



SUPERIOR COURT OF CALIFORNIA, COUNTY OF GLENN
FAMILY COURT SERVICES
MEDIATION/CHILD CUSTODY RECOMMENDING COUNSELING
821 E. South Street • Orland, CA 95963
Telephone: (530) 934-6446 Ext. 7004

CHILD CUSTODY MEDIATION INTAKE FORM

Case No.: _____ Today's Date: _____ Court Date: _____

Petitioner Respondent Grandparent Other: _____

PARENT/GUARDIAN INFORMATION

Your Name: _____ Other Party's Name: _____

Your Address: _____

City: _____ State & Zip Code: _____

Mailing Address: _____

City: _____ State & Zip Code: _____

Home/Cell Phone: _____ Work Phone: _____ Message Phone: _____

Your Date of Birth: _____

Your Attorney: _____ Attorney Address: _____

Child/ren Attorney _____ Attorney Address: _____

Number of times you have changed residences in the past 3 years: _____ Why? _____

CHILD/REN INFORMATION

#1 Child's Name: _____ Date of Birth: _____

School: _____ Lives With: _____

#2 Child's Name: _____ Date of Birth: _____

School: _____ Lives With: _____

#3 Child's Name: _____ Date of Birth: _____

School: _____ Lives With: _____

#4 Child's Name: _____ Date of Birth: _____

School: _____ Lives With: _____



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Names/ages of Adults or other children living in the home with you (if applicable):

Your Other Children **NOT** living with you (if applicable): _____

Who do they live with? _____

EMPLOYMENT

Current Employer: _____ Address: _____

Your Occupation: _____ Days/Hours per Week: _____

FAMILY AND RELATIONSHIP HISTORY

You and the other party in this case (check all that apply): Were Married Divorced Never Married
 Still Married Lived Together Domestic Partners Are in the process of a Divorce

When did you begin your relationship: _____ When did you separate: _____

Why did you separate: _____

CUSTODY AND TIME SHARE INFORMATION

Current Ordered Custody?

NO ORDER **This is a Guardianship:**
Legal Custody: Sole with me Sole with other party Joint
Physical custody: Sole with me Sole with other party Joint

What is your request for custody?

Legal Custody: Sole with me Sole with other party Joint
Physical custody: Sole with me Sole with other party Joint

Current Timeshare (DAYS & TIMES, no percentages):

Time with Me: _____

Time with Other Party: _____

Vacations & Holiday's: Share Alternate Split Equally No Set Schedule Other

Exchange Location: _____

Person Exchanging: Other Parent & I A 3rd Party & I Other Parent & a 3rd Party Other



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Proposed Timeshare (DAYS & TIMES, no percentages):

Time with Me:

Time with Other Party:

Vacations & Holiday's: Share Alternate Split Equally No set schedule Other

Exchanges Location: _____

Person Exchanging: Other Parent & I Other 3rd Party & I A 3rd Party & Other Parent Other

Please provide additional information you think would affect your Custody or Timeshare of your Children:

CHEMICAL DEPENDENCY

Your history of illegal drugs or misuse of Prescribed Medication/alcohol:

No use Sometimes Frequently

Date last used: _____

Valid 215 Recommendation (CA residents) Qualifying Medical condition: _____

Names of drugs used: _____

Treatment Programs: _____ Year/s attended _____

Your understanding of the **other parent's** drug history: No use Sometimes Frequently

Valid 215 Recommendation (CA residents) Qualifying Medical condition: _____

Names of drugs used: _____

Treatment Programs: _____ Year/s attended _____



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PROTECTIVE SERVICES / LAW ENFORCEMENT HISTORY

Have you been **arrested or convicted** of any Felonies or Misdemeanors during the past five years? Yes No

If so, provide full Information, including Year/County/location of conviction: _____

Are you required to register under Section 290 of the Penal Code? Yes No

Have you been **accused or convicted** of domestic violence in the past five years? Yes No If so, Year_____

Type of Abuse: Physical Emotional Verbal Stalking Terrorist Threats Children Present

Are there Police reports on any of the above or other incidents: Yes No **Arrests:** Yes No

Convictions: Yes No

Additional Information, including arresting agency: _____

Have you been the **Victim** of Domestic Violence in the past five years? Yes No

If so, please provide information:

Year_____ Type of Abuse: Physical Emotional Verbal Stalking Terrorist Threats Children Present

Are there Police reports on any of the above or other incidents: Yes No **Arrests:** Yes No

Convictions: Yes No

Is there a current restraining order: Yes No **If yes, date it will expire:** _____



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Have there been **any reports at any time** to child protective services regarding the children in this case? If so, please provide complete information:

Name of Child: _____ Year of Report _____

Physical Abuse Neglect Emotional Abuse Sexual Abuse

Name of Child: _____ Year of Report _____

Physical Abuse Neglect Emotional Abuse Sexual Abuse

Name of Agency/Social Worker/Additional Information: _____

Probation Officer or Parole Agent: _____

Involved with: Mother Father Child (name) _____

Contact Information/telephone numbers: _____

COUNSELING/MENTAL HEALTH SERVICES

Is there a Counselor/Therapist involved with: Mother Father Child/ren (names) _____

Contact Information/telephone numbers: _____

I understand that I am required to complete the Orientation to Mediation which includes viewing the [Orientation to Family Court Mediation & Child Custody Recommending Counseling](https://www.youtube.com/watch?v=wJOcjP5RikQ) video which can be accessed online at <https://www.youtube.com/watch?v=wJOcjP5RikQ>. I understand Orientation to Mediation also includes reviewing the Orientation to Mediation Packet and completing and returning the Child Custody Mediation Intake Form to The Court 5 at least 5 days prior to my scheduled mediation appointment.

Signature

Date

After completing this form, save and email to INTAKE@glenncourt.ca.gov