**STATE OF CALIFORNIA**

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| **WAIVER OF RIGHT TO INDIVIDUAL SESSION** |

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

 I, ,have declared I am/have been a victim of Domestic Violence,

 (Print your Name)

**and** I have a Domestic Violence Restraining Order and/or a Criminal Protective Order protecting me and restraining the other party. I have been informed and I understand that Family Court Services schedules parties to meet with the Child Custody Recommending Counselor separately from the other parent and at separate times.

**I decline that option and wish to be seen together with the other parent in a conjoint session.**

Date: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_