

EMAIL ADDRESS: _____ DATE TODAY _____

FAMILY MEDIATION INTAKE

THE INFORMATION REQUESTED IS FOR MEDIATION PERSONNEL ONLY AND IS SUBJECT TO RULES OF CONFIDENTIALITY. PLEASE FILL OUT ALL ITEMS THOROUGHLY. THANK YOU.

NAME: _____ BIRTHDATE: _____

**ADDRESS: _____ CITY: _____ STATE: _____

ZIP CODE: _____ HOME PHONE: _____ WORK/CELL PHONE _____

MAILING ADDRESS IF DIFFERENT _____

ATTORNEY: _____ PLACE OF EMPLOYMENT _____

***If your home address is confidential, due to a restraining order, leave blank and talk to your Mediator.*

HAVE YOU BEEN IN MEDIATION PREVIOUSLY? YES NO

ARE YOU A VETERAN OR ACTIVE DUTY MILITARY? YES NO

CHILDREN OF THE MARRIAGE OR RELATIONSHIP

CHILDREN IN OUR HOME NOT OF THIS MARRIAGE/RELATIONSHIP

Name	Birthdate	Age	Name	Birthdate	Age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DOES ANY CHILD HAVE SPECIAL NEEDS? If so, please place a star next to their name and describe on the back of this sheet.

DATE OF MARRIAGE _____ DATE OF SEPARATION _____ NON-MARRIAGE

Do you have a domestic violence restraining order or criminal protective order against the other parent?

Effective Date _____ Expiration Date _____

At the start of every mediation appointment the parties will each meet with the Mediator separately. If you have experienced domestic violence you have the option of meeting separately throughout your mediation experience for all Mediation sessions. Please discuss this with your Mediator.

RIGHT TO A SUPPORT PERSON: If the Court issued a PROTECTIVE ORDER, a support person shall be permitted to accompany the protected party during the orientation and all mediation sessions. It is the function of a support person to provide moral and emotional support. The support person is not present as a legal adviser and shall not give legal advice or participate in the discussion.

*HAVE YOU ATTENDED THE PARENTING APART WORKSHOP? _____ DATE _____

If scheduled, when? _____

COMMENTS WELCOME ON REVERSE SIDE

Superior Court of California, County of Mendocino, Family Court Services
Supplemental Questionnaire (Confidential)

EACH PARENT MUST ANSWER HIS/HER OWN QUESTIONNAIRE SEPARATELY

The law requires that these questions be raised.

YES NO

1. Have you ever participated in a custody case about any children in another county or state?.....
2. Do you have any concerns about the child(ren)'s emotional and/or physical safety with the other parent?...
3. Has Child Protective Services been involved with the family regarding allegations of abuse or neglect to the child(ren)?.....
4. Has an attorney/Guardian ad Litem been appointed to represent the child(ren)?.....
5. Have you ever feared that you would not have access to your child(ren)?
6. Has there ever been medical treatment or hospitalization of immediate family members for psychiatric disorders?.....
7. Do you have any concerns regarding the use of alcohol and/or drugs by immediate family members?.....
8. Have there ever been any physical confrontations between you and the other parent?
9. Have you ever been abusive to the other parent or been restrained by a restraining order?
10. Has the other parent been violent or abusive **to you**?
- If yes, how many times?* _____
11. Were the child(ren) present?.....
12. When was the worst violence or abuse? (Date): _____
Please describe the violence or abuse: _____

- Were the child(ren) present?
13. Are you worried that the other parent might be violent or abusive to you again?.....
14. Have there ever been any threats or implications about the use of weapons against either parents or child(ren)?.....
15. Have you ever asked for a restraining order against the other parent?.....
- If yes, in which county and state?* _____

Please turn the page over and answer questions on back

16. Has the other parent ever been abusive to **another family member**?

17. Has the other parent ever been abusive to a family pet or another animal?

18. Has the other parent ever been involved in a criminal domestic violence case?.....

If yes, in what state and county? _____

19. Do you have any other concerns about your own emotional and/or physical safety with the other parent?.

20. Are you in any way afraid to meet with the other parent in mediation?.....

21. Do you feel you are ready to be working with the other parent to develop a parenting plan?

If no, please state briefly why not: _____

22. Do you have any fears about answering these questions?

If yes, please state briefly why: _____

You will have an opportunity to discuss your responses to the above questions when you meet individually with the Mediator.