



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

**GUARDIANSHIP MEDIATION
 INTAKE/QUESTIONNAIRE**

CASE #: _____ NEXT COURT DATE: _____
 FCS #: _____

SECTION 1: GUARDIAN INFORMATION:						
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:						
<i>*NOTE: REPORTS WILL BE E-MAILED TO YOU AT THE E-MAIL ADDRESS YOU PROVIDE ABOVE.</i>						
NAME OF EMPLOYER: (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: NATURAL MOTHER'S INFORMATION (FILL OUT AS BEST YOU CAN):						
PARENT'S NAME (Last, First):		ADDRESS OF NATURAL PARENT:	CITY:	STATE:	ZIP CODE:	
DATE OF BIRTH:	TELEPHONE #:	EMAIL ADDRESS:				
NAME OF EMPLOYER: (if unemployed write "unemployed")						
WORK SCHEDULE EACH DAY (start time and end time):						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
SECTION 3: NATURAL FATHER'S INFORMATION (FILL OUT AS BEST YOU CAN):						
PARENT'S NAME (Last, First):		ADDRESS OF NATURAL PARENT:	CITY:	STATE:	ZIP CODE:	
DATE OF BIRTH:	TELEPHONE #:	EMAIL ADDRESS:				
NAME OF EMPLOYER: (if unemployed write "unemployed")						
WORK SCHEDULE EACH DAY (start time and end time):						

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
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SECTION 4: 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 visitation order? Yes No If Yes, what is it?

3. 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 each parent to: _____

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

SECTION 5: INVOLVEMENT BETWEEN THE NATURAL PARENT AND CHILD/REN (DO NOT LEAVE BLANK):

a. What has been your/the natural parent(s) involvement regarding the care of the child/ren?

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) been involved with your family for allegations of child abuse or neglect?
 Yes No If yes, when and what was the outcome? _____

SECTION 7: INFORMATION ABOUT YOUR CURRENT BOYFRIEND, GIRLFRIEND, OR SPOUSE:

Full name:	Date of birth:	Social Security #:
Other names used:	Driver's license #/State:	Date relationship began:

