

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SANTA CLARA**

Family Court Services

170 Park Avenue, San Jose, CA 95113
(408) 534-5760

Mailing Address:

191 North First Street, San Jose, CA 95113



Petitioner Respondent FCS# _____ Case# _____ Dept. # _____

Non-Litigated I do not speak English or Spanish and know I must bring my own interpreter

Your Name: _____ Relationship to Child: _____

Your Age: _____ Date of Birth: _____ Other last names used: _____

Address: _____

Residence Phone: () _____ City _____ State _____ Zip Code _____
Work Phone: () _____

Driver's License #: _____ State: _____ Social Security #: _____

Race/Ethnicity (check all that apply): Asian/Pacific Islander Black/African American Latino/Hispanic

Native American/Eskimo/Aleut White (non-Latino/Hispanic) Other: _____

Subject to Indian Child Welfare Act

Currently Employed: Yes No Occupation _____ Employer: _____

Work Days & Hours: _____

Your attorney: _____ Phone: () _____

Address: _____

City _____ State _____ Zip Code _____

Name of other parent in this case: _____

LIST ALL CHILDREN WHO ARE THE SUBJECTS OF THIS ACTION

First & Last Name	Age	Birthdate	Sex	School	Grade	Resides with
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Children's Attorney: _____ Phone: () _____

LIST ALL OTHERS RESIDING WITH YOU

Name	Age	Date of Birth	Sex	Relationship to You
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you plan to move in the next 6 months, when? _____ where? _____

If you have another case in FCS, name of other parent: _____

✓ Are there any child abuse/neglect issues? Yes No

✓ If yes, explain briefly: _____

✓ Name & phone number of any involved social worker: _____

✓ If yes, has there been a Welfare and Institution Code §300 Petition filed in Juvenile Dependency Court?

Yes No Current Past If yes, which child(ren)? _____

✓ Does the child have a juvenile probation officer? Yes No (name/phone) _____

✓ Are there drug or alcohol issues in this case? Yes No

✓ If yes, explain briefly: _____

✓ Has a guardianship been filed? Yes No

✓ Have you been arrested as an adult? Yes No Which state(s)/counties? _____

✓ What charges? _____ Criminal action pending? Yes No

✓ If yes, where? _____ What charges? _____

✓ Is there a criminal restraining order in effect? Yes No Case # _____

✓ If yes, please attach a copy or bring a copy to your mediation session.

Marriage Date: _____ Date of Last Separation: _____ Dissolution Pending
Domestic Partnership Date: _____ Date of Final Dissolution: _____

Is there a current custody/visitation order in effect? Yes No

If yes, please attach a copy of the custody/visitation order or bring a copy to your mediation session.

Have you been the victim of domestic violence? Yes No

Who committed the domestic violence? The other parent/party

Other (list name and relationship): _____

Briefly describe the kind of violence and how often it occurred: _____

When did the most recent violence occur? _____

RIGHT TO SEPARATE SESSIONS: If a party alleging domestic violence in a written declaration under penalty of perjury, or a party protected by a protective order so requests, Family Court Services staff must meet with the parties separately at separate times. *(If you have a restraining order of any kind, please attach a copy or bring it with you to your session.)* If domestic violence is an issue in a case and both parents wish to be seen together, Family Court Services must still begin by interviewing each party separately.

Have you attached or are you planning to submit to Family Court Services a copy of the PROTECTIVE ORDER or a WRITTEN DECLARATION UNDER PENALTY OF PERJURY alleging domestic violence? Yes No
If you answered "yes," do you wish to be seen separately? Yes No

RIGHT TO A SUPPORT PERSON: If the court has issued a PROTECTIVE ORDER, a support person shall be permitted to accompany protected party during any mediation orientation or mediation session, including separate mediation sessions. It is the function of a support person to provide moral and emotional support. The support person is not present as a legal adviser and shall not give legal advice.

- Do you have a current PROTECTIVE ORDER? Yes No
- Do you wish to have a support person accompany you in mediation? Yes No
- Have you had a protective order in the past against the other party? Yes No

*** If you stated that you have been a victim of domestic violence, please obtain and complete a separate domestic violence questionnaire from Family Court Services.

OTHER SAFETY RELATED ISSUES

Please briefly describe any other safety-related issues affecting any party or child named in the proceedings:

FEE REQUIREMENTS FOR SCREENINGS, EVALUATIONS, AND GUARDIANSHIPS

- Fee for above services are \$160.00 per hour.
- ADVANCED DEPOSITS: Screenings require \$250.00 each, and Evaluations require \$750.00 each in advance.
- Fees for Non-litigated mediations and for guardianship mediations are \$160.00 per person.

NO SHOW AND LATE CANCELLATION FEES:

- A "NO SHOW" fee of \$100.00 will be charged if either or both parties fail to appear (this includes arriving over thirty minutes late).
- A "LATE CANCELLATION" fee of \$100.00 will be charged if notice of cancellation is less than 48 hours (Mon. – Fri.) for mediation appointments, and less than one week (Mon. – Fri.) for first Evaluation appointments.
- ❖ Fee rates may be increased in the future at the direction of the Court.
- ❖ Make checks or money orders payable to OFFICE OF THE COURT CLERK.

Application for Waiver of Court Fees and Costs are available if you are unable to pay the required fees. Your sworn statement to this effect along with Income and Expense Declarations and required attachments detailing your finances must be submitted to Family Court Services. Unreasonable or frivolous requests for modification of Court fees may result in Court assessed penalties.

I declare that the information on this form, including any attachment, is true and correct and that this declaration is executed on (date): _____

Signature