

ATTORNEY, OR PARTY IF NO ATTORNEY (Name and address): _____ STATE BAR NO.: _____  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER/PLAINTIFF:  RESPONDENT/DEFENDANT:	
<b>PETITION FOR PRIVATE CHILD CUSTODY RECOMMENDING COUNSELING</b>	CASE NUMBER: _____

1. A Request for Order re: child custody and/or child visitation is set for hearing on \_\_\_\_\_, at \_\_\_\_\_, in department \_\_\_\_\_.
2. Have you been to mediation before?     Yes     No  
 If yes, mediation was provided by  Family Court Services, and/or a  Private Child Custody Recommending Counselor.  
 What is the date of your most recent mediation? \_\_\_\_\_.
3. Do you currently have an appointment with Family Court Services?     Yes     No  
 If so, what is the date and time? \_\_\_\_\_ at \_\_\_\_\_.

4. The names and ages of the children for whom I am seeking custody and/or visitation is

Full name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. I request that one of the following Private Child Custody Recommending Counselors be appointed:  
 (Name): \_\_\_\_\_ advised this declarant that they will file their report in this case on or before: (date): \_\_\_\_\_.  
 (Name): \_\_\_\_\_ advised this declarant that they will file their report in this case on or before: (date): \_\_\_\_\_.

**NOTICE:** A Declaration of Private Child Custody Recommending Counselor Regarding Qualifications (local form FL/E/FR-411) must be attached for each recommending counselor proposed.

Declarant shall advance the cost of Private Child Custody Recommending Counseling subject to the court reserving the right to order reimbursement from the other party.

I declare under penalty of perjury that the foregoing information is true and correct.

Date:

Type of print name: \_\_\_\_\_ Signature of declarant: \_\_\_\_\_

**STIPULATION RE: PRIVATE CHILD CUSTODY RECOMMENDING COUNSELING**

Parties agree that issues concerning custody and/or visitation of the child(ren) identified in Section 5 of the Petition on page 1, shall be mediated by: \_\_\_\_\_ who advises these declarants that they will file their report in this case on or before: (date): \_\_\_\_\_.

Parties stipulate to allocate all fees as follows: \_\_\_\_\_ % payable by Petitioner and \_\_\_\_\_ % payable by Respondent.

Date: Petitioner signature: \_\_\_\_\_

Type or print name: \_\_\_\_\_

Date: Respondent signature: \_\_\_\_\_

Type or print name: \_\_\_\_\_

Date Attorney for petitioner signature: \_\_\_\_\_

Type or print name: \_\_\_\_\_

Date: Attorney for respondent signature: \_\_\_\_\_

Type or print name: \_\_\_\_\_