

## FAMILY INFORMATION FORM AND URGENT CONCERNS

**This form must be completed and filed with a petition and/or 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 discussing 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:

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### 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

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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)

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### Other Court Cases

a. Have you or the respondent been involved in another court case?  YES  NO

*If yes, check each kind of case and indicate where and when each was filed:*

<u>Kind of Case</u>	<u>Where Filed</u>	<u>Year Filed</u>	<u>Case Number (if known)</u>
<input type="checkbox"/> Divorce, Nullity, Legal Separation	_____	_____	_____
<input type="checkbox"/> Civil Harassment	_____	_____	_____
<input type="checkbox"/> Domestic Violence	_____	_____	_____
<input type="checkbox"/> Criminal	_____	_____	_____
<input type="checkbox"/> Juvenile, Dependency, Guardianship	_____	_____	_____
<input type="checkbox"/> Child Support	_____	_____	_____
<input type="checkbox"/> Parentage, Paternity	_____	_____	_____
<input type="checkbox"/> Other (specify):	_____	_____	_____