Date:					
Case No.:		Case	e Name:		
Full Name:		Date of Birth:			
Name of Other Party:		Date	e of Birth:		
Address:					
St	reet	City	State	Zip Code	
Home Phone:	Cell Phone:		Work Pho	one:	
Occupation:					
Source of Income, if not	employed:				
Self -Represented: Yes [No				
Attorney's Name:	ttorney's Name: Telephone Number:				
Does your child (ren) red benefits?	ceive Medi-Cal benefit	s or is you	r child (ren) eligi	ble to receive Medi-Cal	
When did you stop living	g together?				
Name(s) and date of bir	th of child (ren):				
Up until now, what has	been the parenting sch	nedule wit	h the child (ren)	?	

1.	I. Are there any current orders related to the custody and/or visitation of your childr					
2.	Are there court orders related to these child (ren) from any other court?					
	In a proceeding in which child recommending counseling is required where there has been a history of domestic violence between parties or where a protective order is in effect, at the request of the party alleging domestic violence in a written declaration under penalty of perjury or protected by court order, the child custody recommending counselor shall meet with the parties separately and at separate times unless the party alleging domestic violence, after a separate inquiry by the counselor, requests that the child recommending custody counseling occur at the same time and in the presence of and with the other party.					
3.	Has there been domestic violence or abuse in the family?					
	Yes No					
	Is there currently a domestic violence or a criminal protective restraining order?					
	Yes No					
	If Yes to either question, please explain: (Use backside of sheet, if needed)					
	If you are alleging domestic violence or are a protected party by any type of protective order, are you requesting separate child custody recommending counseling?					
	Yes No					

4. Have there been any reports to Child Protective Services (CPS) or the police related to your child (ren)? If yes, please explain.

5. Are there or have there been any Dependency Petitions under Welfare and Institutions Code Section 300 (Abuse or Neglect)? If yes, please explain.

- 6. Are drugs and/or alcohol an issue? If yes, please explain.
- 7. Have you or anyone living in your home been convicted of a drug or alcohol related offense in the last 5 years? If yes, please explain.
- Have you or anyone in your home received treatment or been hospitalized for drug and/or alcoholism? If yes, please explain.

9. Are you or anyone in your home being treated by a doctor for a mental illness?

Yes	No 🗌 If yes, has the doctor prescribed medication for mental illness?	Please
explain.		

- 10. Are you or anyone in your home currently or in the past 5 years, on probation or parole? If yes, please explain.
- 11. Do you or anyone in your home have parole/probation conditions and/or restrictions related to children? If yes, please explain.
- 12. Are you or anyone living in your home legally required or court ordered to registrar as an offender (drug, arson, sex)? If yes, please explain.
- Have you or anyone living in your home ever been convicted of criminal activity?
 If yes, please explain.

14. What issues are preventing the reaching of an agreement?



FINAL STEPS

Once this form is completed, please return the form to the clerk's office for processing

prior to the CCRC/mediation session.

If your case is in the Nevada City location:

- You may drop this form off at the counter in Suite 5 between 8am and 2pm
- In the drop box at the front of the building or the drop box in front of the clerk's office
- Email it in to <u>nccounter@nccourt.net</u>.

If your case is at the Truckee location

- You may drop this form off at the clerks counter between 8am and 4pm
- In the drop box past security inside the building
- Email it in to trcounter@nccourt.net.

Thank you for your time!

I declare under penalty of perjury under the laws of the State of California, that the information that I have provided above is true and correct.

Name

Date