

**Superior Court of California, County of Alameda
Family Court Services**

REQUEST FOR CHILD CUSTODY RECOMMENDING COUNSELING APPOINTMENT

PLEASE PRINT CLEARLY

Today's Date: _____

Next Court Date: _____ Department # _____ Case # _____

Have you ever been seen by a counselor from our Family Court Services office? Yes No

YOUR 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: _____		
<input type="checkbox"/> Please check box if you wish to receive appointment reminders via text message (Standard msg & data rates may apply)		<input type="checkbox"/> Please check box if you would like to receive your Recommending Counseling Report via email	
Attorney's Name: _____ <input type="checkbox"/> No attorney		Primary Language: _____ Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER PARENT/ 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: _____		
<input type="checkbox"/> Please check box if you wish to receive appointment reminders via text message (Standard msg & data rates may apply)		<input type="checkbox"/> Please check box if you would like to receive your Recommending Counseling Report via email	
Attorney's Name: _____ <input type="checkbox"/> No attorney		Primary Language: _____ Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CHILDREN (Full Name)	DOB	AGE	CHILDREN (Full Name)	DOB	AGE
#1			#4		
#2			#5		
#3			#6		

HAS EITHER PARTY MADE SWORN ALLEGATIONS OF DOMESTIC VIOLENCE AGAINST THE OTHER? YES NO

Who made the allegations? _____ Against whom were the allegations made? _____
 What type of Restraining Order? DVPA Other Civil Criminal Emergency (EPO) Juvenile Court Unknown None

Whom does the Order restrain? _____ Whom does the Order protect? _____

(Parties will be seen separately in cases with past or present sworn domestic violence allegations)

Have any of the following issues occurred in your relationship?

- Drug/alcohol abuse Child abuse Domestic violence Child stealing Juvenile Court actions

Are accommodations for a disability required? Yes No Explain: _____

NOTES: