? Be positive, specific & realistic:

I certify that the above is true and correct. (Signed) _____ Date _____

**IF THERE ARE DOMESTIC VIOLENCE ISSUES,
PLEASE READ THE NEXT PAGE**

This form will not be approved unless it is completed in full.

THIS FORM IS OPTIONAL, COMPLETE THIS FORM ONLY IF YOU ARE REQUESTING A SEPARATE SESSION OR A SUPPORT PERSON.

Parties who have been involved in Domestic Violence or who have filed for a Domestic Violence Restraining Order may request to meet separately with the Child Custody Recommending Counselor (CCRC) to discuss custody and visitation matters and/or to have a support person present (Family Code Section 3181). Such a request requires that there was physical violence in the relationship, and requires you to sign a document declaring such under penalty of perjury. If you are requesting a separate appointment and/or a support person, please fill out and sign this declaration. In Shasta County trained support people are available to help in this regard.

Please print the following information:

Name: _____ Case # _____

Address: _____

City: _____ State: _____ Zip: _____

Which party initiated/led the action? Mother Father

A Support Person A Separate Appointment

UNDER PENALTY OF PERJURY, I DECLARE THAT THERE HAS BEEN PHYSICAL DOMESTIC VIOLENCE IN MY RELATIONSHIP WITH THE OTHER PARTY, AND THE FOLLOWING THINGS ARE TRUE CONCERNING MY CASE:

I have been the victim of physical violence (i.e. hitting, assault, violent conduct) in this relationship. Explain: _____

I have filed a domestic violence restraining order. When: _____ Where: _____

I was granted a Domestic Violence Restraining Order. When: _____ Where: _____

There was a police report filed regarding this domestic violence. When: _____ Where: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Approved Denied

**PLEASE COMPLETE ONLY IF YOUR CHILDREN RESIDE OUTSIDE OF A
100 MILE RADIUS OF THE CITY OF REDDING**

Please Print

Your Name:	Other Party:
Case No.	

For Children in this Case ONLY

Name of City and State where Child(ren) reside:				
Approximate Miles outside Radius	<input type="checkbox"/> 100 miles	<input type="checkbox"/> 150 miles	<input type="checkbox"/> 200 miles	<input type="checkbox"/> over 200

Child(ren) are over the age of 5 years Yes No

It is sometimes necessary for the Child Custody Recommending Counselor to interview minor children. It is our policy that a parent with whom the children reside (coming from a distance of over 100 miles) **make the child(ren) available in Redding** to be interviewed (if necessary) on the day of the Parent's appointment. Otherwise, if it is necessary the child(ren) be interviewed, it may require another trip costing that parent more time and money.

Family Court Services **does not provide child care** so, if you are bringing the children, you will need to make arrangements for someone to care for your child(ren) during your appointment.

If **BOTH PARENTS** agree that it is not necessary that the minor child(ren) be interviewed, an exception can be made. Any exceptions must be approved by the Family Court Services Manager/Director.

**IT IS YOUR RESPONSIBILITY TO CONTACT FAMILY COURT SERVICES
AT (530) 225-5707 IF YOU ARE REQUESTING AN EXCEPTION**

**DECLARATION UNDER PENALTY OF PERJURY
FAMILY COURT SERVICES ORIENTATION**

I, _____,
(PLEASE PRINT NAME)

declare under penalty of perjury that I have read the **Welcome to Family Court Service packet**, and watched the **Family Court Services Parent Orientation Video**, available online at shasta.courts.ca.gov

Date _____ Signature _____

After your appointment with Family Court Services, if the parties were unable to come to a stipulated agreement, a recommendation will be sent to the Court. Please select from the following:

I would like to receive my report via:

Email: _____

Mail: _____

Both: _____

Please Note: If you are represented by legal counsel a copy of the report will be sent directly to your attorney of record.

