

**INFORMATION SHEET**

**Bring this completed form with you; failure to complete this form will delay your appointment.  
Please limit your answers to the space provided and do not attach any additional pages.**

**CASE #:** \_\_\_\_\_

**Personal Information**

Name: \_\_\_\_\_  
Other names you have used: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Age: \_\_\_\_\_  
Social Security number: \_\_\_\_\_ Driver's License number & State: \_\_\_\_\_  
Home address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work / message: \_\_\_\_\_

**Attorney Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Children involved in this matter**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Lives with: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Lives with: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Lives with: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Lives with: \_\_\_\_\_

**Residence**

How long have you resided at your current address? \_\_\_\_\_  
Number of bedrooms: \_\_\_\_\_ Are you planning to move? \_\_\_\_\_  
Do you rent or own? \_\_\_\_\_ Number of persons at this residence: \_\_\_\_\_  
Names and relationship to you (including children) of all persons who live at this residence:  
\_\_\_\_\_  
\_\_\_\_\_

**Employment Information**

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
Date employed: \_\_\_\_\_ Days & hours of work: \_\_\_\_\_  
Job title: \_\_\_\_\_ Monthly income before taxes: \_\_\_\_\_

**Status of your relationship with the other parent**

Married / Domestic Partnership: ( ) Yes ( ) No Date of marriage / domestic partnership: \_\_\_\_\_  
Date began living together: \_\_\_\_\_ Date of last separation: \_\_\_\_\_  
Date divorce was final / domestic partnership was terminated: \_\_\_\_\_

**Other marriages / domestic partnerships**

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

Children from this relationship: \_\_\_\_\_

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

Children from this relationship: \_\_\_\_\_

**Health**

Are you currently receiving any medical treatment? ( ) No ( ) Yes; briefly describe: \_\_\_\_\_

**Domestic Violence / Restraining Orders** (if not applicable, skip & continue with **Current Situation**)

When there is a history of domestic violence or a domestic violence restraining order, the protected party may request a separate session and bring a support person under Family Codes 3181 & 6303.

\_\_\_\_\_ I request a separate session under **code section 3181**

\_\_\_\_\_ I wish to bring a support person under **code section 6303**

If there is a history of domestic violence against you, either in or outside the children's presence, describe when and where it occurred and who was involved:

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

If you have a copy of your declaration or restraining order regarding domestic violence, please provide a copy to your counselor. Otherwise, briefly answer the following:

- Latest incident: \_\_\_\_\_  
\_\_\_\_\_
- Worst incident: \_\_\_\_\_  
\_\_\_\_\_
- Were the police called / any police reports? \_\_\_\_\_
- Was emergency medical treatment needed? \_\_\_\_\_
- Were weapons involved? \_\_\_\_\_
- Was the Court involved? \_\_\_\_\_
- Were temporary restraining orders issued? \_\_\_\_\_
- Has anyone received counseling or help from a domestic violence agency? \_\_\_\_\_
- Has Child Protective Services been involved? \_\_\_\_\_
- Have the children witnessed any of the domestic violence? \_\_\_\_\_  
\_\_\_\_\_

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**Current Situation** (limit your answers to the space provided & **do not attach** any additional pages)

- Are the children seeing the other parent? \_\_\_\_\_
- Do you or the other parent have any history or current issues with drug or alcohol abuse? \_\_\_\_\_  
\_\_\_\_\_
- Are there any current charges of child physical or sexual abuse or neglect? \_\_\_\_\_  
\_\_\_\_\_
- Has a dependency petition (W&I 300) been filed with the Juvenile Court? \_\_\_\_\_
- Are there any problems relating to the safety of the children? \_\_\_\_\_
- \_\_\_\_\_
- What hours of the day, days of the week or weeks of the month do you spend time with or see your children? \_\_\_\_\_  
\_\_\_\_\_

What custody / visitation problems currently exist? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list some reasonable solutions to these problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I certify all the information provided to Family Court Services is true and correct. I understand falsification or omission of any information may affect the disposition of my case, and Family Court Services staff may consider all other available Family Court Services case information regarding myself.**

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