

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	<i>FOR COURT USE ONLY</i>
PETITIONER:	
RESPONDENT:	
WAIVER OF RIGHT TO INDIVIDUAL SESSIONS	CASE NUMBER: FCS NUMBER:

I, _____, have declared I am /have been a victim of
 (Print your Name)
 Domestic Violence, or have a protective order. I have been informed and I understand that I have the option to meet with the mediator separately from the other parent and at separate times. I decline that option and wish to be seen together with the other parent.

Signature: _____ Date: _____

I, _____, have completed the differential Domestic
 Violence Assessment and have met with the parents separately.

Signature: _____ Date: _____