

**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF SANTA CLARA**

**Family Court Services**

201 North First Street, San José, CA 95113  
(408) 534-5760

**Mailing Address:**

191 North First Street, San José, CA 95113



Petitioner  Respondent  Joined Party FCS #: \_\_\_\_\_ Case #: \_\_\_\_\_ FC #: \_\_\_\_\_

Non-Litigated  I do not speak English or Spanish and know I must bring my own interpreter. Dept #: \_\_\_\_\_

Your Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Your Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Other last names used: \_\_\_\_\_

Address: \_\_\_\_\_

Residence Phone: ( ) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Work Phone: ( ) \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Race/Ethnicity (check all that apply):  Asian/Pacific Islander  Black/African American  Latino/Hispanic

Native American/Eskimo/Aleut  White (non-Latino/Hispanic)  Other: \_\_\_\_\_

Subject to Indian Child Welfare Act

Currently Employed:  Yes  No Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Work Days & Hours: \_\_\_\_\_

Your attorney: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Name of other parent in this case: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**LIST ALL CHILDREN WHO ARE THE SUBJECTS OF THIS ACTION**

First & Last Name	Age	Birth Date	Sex	School	Grade	Resides with
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Children's Attorney: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name of Joined Party in this case: \_\_\_\_\_

**LIST ALL OTHERS RESIDING WITH YOU**

Name	Age	Date of Birth	Sex	Relationship to You
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If you plan to move in the next 6 months, when? \_\_\_\_\_ where? \_\_\_\_\_

If you have another case in FCS, name of other parent: \_\_\_\_\_

✓ Are there any child abuse/neglect issues?  Yes  No

✓ If yes, explain briefly: \_\_\_\_\_

✓ Name & phone number of any involved social worker: \_\_\_\_\_

✓ If yes, has there been a Welfare and Institution Code §300 Petition filed in Juvenile Dependency Court?

Yes  No  Current  Past If yes, which child(ren)? \_\_\_\_\_

✓ Does the child have a juvenile probation officer?  Yes  No (name/phone) \_\_\_\_\_

✓ Are there drug or alcohol issues in this case?  Yes  No

✓ If yes, explain briefly: \_\_\_\_\_

✓ Has a guardianship been filed?  Yes  No

✓ Have you been arrested as an adult?  Yes  No Which state(s)/counties? \_\_\_\_\_

✓ What charges? \_\_\_\_\_ Criminal action pending?  Yes  No

✓ If yes, where? \_\_\_\_\_ What charges? \_\_\_\_\_

✓ Is there a criminal restraining order in effect?  Yes  No Case # \_\_\_\_\_

✓ If yes, please attach a copy or bring a copy to your mediation session.

Marriage Date: \_\_\_\_\_ Date of Last Separation: \_\_\_\_\_  Dissolution Pending  
Domestic Partnership Date: \_\_\_\_\_ Date of Final Dissolution: \_\_\_\_\_

Is there a current custody/visitation order in effect?  Yes  No

If yes, please attach a copy of the custody/visitation order or bring a copy to your mediation session.

Have you been the victim of domestic violence?  Yes  No

Who committed the domestic violence?  The other parent/party

Other (list name and relationship): \_\_\_\_\_

Briefly describe the kind of violence and how often it occurred: \_\_\_\_\_

When did the most recent violence occur? \_\_\_\_\_

**RIGHT TO SEPARATE SESSIONS:** If a party alleging domestic violence in a written declaration under penalty of perjury, or a party protected by a protective order so requests, Family Court Services staff must meet with the parties separately at separate times. *(If you have a restraining order of any kind, please attach a copy or bring it with you to your session.)* If domestic violence is an issue in a case and both parents wish to be seen together, Family Court Services must still begin all proceedings by interviewing each party separately.

Have you attached or are you planning to submit to Family Court Services a copy of the PROTECTIVE ORDER or a WRITTEN DECLARATION UNDER PENALTY OF PERJURY alleging domestic violence?  Yes  No

If you answered "yes," do you wish to be seen separately?  Yes  No

**RIGHT TO A SUPPORT PERSON:** If the court has issued a PROTECTIVE ORDER, a support person shall be permitted to accompany protected party during any mediation orientation or mediation session, including separate mediation sessions. It is the function of a support person to provide moral and emotional support. The support person is not present as a legal adviser and shall not give legal advice.

- Do you have a current PROTECTIVE ORDER?  Yes  No
- Do you wish to have a support person accompany you in mediation?  Yes  No
- Have you had a protective order in the past against the other party?  Yes  No

\*\*\* If you stated that you have been a victim of domestic violence, please obtain and complete a separate domestic violence questionnaire from Family Court Services.

### **OTHER SAFETY RELATED ISSUES**

Please briefly describe any other safety-related issues affecting any party or child named in the proceedings:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **FEE REQUIREMENTS FOR SCREENINGS, EVALUATIONS, AND GUARDIANSHIPS**

- Fee for above services are \$160.00 per hour.
- ADVANCED DEPOSITS: Screenings require \$250.00 each, and Evaluations require \$750.00 each in advance.
- Fees for Non-litigated mediations and for guardianship mediations are \$160.00 per person.

### **NO SHOW AND LATE CANCELLATION FEES:**

- A "NO SHOW" fee of \$100.00 will be charged if either or both parties fail to appear (this includes arriving over thirty minutes late).
- A "LATE CANCELLATION" fee of \$100.00 will be charged if notice of cancellation is less than 48 hours (Mon. – Fri.) for mediation appointments, and less than one week (Mon. – Fri.) for first Evaluation appointments.

❖ Fee rates may be increased in the future at the direction of the Court.

❖ Make checks or money orders payable to OFFICE OF THE COURT CLERK.

Application for Waiver of Court Fees and Costs are available if you are unable to pay the required fees. Your sworn statement to this effect along with Income and Expense Declarations and required attachments detailing your finances must be submitted to Family Court Services. Unreasonable or frivolous requests for modification of Court fees may result in Court assessed penalties.

**I understand that any audio, visual or other electronic recording of any communication with Family Court Services staff is prohibited.**

I declare that the information on this form, including any attachment, is true and correct and that this declaration is executed on (date): \_\_\_\_\_

\_\_\_\_\_  
Signature