

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 _____