

Superior Court of California, County of Alameda  
Family Court Services

**FAMILY COURT SERVICES INTAKE FORM**  
APPOINTMENT REQUEST: CHILD CUSTODY RECOMMENDING COUNSELING

**PLEASE PRINT CLEARLY**

Next Court Date: \_\_\_\_\_ Department # \_\_\_\_\_ Case # \_\_\_\_\_

Have you previously been seen by a counselor from Family Court Services?  Yes  No

<b>YOUR FULL NAME:</b>	Relationship to minors: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
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Street:	City/State:	Zip:
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Home Phone:(    )	Work Phone:(    )	DOB:
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Cell Phone:(    )	Email:
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<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
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Attorney's Name: <input type="checkbox"/> No attorney	Primary Language: Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>OTHER PARENT/GUARDIAN'S FULL NAME:</b>	Relationship to minors: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
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Street:	City/State:	Zip:
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Home Phone:(    )	Work Phone:(    )	DOB:
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Cell Phone:(    )	Email:
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<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
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Attorney's Name: <input type="checkbox"/> No attorney	Primary Language: Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No
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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

Is there a Restraining Order?  YES  NO

Who is the Protected Party? \_\_\_\_\_ Who is the Restrained Party? \_\_\_\_\_

**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 abduction     Juvenile Court actions

**NOTES:**