

Superior Court of California, County of Alameda

CHILD CUSTODY RECOMMENDING COUNSELING (CCRC) APPOINTMENT REQUEST (GUARDIANSHIP FORM)

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 both parties been served? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of service _____							
Children's Attorney Full Name: _____							<input type="checkbox"/> No Attorney
CHILDREN (Full Name)	Check One	DOB	AGE	CHILDREN	Check One	DOB	AGE
#1	<input type="checkbox"/> Male <input type="checkbox"/> Female			#3	<input type="checkbox"/> Male <input type="checkbox"/> Female		
#2	<input type="checkbox"/> Male <input type="checkbox"/> Female			#4	<input type="checkbox"/> Male <input type="checkbox"/> Female		
PARENT OR GUARDIAN'S FULL NAME: _____							<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
Relationship to minors: _____							
Street _____				City/State _____		Zip _____	
Home Phone () _____				Work () _____		Date of birth _____	
Cell _____				Email _____			
Attorney's Name: _____							Primary Language: _____
<input type="checkbox"/> No Attorney							Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
PARENT OR GUARDIAN'S FULL NAME: _____							<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
Relationship to minors: _____							
Street _____				City/State _____		Zip _____	
Home Phone () _____				Work () _____		Date of birth _____	
Cell () _____				Email _____			
Attorney's Name: _____							Primary Language: _____
<input type="checkbox"/> No Attorney							Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
1 ST JOINED PARTY FULL NAME: _____							Primary Language: _____
Relationship to minors: _____							Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street _____				City/State _____		Zip _____	
Home Phone () _____				Work/Cell () _____		Date of birth _____	
2 ND JOINED PARTY FULL NAME: _____							Primary Language: _____
Relationship to minors: _____							Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street: _____				City/State _____		Zip _____	
Home Phone () _____				Work/Cell () _____		Date of birth _____	

1. With whom are the child(ren) in this matter now living? _____
2. 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
3. Has either party made sworn allegations of domestic violence against the other? Yes No
 Who made the allegations? _____ Against whom were the allegations made? _____
4. 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? _____
5. 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
6. Are accommodations for a disability required? Yes No Explain: _____

Name of the person completing this form: _____

Date: _____