



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

**GRANDPARENT/STEPPARENT MEDIATION
 INTAKE/QUESTIONNAIRE**

CASE #: _____ NEXT COURT DATE: _____

FCS #: _____

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)				
What is your relationship to the child?				
<i>*NOTE: REPORTS WILL BE E-MAILED TO YOU AT THE E-MAIL ADDRESS YOU PROVIDE ABOVE*</i>				

SECTION 2: OTHER PARTY/NATURAL PARENT(S) INFORMATION (FILL OUT AS BEST YOU CAN):

NAME (Last, First):		ADDRESS:	CITY:	STATE:	ZIP CODE:
DATE OF BIRTH:	TELEPHONE #:	ADDRESS WHERE THE OTHER PARTY WAS SERVED:			
NAME (Last, First):		ADDRESS:	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? Yes 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 plan, who is supposed to make major decisions about the child(ren)'s health, education and welfare?

 - b. According to the plan, who does the child(ren) live with?

c. According to the current plan, when is the child(ren) supposed to visit the Grandparent/Stepparent?

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

a. I want to change the schedule of when the child(ren) spends time with the Grandparent(s)/Stepparent to: _____

5. If you want the current visitation 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 NATURAL PARENT(S)/GRANDPARENT(S)/STEPPARENT (DO NOT LEAVE BLANK):

1. What are their strengths?

2. What are their weaknesses?

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

4. Have the parents/grandparents/stepparent ever been arrested? Yes No IF YES, WHO, 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? _____

