

Superior Court of California, County of Alameda

CHILD CUSTODY RECOMMENDING COUNSELING (CCRC) APPOINTMENT REQUEST

Applying on line is the fastest and most accurate way of getting your information to us.

- On-Line: www.alameda.courts.ca.gov then click on Court Divisions/Family Law/Child Custody, Guardianship and Domestic Violence Recommending Counseling/Schedule an appointment on-line; or
- Fax: (510) 783-4297; or
- Mail : Family Court Services, 224 W. Winton Ave, Suite 208 Hayward, CA 94544
- E-mail: families&childrensbureau@alameda.courts.ca.gov
- Call Appointment Line: (510) 690-2500

Next Court Date: _____ Department # _____ Court Action # _____		
Have you served papers on the other party or have you been served papers? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of service _____		
PARENT OR GUARDIAN'S FULL NAME: Relationship to minors: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
Street:	City/State:	Zip:
Home Phone: ()	Work Phone: ()	DOB:
Cell Phone: ()	Email:	
Attorney's Name: <input type="checkbox"/> No attorney	Primary Language: Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PARENT OR GUARDIAN'S FULL NAME: Relationship to minors: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
Street:	City/State:	Zip:
Home Phone: ()	Work #: ()	DOB:
Cell Phone: ()	Email:	
Attorney's Name: <input type="checkbox"/> No attorney	Primary Language: Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CHILDREN (Full Name)	Check One	DOB	AGE	CHILDREN (Full Name)	Check One	DOB	AGE
#1	<input type="checkbox"/> M <input type="checkbox"/> F			#4	<input type="checkbox"/> M <input type="checkbox"/> F		
#2	<input type="checkbox"/> M <input type="checkbox"/> F			#5	<input type="checkbox"/> M <input type="checkbox"/> F		
#3	<input type="checkbox"/> M <input type="checkbox"/> F			#6	<input type="checkbox"/> M <input type="checkbox"/> F		

1. Are/were parents married to each other? Yes No
2. With whom are the child(ren) in this matter now living?

3. Do you want to bring up any of the following issue during CCRC appointment?
 Drug/alcohol abuse Child abuse Domestic violence Child stealing Juvenile Court actions
4. Has either party made sworn allegations of domestic violence against the other? Yes No
 Who made the allegations? _____ Against whom were the allegations made?

5. Is there a Restraining Order currently in place? Yes No When does it expire?

 What type of Restraining Order? DVPA Other Civil Criminal Emergency (EPO) Juvenile Court Unknown
 Who does the Restraining Order restrain? _____ Who does the Restraining Order protect?

6. Separate appointments may be requested if there are sworn allegations of domestic violence or if there is a restraining order in place that protects one party from the other party. Are separate CCRC appointments being requested? Yes No
7. Are accommodations for a disability required? Yes No Explain:

Name of the person completing this form:	Date:
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