

 ***STATE OF CALIFORNIA***

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| ***GUARDIANSHIP 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 #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **SECTION 1: GUARDIAN INFORMATION:** |
| 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:**  |
| ***\*NOTE: REPORTS WILL BE E-MAILED TO YOU AT THE E-MAIL ADDRESS YOU PROVIDE ABOVE.***  |
| **NAME OF EMPLOYER**: *(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: NATURAL MOTHER’S INFORMATION (FILL OUT AS BEST YOU CAN):** |
| PARENT’S NAME (Last, First):  | ADDRESS OF NATURAL PARENT: | CITY: | STATE: | ZIP CODE: |
| DATE OF BIRTH: | TELEPHONE #: | EMAIL ADDRESS: |
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| **NAME OF EMPLOYER**: *(if unemployed write “unemployed”)*WORK SCHEDULE EACH DAY (start time and end time): |
| SUNDAY | MONDAY | TUESDAY | WEDNESDAY  | THURSDAY | FRIDAY | SATURDAY |

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| **SECTION 3: NATURAL FATHER’S INFORMATION (FILL OUT AS BEST YOU CAN):**

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| PARENT’S NAME (Last, First):  | ADDRESS OF NATURAL PARENT: | CITY: | STATE: | ZIP CODE: |
| DATE OF BIRTH: | TELEPHONE #: | EMAIL ADDRESS: |
| **NAME OF EMPLOYER**: *(if unemployed write “unemployed”)*WORK SCHEDULE EACH DAY (start time and end time): |
| SUNDAY | MONDAY | TUESDAY  | WEDNESDAY  | THURSDAY | FRIDAY | SATURDAY |

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| **SECTION 4: CONCERNS AND PROPOSALS** |
| 1. What are the **top three** most important concerns you would like to discuss with Family Court Services?

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

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

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| **SECTION 5: INVOLVEMENT BETWEEN THE NATURAL PARENT AND CHILD/REN (DO NOT LEAVE BLANK):** |
| 1. What has been your/the natural parent(s) involvement regarding the care of the child/ren?

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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)?

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| **SECTION 7: INFORMATION ABOUT YOUR CURRENT BOYFRIEND, GIRLFRIEND, OR SPOUSE:** |
| Full name: Date of birth: Social Security #: |
| Other names used: Driver’s license #/State: Date relationship began: |
| Home phone number: Cell phone number: Occupation: |
| Present employer: Employer’s phone #: Days/Hours worked: |

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| **SECTION 8: ADDITIONAL INFORMATION** |
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