

SUPERIOR COURT OF CALIFORNIA, COUNTY OF MARIN

P.O. Box 4988
San Rafael, CA 94913-4988

CONFIDENTIAL

DATE: _____ CASE NO. _____

YOUR INFORMATION

Name _____

Mailing Addr. _____

City/Zip _____

Cell Phone _____

Email _____

☐ Interpreter needed. Language _____

OTHER PARENT'S INFORMATION

Name _____

Mailing Addr. _____

City/Zip _____

Cell Phone _____

Email _____

☐ Interpreter needed. Language _____

YOUR ATTORNEY

☐ Self Represented Litigant

Name _____

Mailing Addr. _____

Email _____

OTHER PARENT'S ATTORNEY

☐ Self Represented Litigant

Name _____

Mailing Addr. _____

Email _____

CHILD(REN) AT ISSUE

Name: _____ D.O.B.: _____ Living With: _____

Name: _____ D.O.B.: _____ Living With: _____

Name: _____ D.O.B.: _____ Living With: _____

Name: _____ D.O.B.: _____ Living With: _____

1. Are there orders from another county or from juvenile court concerning your children? ☐ YES ☐ NO
2. Is there a currently open Child and Family Services Case (CFS or CPS)? ☐ YES ☐ NO
3. Are you currently concerned about your safety? ** ☐ YES ☐ NO
4. Are there police reports for abuse/violence for you, your children, or the other parent? ** ☐ YES ☐ NO
5. Have you or the other party ever had a Protective Order or Restraining Order? ** ☐ YES ☐ NO
If the answer is yes to #5, what date was it issued? _____ Has it expired? ☐ YES ☐ NO
6. Is there any past/current Criminal Case for you or the other party? ☐ YES ☐ NO
7. Have you reviewed the FCS Orientation materials? ☐ YES ☐ NO
8. One or more of the following has occurred in your relationship:
-Physical Violence and/or Sexual Assault _____ ☐ YES ☐ NO
Describe _____
-Threats _____ ☐ YES ☐ NO
Describe _____
-Other DV (Stalking, Disturbing the Peace, ect.) _____ ☐ YES ☐ NO
Describe _____

PARTNER ABUSE PROCEDURES NOTICE (California Rules of Court 5.215): If a party to this action has made a written allegation of domestic violence under penalty of perjury or is a party protected by a Restraining Order then that party may request separate sessions and/or have a support person present in session. If you are the protected party, you may waive separate sessions, as applicable (Family Code Section 3181).

****IF YOU ARE A VICTIM OF PARTNER ABUSE AS DEFINED ABOVE AND REQUEST SEPARATE SESSIONS, PLEASE CHECK HERE ☐ *****

Under penalty of perjury, I swear I have completed the above information truthfully and to the best of my knowledge. I agree to appear at all sessions and to cooperate in the mediation or child custody recommending counseling process.

SIGN _____ DATE _____