



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

**WAIVER OF RIGHT TO INDIVIDUAL SESSION**

CASE #: \_\_\_\_\_ NEXT COURT DATE: \_\_\_\_\_

FCS #: \_\_\_\_\_

I, \_\_\_\_\_, have declared I am/have been a victim of Domestic Violence,  
(Print your Name)

**and** I have a Domestic Violence Restraining Order and/or a Criminal Protective Order protecting me and restraining the other party. I have been informed and I understand that Family Court Services schedules parties to meet with the Child Custody Recommending Counselor separately from the other parent and at separate times.

**I decline that option and wish to be seen together with the other parent in a conjoint session.**

Date: \_\_\_\_\_

Signature: \_\_\_\_\_