

 **STATE OF CALIFORNIA**

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| ***MEDIATION INTAKE / QUESTIONNAIRE*** |

**MADERA SUPERIOR COURT**

 **Family Court Services**

 **200 South G Street**

 **Madera, CA 93637**

 **PH #: (559) 416-5560**

 **FAX #: (559) 673-8216 CASE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NEXT COURT DATE: \_\_\_\_\_\_\_\_\_\_**

 **FCS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REFERRAL: [ ]** Mediation (1st free; child interviews **$100/parent**) **[ ]** Mediation Re-referral or Review **($100 per parent**)

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| **SECTION 1: YOUR NAME:** |
| YOUR NAME (Last, First, Middle): | EMAIL ADDRESS **(PRINT CLEARLY):** |
| DATE OF BIRTH: | ATTORNEY NAME / TELEPHONE # / FAX #: |
| TELEPHONE #: | HOME ADDRESS: | CITY: | STATE: | ZIP CODE: |
| **MAILING ADDRESS IF DIFFERENT THAN HOME ADDRESS: (IMPORTANT YOU INCLUDE TO RECEIVE CORRESPONDENCE)`** |
| **Does the other parent know where you live? [ ]** Yes[ ]  No |
| ***\*NOTE: REPORTS WILL BE E-MAILED TO YOU AT THE E-MAIL ADDRESS YOU PROVIDE ABOVE\****  |
| **NAME OF EMPLOYER** **OR** (***IF UNEMPLOYED, WRITE “UNEMPLOYED”***):WORK SCHEDULE EACH DAY (start time and end time): |
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY  | THURSDAY | FRIDAY | SATURDAY |
| Who watches the child/ren when you are unavailable? Please give their name and telephone #: |
| **SECTION 2: OTHER PARENT’S INFORMATION (FILL OUT AS BEST YOU CAN):** |
| OTHER PARENT’S NAME (Last, First):  | ADDRESS OF OTHER PARENT: | CITY: | STATE: | ZIP CODE: |
| DATE OF BIRTH: | TELEPHONE #: | ADDRESS WHERE THE OTHER PARTY WAS SERVED: |
| **SECTION 3: CONCERNS AND PROPOSALS** |
| 1. What are the **top three** most important concerns you would like to discuss with Family Court Services?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Is there a current court order? **[ ]** Yes[ ]  No
2. Whether there is a court order or a verbal agreement only between you and the other party, please answer the following:
3. According to the current parenting plan, who is supposed to make major decisions about the child(ren)’s health, education and welfare? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 1. According to the current parenting plan, who is the child supposed to live with?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. According to the current parenting plan, when is the child/ren supposed to spend time with each parent?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Do you want the current parenting plan to change? **[ ]** Yes[ ]  No IF YES, please answer the following:
2. I want to change major decisions (health, education and welfare) to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. I want to change who the child/ren live with to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. I want to change the schedule of when the child/ren spends time with each parent to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. If you want the current parenting plan to change, how would your proposed changes benefit the child/ren?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **SECTION 4: CHILD/REN’S INFORMATION (FILL OUT ALL INFORMATION AS BEST YOU CAN)** |
| NAME: (First) (Last)  |  DOB | GRADES (A’s, B’s?) / ATTENDANCE: | THIS CHILD HAD COUNSELING? |
|  |  |  | **[ ]** Yes[ ]  No |
|  |  |  | **[ ]** Yes[ ]  No |
|  |  |  | **[ ]** Yes[ ]  No |
|  |  |  | **[ ]** Yes[ ]  No |
| **SECTION 5: ABOUT THE OTHER PARENT (DO NOT LEAVE BLANK):** |
| 1. What are the other parent’s strengths as a parent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. What are the other parent’s weaknesses as a parent? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Has the other parent ever been in counseling or had substance abuse issues? **[ ]** Yes[ ]  No IF YES, when and for what issue(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 |
| **SECTION 6: YOUR INVOLVEMENT IN COUNSELING, THE COURTS AND CPS** |
| 1. Have you ever been in counseling or had substance abuse issues? **[ ]** Yes[ ]  No IF YES, for what issue(s)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 1. Have you ever been arrested? **[ ]** Yes[ ]  No IF YES, when and for what charge(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_1. Has Child Protective Services (CPS) ever been involved with your family for allegations of child abuse or neglect? **[ ]** Yes[ ]  No IF YES, when and what was the outcome?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **STATE OF CALIFORNIA**

