CONFIDENTIAL FAIVILY COURT SERVICES FORM

TODAY'S DATE:	AY'S DATE: CASE NUMBER:			
MEDIATION DATE:			MEDIATOR'S NAME:	
PERSONAL INFORMATION Your full name: Your address:			Your date of birth:	
Your phone #:Your email address:		Vour coll	State:	Zip code:
If you have an attorney:				
Attorney's name:	٠.	Atto	orney's phone#	
OTHER PARENT/PARTY'S INFORM	MATION			
OTHER PARENT/PARTY'S NAME		×	DATEO	F RIRTH
MINOR CHILDREN IN THIS CASE		-	DATE O	DIKITI
Did you and the other parent ever Are you and the other parent living if not, when did you step! RELATED CASES Are you and your family involved in fyes, please complete the following	live together together not living togethe other court o	? Yes _ w? Yes _	DATE OF No No	BIRTH
Case Type	Current	Past	Specify County	Specify Family Member
Juvenile Dependency	7			(i.e. you, other parent)
Juvenile Delinquency				
Probate Guardianship				
Domestic Violence Restraining Order Criminal Case				
Other Other				
Substance abuse Child/ren's resistance to visitation Neglect of medical care School attendance/tardiness	Exposu	re to crime en's poor a of child ab	theck those that ap inal behavior/ arrest academic performanc ouse/ CPS/ Police invo other parent to care f	history ce Divement
Use of inappropriate discipline				

1. Is there a Restraining Order in effect at this time? Yes No 2. Are you, under penalty of perjury, reporting that there is a history of domestic violence between you and the other parent? Yes ____ No ____ 3. Were the child/ren present during the abuse/violence? Yes No 4. Are you requesting a separate mediation session due to a restraining order or history of domestic violence between you and the other parent? Yes ____ No ____ · Has the other parent ever: (circle all that apply) a. Yelled at you or called you names i. Choked, strangled, or smothered you b. Threatened you or your child with harm j. Threatened to use a gun, knife or other weapon c. Broken or thrown things k. Used guns, knives or other weapons d. Hurt, or threatened to hurt pets I. Forced sex on you e. Pushed or shoved you m. Stalked, followed or harassed you f. Slapped, hit, kick, or bit you n. Destroyed or stolen your personal property g. Threatened to take your child from you o. Bruised, scraped, or hurt you h. Threatened to have you deported or to call immigration Please list any other physical injuries, verbal abuse or threats made against you by the other parent: Please write the date of the most recent incident: Are you afraid of the other parent? Yes _____ No ____ You have the right to bring a support person and to attend mediation on a separate date or at a separate time, if any of the following statements are true. A support person must not be someone who is involved in the conflict between you and the other parent. A support person cannot speak during the mediation and can be told to leave if they are disruptive or their presence disrupts the mediation process. SIGNATURE I declare, under penalty of perjury, that the information on this form is true and correct. Date: Signature: Print name: NO AGREEMENT OR PARTIAL AGREEMENT In the event of no agreement or a partial agreement regarding custody and visitation, I consent to disclosure of unresolved issues to the Judicial Officer. Please print name Signature Date

DOMESTIC VIOLENCE