

FCS-DV/REV 12/20

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

INFORMATION FORM FOR CUSTODY/VISITATION MATTERS

PLEASE PRINT ALL INFORDATE:	RMATIO	N CLEARLY		CASE NUMBER:			
INTERPRETER NEEDED Yes No			COURT RETURN DATE:				
[] Petitioner (person who file	d the very	y first original pap	pers				
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	
						+	
RE	OUIREI	DOMESTIC V	7IO	LENCE INFORMATION			
The Domestic Violence Pres	vention A	Act (Family Code	e 62	200) defines abuse as "intenti		recklessly to	
				lt, or to place a person in rea	sonable		
apprehension of imminent s				person or to another." ce, restraint, or threats of force to com	mel one to do	something	
against one's will or to do bodily har	m to self or	loved ones. This incl	udes	but is not limited to: assault (pushing,	, slapping, ch	oking, hitting,	
				ruction of property; keeping someone p trol may also be maintained through s			
harassment, threats against children					acii ilicalis as	staiking,	
/			_	es, there is a domestic violence	e history		
				TE THE FOLLOWING***			
				ustody Handout" (FC 3044).		_	
_	•		. •	ou have the right to separate			
· · · · · · · · · · · · · · · · · · ·				ent who is not related to the	•	181).	
				arate mediation appointment		. 4	
				ng a support person to FCS a	ıppoıntme	nts.	
[] No, it is not necessary to Under penalty of perjury, I	-		_	support person. e victim of domestic violence i	in this rela	ationship.	
Sionature	Date·						