

# CONFIDENTIAL FAMILY COURT SERVICES FORM

TODAY'S DATE: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

MEDIATION DATE: \_\_\_\_\_ MEDIATOR'S NAME: \_\_\_\_\_

PERSONAL INFORMATION

Your full name: \_\_\_\_\_ Your date of birth: \_\_\_\_\_

Your address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Your phone #: \_\_\_\_\_ Your cell #: \_\_\_\_\_

Your email address: \_\_\_\_\_

*If you have an attorney:*

Attorney's name: \_\_\_\_\_ Attorney's phone# \_\_\_\_\_

Your attorney's email address: \_\_\_\_\_

OTHER PARENT/PARTY'S INFORMATION

OTHER PARENT/PARTY'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

MINOR CHILDREN IN THIS CASE

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

\_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Did you and the other parent ever live together? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you and the other parent living together now? Yes \_\_\_\_\_ No \_\_\_\_\_

*If not, when did you stop living together?* \_\_\_\_\_

RELATED CASES

Are you and your family involved in other court cases? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete the following table:

Case Type	Current	Past	Specify County	Specify Family Member (i.e. you, other parent)
Juvenile Dependency				
Juvenile Delinquency				
Probate Guardianship				
Domestic Violence Restraining Order				
Criminal Case				
Other				

MAJOR AREAS OF CONCERN ABOUT THE OTHER PARENT (check those that apply)

Substance abuse <input type="checkbox"/>	Exposure to criminal behavior/ arrest history <input type="checkbox"/>
Child/ren's resistance to visitation <input type="checkbox"/>	Child/ren's poor academic performance <input type="checkbox"/>
Neglect of medical care <input type="checkbox"/>	History of child abuse/ CPS/ Police involvement <input type="checkbox"/>
School attendance/tardiness <input type="checkbox"/>	Unavailability of other parent to care for child/ren <input type="checkbox"/>
Use of inappropriate discipline <input type="checkbox"/>	

