

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Attorney: \_\_\_\_\_

## Trinity County Superior Court Mediation Intake Form:

Name: \_\_\_\_\_

First

Middle

Last

Other names used: \_\_\_\_\_ Email: \_\_\_\_\_

Home address: \_\_\_\_\_  
Number and Street City State Zip Code

Mailing address: \_\_\_\_\_  
Number and Street City State Zip Code

CELL #: \_\_\_\_\_ HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_

How long have you lived at your current address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

**Other Parent's/Party's Name:** \_\_\_\_\_

**Length of Relationship:** \_\_\_\_\_

**Date of Separation:** \_\_\_\_\_

### Your Children:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB : \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB : \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB : \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB : \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB : \_\_\_\_\_

**CURRENT CUSTODY/ CUSTODIAL TIME ARRANGEMENT:**

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**DESIRED CUSTODY/CUSTODIAL TIME ARRANGEMENT:**

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**What are your concerns about the other parent:**

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**What are the positive results of the child(ren) spending time with the other parent:**

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**YOUR Current and Previous Marriages or Long-Term Relationships:**

**Current Marital Status:**

single  widowed  other: \_\_\_\_\_

married  separated  divorced when: \_\_\_\_\_

To Whom(full name-first, middle, last): \_\_\_\_\_

**Current Spouse/partner's DOB:** \_\_\_\_\_ **DL #** \_\_\_\_\_

**Previous Marriages or long-term relationships**

To Whom: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Divorce/Sep: \_\_\_\_\_ Where: \_\_\_\_\_

To Whom: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Divorce/Sep: \_\_\_\_\_ Where: \_\_\_\_\_

**Military Record:**

Branch: \_\_\_\_\_ Year: \_\_\_\_\_ to \_\_\_\_\_ Rank: \_\_\_\_\_

Job: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

**Employment History:**

(If retired from where or if disabled, type/nature of disability) List you last job first.

**EMPLOYER NAME      CITY      TYPE OF WORK      DATES OF EMPLOYMENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IS THERE A CURRENT RESTRAINING ORDER: YES                      NO**

IF YES, WHO IS THE RESTRAINED PERSON: \_\_\_\_\_

IF YES, WHO IS THE PROTECTED PERSON: \_\_\_\_\_

**Have you been involved in domestic (physical) violence:**

Yes    No   Total Number of times: \_\_\_\_\_  
With Whom: \_\_\_\_\_

Police Report:    Yes    No   When: \_\_\_\_\_   Where: \_\_\_\_\_

Children Observed It:  Yes  No Describe: \_\_\_\_\_

**Have there been allegations of: ABUSE NEGLECT MOLEST (circle) by any on involved in this case?**

Yes  No

Person Abused: \_\_\_\_\_ By Whom: \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you or anyone in your home ever been accused of child abuse:  Yes  No

Child Molestation:  Yes  No

If Yes, Explain: \_\_\_\_\_

\_\_\_\_\_

Has anyone in this case threatened to kill someone or themselves:  Yes  No

Who: \_\_\_\_\_ When: \_\_\_\_\_

Explain: \_\_\_\_\_

\_\_\_\_\_

**Arrest Records:**

Have you ever been arrested:  Yes  No

**If you marked yes to the above question, complete the next section:**

How many times have you been arrested: \_\_\_\_\_

Have you ever been arrested in any other county or state:  Yes  No

Name of County: \_\_\_\_\_ State: \_\_\_\_\_

Do you have any other charges pending:  Yes  No

Where: \_\_\_\_\_ What for: \_\_\_\_\_

Are you currently on Parole or Probation:  Yes  No

Parole or Probation Officer Name: \_\_\_\_\_ County: \_\_\_\_\_

If you marked yes to any of the above questions, complete the following sections:

**Your Adult arrests:**

<b>Date</b>	<b>Place</b>	<b>Offense</b>

**Your Drug/Alcohol Information:**

Has the use of drugs or alcohol caused problems in your life?     Yes     No

Explain: \_\_\_\_\_  
\_\_\_\_\_

**COMPLETE THE FOLLOWING FOR ALL ADULTS IN THE HOME**

**Full Legal Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Full Legal Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Expires:** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

Does anyone living in your home have a criminal conviction that requires them to register as a sex offender:     Yes     No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Arrest Records for any Adult Living in Your Home:**

**Has anyone living in your home ever been arrested before:**     Yes     No

If you marked yes to the above question, complete the next section:

