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:		Birth date:	Age:
	Age:	Birth date:		Birth date:	Age:
	Age:	Birth date:		Birth date:	Age:
	Age:	Birth date:		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 ☐ 1 BR ☐ 2 BR ☐ 3 BR ☐ 4 BR ☐ Apartment ☐ House ☐ Mobile		
Residence Address (Confidential):	From:	To:
Previous Addresses (last 2 yrs):	From:	To:
	From:	To:
	From:	To:

Current Partner Name:	☐ Spouse ☐ Boyfriend ☐ Girlfriend ☐ 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 ☐ Yes ☐ No	What:	When:	How long:

DO NOT ATTACH EXTRA PAGES – MUST BE FILED SEPARATELY BY DECLARATION

Intial _____

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:		

LIST YOUR MAJOR ISSUES
1.
2.
3.

YOUR PROPOSED PARENTING PLAN		
Father	Weekdays:	Weekends:
Holidays/Vacations:		
Mother	Weekdays:	Weekends:
Holidays/Vacations:		

YOUR PRIOR ARRESTS/PENDING CHARGES	When	Sentence

DOMESTIC (PHYSICAL) VIOLENCE BETWEEN YOU ☐ Yes ☐ No		Number of Times:
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:		

Initial _____

Anyone in this Case threatened to kill	Themselves ☐ Yes ☐ No	Someone ☐ Yes ☐ No Who:
When:	Explain:	

YOUR ALCOHOL USE					
Avg. # Drinks per	Day:	Week:	Month:	Ever a Problem for you ☐ Yes ☐ No	When:
Alcohol Related Arrest ☐ Yes ☐ No	When:			Alcohol Related Conviction ☐ Yes ☐ No	When:
Attend AA/NA now ☐ Yes ☐ No	How many meetings/week:				

OTHER PARENT'S ALCOHOL USE					
Avg. # Drinks per	Day:	Week:	Month:	Ever a Problem for them ☐ Yes ☐ No	When:
Alcohol Related Arrest ☐ Yes ☐ No	When:			Alcohol Related Conviction ☐ Yes ☐ No	When:
Attends AA/NA now ☐ Yes ☐ No	How many meetings/week:				

YOUR NON PRESCRIPTION DRUG USE					
Avg. USE per	Day:	Week:	Month:	Ever a Problem for you ☐ Yes ☐ No	When:
DRUG Related Arrest ☐ Yes ☐ No	When:			DRUG Related Conviction ☐ Yes ☐ No	When:
Attend NA now ☐ Yes ☐ No	How many meetings/week:				

OTHER PARENT'S NON PRESCRIPTION DRUG USE					
Avg. USE per	Day:	Week:	Month:	Ever a Problem for them ☐ Yes ☐ No	When:
DRUG Related Arrest ☐ Yes ☐ No	When:			DRUG Related Conviction ☐ Yes ☐ No	When:
Attends NA now ☐ Yes ☐ No	How many meetings/week:				

Any Other Drug issues:
Ever Taken Prescription Medication for Mental Health Reasons? ☐ Yes ☐ No
From When to When? Medication:

Counseling History: ☐ Couple ☐ Family ☐ Individual ☐ Child/Children Specify:
With whom? From when to when? # of sessions _____

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/filed 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	☐ 100 miles	☐ 150 miles	☐ 200 miles	☐ 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