

PARENT INFORMATION INTAKE

LAKE COUNTY FAMILY COURT SERVICES (FCS)

This **CONFIDENTIAL** information is for the FCS office only and will not be given to the other parent or be part of your court file.

Has there ever been domestic violence in your home? _____ Is there a TRO? _____

TODAY'S DATE: _____ YOUR CASE # _____

YOUR NAME: _____ PHONE #: _____
() Petitioner () Respondent

ADDRESS: _____
Street city state zip

EMAIL ADDRESS: _____
EMPLOYER: _____ OCCUPATION: _____

WORK SCHEDULE (days and hours): _____
We will use this information to try to schedule a convenient time for your mediation.

NAMES OF OTHER ADULTS IN YOUR HOME: _____ RELATIONSHIP TO YOU: _____

Have you been a patient of any of the mediators or is there a possible conflict of interest? ___yes ___no

Have you ever been in mediation in Lake County previous to this? () No () Yes When _____

Full name of the other parent (or other person named in court action): _____

When did you last live with the other parent? _____

How well or poorly do you and the other parent communicate with each other regarding the children?

(Circle one) 7 6 5 4 3 2 1
Very well Average Very poorly

How frequently do you communicate with the other parent?
() Often () Sometimes () Rarely () Never

CHILDREN INVOLVED IN THIS COURT ACTION:

	<u>Name</u>	<u>Age</u>	<u>Birth date</u>	<u>School: Name and town</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Do you believe that any child in this court action is caught up in a loyalty conflict? () No () Yes

What is the current timeshare schedule?

Time with mother: _____

Time with father: _____

Children of other relationships in your home any length of time:

	<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
	_____	_____	_____	_____
	_____	_____	_____	_____

Have you ever been in mediation for any of these children? () No () Yes

Please turn in your completed form to the clerks' office at the Courthouse in Lakeport or mail to:
FCS, 75 Fourth St., Lakeport, CA 95453 Attn: Dr. Andre

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You will be given the opportunity to discuss your responses with a Mediator. They will be kept private.

Please mark one line either yes or no.

- | | Yes | No |
|---|-------|-------|
| 1. Have you ever participated in a custody case about any children in another state or county? | _____ | _____ |
| 2. Do you have any concerns about the emotional or physical safety of the children with the other parent? | _____ | _____ |
| 3. Has Child Protective Services been involved with the family for allegations of child abuse? | _____ | _____ |
| 4. Has an attorney been appointed to represent the children? | _____ | _____ |
| 5. Have you ever feared you would not have access to your children? | _____ | _____ |
| 6. Has there ever been psychiatric treatment or hospitalization of immediate family members for psychiatric/psychological problems? | _____ | _____ |
| 7. Do you have any concerns regarding the use of alcohol and/or drugs by immediate family members? | _____ | _____ |
| 8. Have there ever been any physical confrontations between you and the other parent? | _____ | _____ |
| 9. Have you ever been abusive to the other parent or been restrained by a restraining order? | _____ | _____ |
| 10. Has the other parent been violent or abusive to you? | _____ | _____ |
| 11. If yes, give the date of most recent abuse. _____ If not, skip to # 13.
Please describe the abuse. _____ | | |

Were the children present or able to see or to hear it? _____
12. Give date _____ of **worst** abuse. Please describe it.

- Were the children present or able to see or to hear it? _____
- | | | |
|--|-------|-------|
| 13. Are you worried that the other parent might be violent or abusive now? | _____ | _____ |
| 14. Have there ever been threats or implications of the use of weapons against parents or children? | _____ | _____ |
| 15. Have you ever asked for a restraining order against the other parent?
If yes, in what state and county? _____ | _____ | _____ |
| 16. Has the other parent ever been abusive to another family member ? | _____ | _____ |
| 17. Has the other parent ever been abusive to a family pet or other animal? | _____ | _____ |
| 18. Has there ever been a criminal domestic violence case against the other parent? If so, in what state and county. _____ | | |
| 19. Do you have any concerns about your own physical or emotional safety? | _____ | _____ |
| 20. Are you in any way afraid to meet with the other parent in mediation? | _____ | _____ |
| 21. Do you believe that you were considered an equal partner with the other parent? | _____ | _____ |
| 22. Are you ready to work with the other parent on a parenting plan?
If not, state why. _____ | _____ | _____ |
| 23. Do you have any fears about answering these questions? | _____ | _____ |

Please visit familieschange.ca.gov for additional information, resources, and the course *Parenting After Separation*. We look forward to assisting your family.

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