

**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? <input type="checkbox"/> Yes <input type="checkbox"/> 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:**