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|  ***CONFIDENTIAL DOMESTIC VIOLENCE QUESTIONNAIRE****Revised February 2019* |

**MADERA SUPERIOR COURT**

 **Family Court Services**

 **200 South G Street**

 **Madera, CA 93637**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



*Pursuant to California Code Family Code §3181, if a party alleging domestic violence in a written declaration under penalty of perjury or a party protected by a protective order so requests, the mediator will meet with the parties separately and at separate times.*

***THESE QUESTIONS APPLY TO YOU AND THE OTHER PARENT ONLY:***

1. When did you and the other parent separate? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Has there ever been domestic violence involving you and the other parent? **[ ]** Yes [ ]  No IF YES, when did the domestic violence occur? **[ ]** Within the past year[ ]  1 to 5 years ago **[ ]**  More than 5 years ago
3. If there has been domestic violence over the past year, have the frequency of incidents:

 [ ]  Decreased **[ ]**  Increased **[ ]** Remained the same

1. Is there a current protective order or restraining order? **[ ]** Yes [ ]  No
	1. IF YES, what kind? [ ]  Criminal [ ]  Stay away [ ]  Peaceful Contact Allowed
	2. When does the protective order or restraining order expire? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. If there has been domestic violence, has the other parent done or threatened to do any of the following to you:

Pushing, shoving, grabbing or restraining you? **[ ]** Yes[ ]  No Slapping you with an open hand? **[ ]** Yes[ ]  No Hitting with a closed hand or fist? **[ ]** Yes[ ]  No Pulling your hair? **[ ]** Yes[ ]  No Physically dragging or throwing you? **[ ]** Yes[ ]  No Biting or kicking you? **[ ]** Yes[ ]  No Hitting you in the head, face or elsewhere? **[ ]** Yes[ ]  No Using an object to hit you? **[ ]** Yes[ ]  No Choking, strangulating or smothering you? **[ ]** Yes[ ] No Disabling or withholding your phone? **[ ]** Yes[ ]  No

Following you or having someone else do so? **[ ]** Yes[ ]  No Were any weapons ever involved? **[ ]** Yes[ ] No

Demanding knowledge of your whereabouts? **[ ]** Yes[ ]  No Are there any police reports? **[ ]** Yes[ ] No

Keeping you away from family or friends? **[ ]** Yes[ ]  No Disabling your car; withholding keys? **[ ]** Yes[ ] No

1. Were the children present for any domestic violence incident? **[ ]** Yes[ ]  No
2. Did you ever seek medical attention because of domestic violence? **[ ]** Yes[ ]  No
3. Are there any police reports regarding domestic violence between you and the other parent? **[ ]** Yes[ ]  No
4. Has the other parent ever threatened to harm the child/ren? **[ ]** Yes[ ]  No
5. Has the Court ever ordered the other parent to complete a batterer’s treatment program?**[ ]** Yes[ ]  No [ ]  Don’t know
6. Have you been “warned” by the other parent not to say certain things during mediation? **[ ]** Yes[ ]  No
7. Are you afraid of the other parent for any reason? **[ ]** Yes[ ]  No
8. Are you concerned there will be future incidents of domestic violence with the other parent? **[ ]** Yes[ ]  No

*I declare under penalty of perjury that the answers to the questions above are correct to the best of my knowledge.* Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_