How many times have they been arrested: \_\_\_\_\_

Have they ever been arrested in any other county or state:  Yes  No

Name of County: \_\_\_\_\_ State: \_\_\_\_\_

Do they have any other charges pending?  Yes  No

Where: \_\_\_\_\_ What for: \_\_\_\_\_

Are they currently on Parole or Probation:  Yes  No

Parole or Probation Officer Name: \_\_\_\_\_

County: \_\_\_\_\_

**If you marked yes to any of the above questions, complete the next section:**

**Arrests for Adults Living in Your Home:**

Date	Place	Offense

**Drug/Alcohol Information: for adults living in your home:**

Name \_\_\_\_\_  Yes  No

How much: \_\_\_\_\_ What Type: \_\_\_\_\_ How Often: \_\_\_\_\_

Has the use of drugs caused problems in their life?  Yes  No

Explain: \_\_\_\_\_  
\_\_\_\_\_

Pursuant to sec 216(a), California Family Code, it is hereby stipulated that the Child Custody Recommending Counselor may have ex parte communication between attorneys for any party and the Court.

I affirm that I have read or have had read to me the “Child Custody Recommending Counseling (CCRC) Orientation AND Welcome Packet” which includes the “Notice to Victims of Domestic Violence”.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REQUEST FOR SEPARATE SESSION OR A PROFESSIONAL SUPPORT PERSON**

*THIS FORM WILL NOT BE APPROVED UNLESS IT IS COMPLETED IN FULL*

**THIS FORM IS OPTIONAL, COMPLETE THIS FORM ONLY IF YOU ARE REQUESTING A SEPARATE SESSION OR A SUPPORT PERSON.**

Parties who have been involved in Domestic Violence or who have filed for a Domestic Violence Restraining Order may request to meet separately with the Child Custody Recommending Counselor (CCRC) to discuss custody and visitation matters and/or to have a support person present (Family Code Section 3181). Such a request requires that there was domestic violence in the relationship and **requires you to sign a document declaring such under penalty of perjury.** If you are requesting a separate appointment and/or a support person, please fill out and sign this declaration.

**Print the following information:**

Name: \_\_\_\_\_ . Case #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ . State: \_\_\_\_\_ Zip: \_\_\_\_\_

I have filed a domestic violence restraining order.

When: \_\_\_\_\_ Where: \_\_\_\_\_

Was the domestic violence restraining order granted: \_\_\_\_\_

If so when and where: \_\_\_\_\_

Which Party initiated/filed the Family Law action? \_\_\_\_\_

Are you requesting a support person or separate mediation appointment? \_\_\_\_\_

Describe the domestic violence in this relationship:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ . Date: \_\_\_\_\_

Approve: \_\_\_\_\_ Deny: \_\_\_\_\_



# Superior Court of California County of Trinity

PO Box 1258 Weaverville, CA 96093

Telephone (530) 623-1404 - Facsimile (530) 623-8397

Michael B Harper  
JUDGE

Eric L Heryford  
PRESIDING JUDGE

Staci Holliday  
EXECUTIVE OFFICER

## COURT EVALUATOR/MEDIATOR(CCRC), & INVESTIGATOR RELEASE OF INFORMATION FORM

I (parent), \_\_\_\_\_, DOB \_\_\_\_\_ give the following agency/agencies/persons, permission to release all information (written and/or oral regarding myself and/or my child(ren) to the Court appointed custody Evaluator/CCRC and/or Investigator.

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Date of Birth

**Agencies:** Trinity County Mental Health  
Trinity County Alcohol and Drug  
Trinity County Social Services  
Trinity County Sheriff's Dept.  
Trinity Hospital

Trinity County Probation  
Trinity County Public Health  
Trinity County Schools  
Human Response Network  
Far Northern Regional Center

\*Other \_\_\_\_\_

\*Other \_\_\_\_\_

\*Other \_\_\_\_\_

\*Other \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**DECLARATION UNDER PENALTY OF PERJURY  
FAMILY COURT SERVICES ORIENTATION**

I, \_\_\_\_\_,  
(PLEASE PRINT NAME)

declare under penalty of perjury that I have read the **Welcome to Family Court Service packet**, and watched the **Family Court Services Parent Orientation Video**, available online at <https://www.trinity.courts.ca.gov/online-services/mediation-and-child-custody-recommending-counseling-ccrc>

Date \_\_\_\_\_

Signature \_\_\_\_\_