



STATE OF CALIFORNIA
 MADERA SUPERIOR COURT
 Family Court Services
 200 South G Street
 Madera, CA 93637
 PH #: (559) 416-5560
 FAX #: (559) 673-8216

MEDIATION INTAKE / QUESTIONNAIRE

CASE #: _____ NEXT COURT DATE: _____

FCS #: _____

REFERRAL: Mediation (1st free; child interviews **\$100/parent**) Mediation Re-referral or Review (**\$100 per parent**)

SECTION 1: YOUR NAME:						
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: (IMPORTANT YOU INCLUDE TO RECEIVE CORRESPONDENCE)						
Does the other parent know where you live? <input type="checkbox"/> Yes <input type="checkbox"/> No						
NOTE: REPORTS WILL BE E-MAILED TO YOU AT THE E-MAIL ADDRESS YOU PROVIDE ABOVE						
NAME OF EMPLOYER OR (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: OTHER PARENT'S INFORMATION (FILL OUT AS BEST YOU CAN):						
OTHER PARENT'S NAME (Last, First):		ADDRESS OF OTHER PARENT:		CITY:	STATE:	ZIP CODE:
DATE OF BIRTH:	TELEPHONE #:	ADDRESS WHERE THE OTHER PARTY WAS SERVED:				
SECTION 3: CONCERNS AND PROPOSALS						
1. What are the top three most important concerns you would like to discuss with Family Court Services?						

2. Is there a current court order? <input type="checkbox"/> Yes <input type="checkbox"/> No						
3. Whether there is a court order or a verbal agreement only between you and the other party, please answer the following:						
a. According to the <u>current</u> parenting plan, who is supposed to make major decisions about the child(ren)'s health, education and welfare? _____						
b. According to the <u>current</u> parenting plan, who is the child supposed to live with? _____						

c. According to the current parenting plan, when is the child/ren supposed to spend time with each parent?

4. Do you want the current parenting plan to change? Yes No IF YES, please answer the following:

a. I want to change major decisions (health, education and welfare) to: _____

b. I want to change who the child/ren live with to: _____

c. I want to change the schedule of when the child/ren spends time with each parent to: _____

5. If you want the current parenting plan to change, how would your proposed changes benefit the child/ren?

SECTION 4: CHILD/REN'S INFORMATION (FILL OUT ALL INFORMATION AS BEST YOU CAN)

NAME: (First)	(Last)	DOB	GRADES (A's, B's?) / ATTENDANCE:	THIS CHILD HAD COUNSELING?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: ABOUT THE OTHER PARENT (DO NOT LEAVE BLANK):

1. What are the other parent's strengths as a parent?

2. What are the other parent's weaknesses as a parent? _____

3. Has the other parent ever been in counseling or had substance abuse issues? Yes No IF YES, when and for what issue(s)? _____

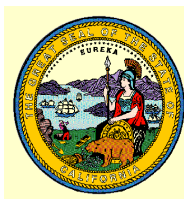
4. Has the other parent ever been arrested? Yes No IF YES, when and for what charge(s)? _____

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)?

2. Have you ever been arrested? Yes No IF YES, when and for what charge(s)? _____

3. Has Child Protective Services (CPS) ever been involved with your family for allegations of child abuse or neglect? Yes No IF YES, when and what was the outcome? _____



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CONFIDENTIAL DOMESTIC VIOLENCE QUESTIONNAIRE
 Revised February 2019

NAME: _____

Pursuant to California Code Family Code §3181, if a party alleging domestic violence in a written declaration under penalty of perjury or a party protected by a protective order so requests, the mediator will meet with the parties separately and at separate times.

THESE QUESTIONS APPLY TO YOU AND THE OTHER PARENT ONLY:

1. When did you and the other parent separate? _____
2. Has there ever been domestic violence involving you and the other parent? Yes No IF YES, when did the domestic violence occur? Within the past year 1 to 5 years ago More than 5 years ago
3. If there has been domestic violence over the past year, have the frequency of incidents:
 - Decreased Increased Remained the same
4. Is there a current protective order or restraining order? Yes No
 - a. IF YES, what kind? Criminal Stay away Peaceful Contact Allowed
 - b. When does the protective order or restraining order expire? _____
5. If there has been domestic violence, has the other parent done or threatened to do any of the following to you:

Pushing, shoving, grabbing or restraining you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Slapping you with an open hand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hitting with a closed hand or fist?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pulling your hair?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physically dragging or throwing you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Biting or kicking you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hitting you in the head, face or elsewhere?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Using an object to hit you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Choking, strangulating or smothering you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabling or withholding your phone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Following you or having someone else do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were any weapons ever involved?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Demanding knowledge of your whereabouts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are there any police reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Keeping you away from family or friends?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabling your car; withholding keys?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Were the children present for any domestic violence incident? Yes No
7. Did you ever seek medical attention because of domestic violence? Yes No
8. Are there any police reports regarding domestic violence between you and the other parent? Yes No
9. Has the other parent ever threatened to harm the child/ren? Yes No
10. Has the Court ever ordered the other parent to complete a batterer's treatment program? Yes No Don't know
11. Have you been "warned" by the other parent not to say certain things during mediation? Yes No
12. Are you afraid of the other parent for any reason? Yes No
13. Are you concerned there will be future incidents of domestic violence with the other parent? Yes No

I declare under penalty of perjury that the answers to the questions above are correct to the best of my knowledge.

Signature: _____ Date: _____