

FCS-DV/REV 12/20

## SUPERIOR COURT OF CALIFORNIA, COUNTY OF GLENN

## **FAMILY COURT SERVICES**

MEDIATION/CHILD CUSTODY RECOMMENDING COUNSELING 526 W. Sycamore Street, Willows, CA 95988 Telephone: (530) 934-6446 Ext. 7004

## INFORMATION FORM FOR CUSTODY/VISITATION MATTERS

PLEASE PRINT ALL INFOIDATE:	RMATIO	N CLEARLY		CASE NUMBER:			
INTERPRETER NEEDED   Yes   No			COURT RETURN DATE:				
INTERFRETER NEEDED	i es 🗆 No	J	•	OURI RETURN DATE:			
[ ] Petitioner (person who file [ ] Respondent (person who r				s) s, or who was served with the o	riginal pap	ers)	
YOUR NAME:							
YOUR ADDRESS:							
CITY:	STATE:			ZIP CO	ZIP CODE:		
CELL PHONE: ( )		ALT	ER	NATE PHONE: ( )			
YOUR EMAIL (REQUIRED	):						
YOUR ATTORNEY:	ATTORNEY PHONE:						
NAME OF CHILDREN	AGE	BIRTHDATE		NAME OF CHILDREN	AGE	BIRTHDAT	
DE	OLUBEI		<b>7 7 7 7</b>	I ENGE INFORMATION			
				<u>LENCE INFORMATION</u> 200) defines abuse as "intenti	onally or	recklessly to	
				lt, or to place a person in rea		cernessij to	
apprehension of imminent							
				ce, restraint, or threats of force to com			
				s but is not limited to: assault (pushing, ruction of property; keeping someone p			
infliction of physical injury or murd	er. Psychol	ogical intimidation or	con	trol may also be maintained through s			
harassment, threats against children					1. !		
/			_	es, there is a domestic violence	e nistory		
				TE THE FOLLOWING*** ustody Handout" (FC 3044).			
				ou have the right to separate	mediation	n services at	
_	•			ent who is not related to the			
,				arate mediation appointment	•	,101).	
				ng a support person to FCS a		ents.	
No, it is not necessary to					TT		
/			_	e victim of domestic violence	in this rela	ationship.	
Sionature	Date:						