

(For Official Use Only)

FAMILY COURT SERVICES (FCS)

PARENTING PLAN QUESTIONNAIRE CONFIDENTIAL

Please answer the following questions as completely as possible and then bring it to your FCS appointment. Do not alter the form before you fill it out. *Only use the space provided and do not attach any additional pages except where instructed to do so.*

Case Number:

A. TELL US ABOUT YOURSELF (Please print clearly, so the mediator will be able to read your information.)

NAME: Last (Jr./Sr.)	First	Middle	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other
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CURRENT ADDRESS: Number, Street Name (Apt. #)	City	State	Zip
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Other Party's Full Name:	About how far do you live from the other parent?
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BEST PHONE NO:	E-MAIL ADDRESS:
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Social Security No.: (last 4) XXX - XX -	Date of Birth: / /	Driver's License or CA Identification No.:	Preferred Language:	Do you need an Interpreter?
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WORK SCHEDULE:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
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B. CHILDREN INVOLVED IN THIS COURT CASE – please attach another page if needed

Name (first, middle, last)	DOB	M/F/O	School	Resides With

C. OTHER ADULTS LIVING IN YOUR HOME – please attach another page if needed

Name (first, middle, last)	Relationship to You	Date of Birth

D. CHILDREN'S INFORMATION

Is there current or past involvement with Child Protective Services?	If yes, when?
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If yes, in what county?	Social Worker's Name:
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Are you now or have you ever been involved in a Court case (Dependency) with Child Protective Services in Sacramento or any other county?

If yes, what court/county?	When?
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E. PARENTS' RELATIONSHIP HISTORY	
How long have you known the other parent?	If married, how long?
If you lived together, how long?	When did you end your relationship?
F. CURRENT PARENTING PLAN	
Are there current court orders regarding the custody and/or visitation of the children in this matter?	
If yes, from what county?	
Please explain how you share parenting time. How much time do your children spend with you and how much with the other parent? Please be specific about the days, times, and how often	
What would you like to see changed?	
G. SAFETY CONCERNS	
1. Have you or the other party filed a request for a Restraining Order in the past five years?	
2. Is there a Restraining Order in place <i>now</i> protecting you or the other parent?	
3. Are you, <u>under penalty of perjury</u> , alleging that there is a history of domestic violence between you and the other parent?	
4. If you answered 'YES' to #2 or #3, were any of your children present during the abuse/violence?	
5. Are there guns or firearms in the home of any of the parties?	
If yes, in whose home:	
6. Are you requesting a separate mediation session due to a history of domestic violence between you and the other parent?	
If you answered 'YES', please let FCS know as soon as possible by sending an email to FCS@saccourt.ca.gov , requesting a separate session. Be sure to include your case number in the email.	
7. Are you, <u>under penalty of perjury</u> , required to be registered as a sex offender under Section 290 of the Penal Code where the victim was a minor?	
8. To the best of your knowledge, and <u>under penalty of perjury</u> , is anyone who resides in your household required to register as a sex offender under Section 290 of the Penal Code, as a result of a felony conviction in which the victim was a minor?	
I have completed the required Family Court Services' Orientation Program within the last 12 months	
SIGNATURE:	DATE:

Please submit this completed questionnaire to FCS at least 5 days before your scheduled appointment. It may be submitted by US Mail, in the court's Drop Box, or by email to FCS@saccourt.ca.gov. For more information about Family Court Services and mediation, please go to our website at www.saccourt.ca.gov

Thank you!