

**CHILD CUSTODY RECOMMENDING COUNSELING QUESTIONNAIRE**  
—o—  
**FAMILY LAW COURT SERVICES**

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

Case No.: \_\_\_\_\_

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

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

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

Name of Other Party: \_\_\_\_\_

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

Address: \_\_\_\_\_  
Street City State Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Source of Income, if not employed: \_\_\_\_\_

Self -Represented: Yes  No

Attorney's Name: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Does your child(ren) receive Medi-Cal benefits or is you child(ren) eligible to receive Medi-Cal benefits? \_\_\_\_\_

When did you stop living together? \_\_\_\_\_

Name(s) and date of birth of child(ren):

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

Up until now, what has been the parenting schedule with the child(ren)?

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

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1) Are there any current orders related to custody and/or visitation of your child(ren)?

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2) Are there court orders related to the child(ren) from any other court? If yes, which court?

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3) Has there been domestic violence or abuse in the family?

Yes  No

Is there currently a domestic violence or criminal protective restraining order?

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If yes to either question, please explain: *(use backside of sheet, if needed)*

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If you are alleging domestic violence or are a protected party by any type of protective order, are you requesting separate child custody recommending counseling?

Yes  No

4) Have there been any reports to Child Protective Services (CPS), or the police related to your child(ren)? If yes, please explain:

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- 5) Are there or have there been any Dependency Petitions under Welfare and Institutions Code Section 300 (Abuse or Neglect)? If yes, please explain:

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- 6) Are drugs and/or alcohol an issue? If yes, please explain:

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- 7) Have you or anyone living in your home been convicted of a drug or alcohol related offense in the last 5 years? If yes, please explain:

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- 8) Have you or anyone in your home received treatment or been hospitalized for drug and/or alcoholism? If yes, please explain:

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- 9) Are you or anyone in your home being treated by a doctor for mental illness?

Yes  No  If yes, has the doctor prescribed medication for mental illness? Please explain:

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Have you or anyone in your home been prescribed medication for mental illness? If yes, please explain:

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Please explain the mental health treatment:

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10) Are you or anyone in your home currently, or in the past 5 years, on probation or parole? If yes, please explain:

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11) Are you or anyone in your home legally required or court ordered to register as an offender (drug, arson, sex)? If yes, please explain:

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12) Have you or anyone living in your home ever been convicted of criminal activity? If yes, please explain:

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13) What issues are preventing the reaching of an agreement?

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**FINAL STEPS:**

**Once this form is completed, please return to the Clerk's Office for processing prior to the CCRC/mediation session.**

**Email:** [superiorcourt@sierracourt.org](mailto:superiorcourt@sierracourt.org)

**Mail:** P.O. Box 476 Downieville, CA 95936

**In-Person:** 100 Courthouse Square, 2<sup>nd</sup> Floor Downieville, CA 95936

**Counter Hours:** Monday thru Friday 9AM – 12PM & 1PM – 4PM

**Thank you for your time!**

**I declare under penalty of perjury under the laws of the State of California, that the information that I have provided above is true and correct.**

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

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

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