

LASSEN SUPERIOR COURT - FAMILY COURT SERVICES

CHILD CUSTODY RECOMMENDING COUNSELING (CCRC)/MEDIATION QUESTIONNAIRE

Court Case # _____

Mediation (Voluntary)

CCRC (Court Ordered)

Full Legal Name: _____

Date of Birth: ____/____/____

Former or Other Names: _____

****NOTICE: THE ADDRESS LISTED BELOW WILL BE ACCEPTED AS A NOTICE OF CHANGE OF ADDRESS FOR YOUR COURT CASE FILE, WHEN APPROPRIATE.**

Mailing Address: _____

THE FOLLOWING INFORMATION IS CONFIDENTIAL AND IS USED TO FACILITATE YOUR CCRC/MEDIATION. THE INFORMATION PROVIDED IS FOR COURT PERSONNEL ONLY.

Physical Address: _____

Best Phone Number(s) to Reach You: _____

Employer: _____

Other Parent's Name: _____ Other Parent's Ph #: _____

Former or Other Names: _____

Other Parent's Mailing Address: _____

Approximate Date of Separation: ____/____/____

Length of Relationship/Marriage: _____

Are you represented by an attorney? Yes No Attorney's name: _____

Does the other parent have an attorney? Yes No Name: _____

Have you been to CCRC/Mediation before? Yes No

If yes, County and Date: _____

What are your expectations about CCRC/Mediation?

Date of Next Scheduled Court Appearance: ____/____/____

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Please check all the issues that have currently been referred to CCRC?

- Custody and Visitation Restraining Orders
 Civil Harassment Orders Other (Please Specify):
-

Are you requesting separate appointments because of domestic violence? Yes No
If yes, please completed the attached *Declaration Alleging Domestic Violence*.

Are you requesting the presence of a support person because of domestic violence? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

Are you on probation or parole? Yes No

If yes, please provide the name and phone number of your probation/parole officer and the terms of your parole/probation.

Is there a no contact provision with the other party as a condition of your parole/probation? Yes No

Are you a registered sex offender? Yes No

Do you currently have or have you ever had a restraining order/criminal protective order issued against you? If yes, what is the case number, issuing county, issuing date and who was the other party? Please provide a copy. Yes No

Is there anyone living in your house that is required to register as a sex offender? If yes, what is their name? Yes No

Have you participated in supervised visitation services within the last year? If yes, what is the name, address and phone number of the agency? Yes No

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CHILDREN'S NAMES INVOLVED IN THIS CASE AND OTHERS LIVING IN THE HOUSEHOLD	AGE	DATE OF BIRTH

Briefly describe the events that led to this custody dispute? _____

Do you believe there is something that might be interfering with a cooperative and acceptable resolution of the dispute? Yes No If yes please describe: _____

What do you think both parents could do to create greater cooperation? _____

Is there any alcohol or drug abuse that you feel creates an unsafe environment for your children? Yes No If yes, please describe: _____

Is there anything else we should know about your current situation and/or case? _____

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Sessions often occur with both parents in the same room together. Do you have any concerns about mediating in the same room together with the other parent?	Yes	No
Are you fearful of the other parent for any reason?	Yes	No
Has the other parent ever threatened to harm you in any way?	Yes	No
Has the other parent ever threatened to deny you access to your children?	Yes	No
Do you have any concerns about the children's emotional or physical safety with you or the other parent?	Yes	No
Have you ever had a case with or been reported to Child Protected Services for child abuse or neglect?	Yes	No
Has there ever been medical treatment or hospitalization for psychiatric disorders in the immediate family?	Yes	No

Have there been any instances of domestic violence in your relationship with the other parent?
 Yes No If yes, please complete the attached ***Declaration of Alleged Domestic Violence.***

 Date

 Signature

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DECLARATION ALLEGING DOMESTIC VIOLENCE

A party alleging a history of domestic violence may request separate appointments with the Child Custody Recommending Counselor/Mediator by completing this form.

I, _____, am the mother father. There is a history of domestic violence between myself and the other parent.

The most recent incidence of violence (verbal, emotional or physical) occurred on: ____/____/____
Describe the most recent incidence of violence between you and the other party: _____

Describe the frequency of violence between you and the other party: _____

Describe past incidents of domestic violence: _____

What was the worst or most humiliating thing that ever happened? _____

How would you describe the severity of the violence? _____

Was law enforcement every involved? Yes No

List the identities of children and other individuals present at violent incidents or otherwise exposed to domestic violence: _____

Do you have fear about answering these questions? Yes No If yes, briefly state why: _____

Do you have concerns about future violence? Yes No

Do you feel you are ready to begin working with the other parent to develop a parenting plan? If no, briefly state why: _____

I am I am not requesting separate appointments.

I am I am not requesting that a support person be present.

I declare under penalty of perjury under the laws of the state of California that the foregoing is true and correct.

Dated: _____
Signature of Declarant