

FAMILY INFORMATION FORM AND URGENT CONCERNS

This form must be completed with any petition and response in any family law, domestic violence or probate guardianship action INVOLVING MINOR CHILDREN.

This form, once completed, is a confidential document. It is not available for public viewing, but it can be viewed by the judge, the child custody recommending counselor (counselor), your attorney, the opposing attorney, and the other party.

Case Number:

First filing of this form Subsequent filing of this form

TELL US ABOUT YOURSELF AND THE OTHER PARTY TO THIS ACTION			
Your Last Name	Middle Name	First Name	Date of Birth
Address:		Email:	
Home Phone #	Cell Phone #	Work Phone#	
Other Party's Last Name	Middle Name	First Name	Date of Birth
Address:		Email:	
Home Phone #	Cell Phone #	Work Phone#	
Are you represented by an attorney in this case: <input type="checkbox"/> Yes <input type="checkbox"/> No If you, please provide the attorney's name and contract information:			
Do you need an interpreter? If YES, for what language? _____			<input type="checkbox"/> YES <input type="checkbox"/> NO

URGENT CONCERNS	
Domestic Violence, Child Kidnapping, Child Sexual Abuse, Health, Schooling, Delinquency	
1. Are you currently afraid of the other parent or anyone else living in the home for any reason? If yes, what is your concern? (use the back side of this form if necessary) _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Do you have concerns about the health, safety, or schooling of any children living in the home? If yes, what is your concern? (use the back side of this form if necessary) _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Do you have any concerns about the safety of the child/children when with the other parent? If yes, the counselor will talk with you about your concerns. Is there anything you would like to briefly write to the counselor about this now? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Has Child Protective Services ever contacted you about any of your child/children?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Has a request for a restraining order been filed within the last five(5) years?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. Is there a restraining order in place right now?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Do you have any concerns about your case and plans for parenting your child/children with the other parent in the same room with you?	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered yes to any of the questions listed above, your case may be one where a “separate session” must be provided. If there are allegations or a history of domestic violence, or if there is a restraining order in your case, you have the right to meet with the child custody recommending counselor without the other party upon request for a separate session.

8. Would you like a separate session? YES NO

9. Do you have any concerns about drug or alcohol abuse by the other parent(or within the family)? YES NO

10. If you have concerns about mental health issues with the other parent or within the family briefly describe:

Family Court Services Child Custody Recommending Counseling

Have you ever been to family court services child custody recommending counseling before? YES NO **If yes, please explain**

Have you completed an orientation about family court services mediation yet? YES NO

If yes, please provide Yolo Superior Court Family Court Services with a proof of completion

What do you feel needs to be discussed in mediation (i.e. custody, visitation schedule, vacation, holidays transportation)
