

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF YUBA  
215 FIFTH STREET, SUITE 318, MARYSVILLE, CA 95901  
(530) 740-1850**

**CHILD CUSTODY RECOMMENDING COUNSELING INFORMATION SHEET**

**GENERAL INFORMATION**

Date: \_\_\_\_\_ Court Case #: \_\_\_\_\_  
Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Maiden/Other Name(s) Used: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home/Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#1 Child's Name: _____	Date of Birth: _____	School: _____	Lives with: _____
#2 Child's Name: _____	Date of Birth: _____	School: _____	Lives with: _____
#3 Child's Name: _____	Date of Birth: _____	School: _____	Lives with: _____
#4 Child's Name: _____	Date of Birth: _____	School: _____	Lives with: _____

Other Adults or children living in the home with you: \_\_\_\_\_

**EMPLOYMENT**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Days/Hours per Week: \_\_\_\_\_

**CUSTODY AND TIME SHARE INFORMATION**

Do you understand the definition of sole and joint legal and physical custody?  Yes  No

What custody would you like to have?  Sole Legal  Joint Legal  Sole Physical  Joint Physical

What is the current timeshare you and the other parent are now exercising? Please do not use percentages.

Day(s)/Time(s) with you: \_\_\_\_\_

Day(s)/Time(s) with other parent: \_\_\_\_\_

Exchanges: Location \_\_\_\_\_ Person Exchanging \_\_\_\_\_

What timeshare would you like to have?

Day(s)/Time(s) with you: \_\_\_\_\_

Day(s)/Time(s) with other parent: \_\_\_\_\_

Exchanges: Location \_\_\_\_\_ Person Exchanging \_\_\_\_\_

### **CHEMICAL DEPENDENCY**

1. Have **you** had, or do **you** currently have, a problem with alcohol, illegal drugs or misuse of prescribed

medications: Yes No If "Yes": List: \_\_\_\_\_

Treatment Program(s): \_\_\_\_\_ Year Attended: \_\_\_\_\_

2. Has the **other parent** had, or have, a problem with alcohol, illegal drugs or misuse of prescribed

medications: Yes No If "Yes": List: \_\_\_\_\_

Treatment Program(s): \_\_\_\_\_ Year Attended: \_\_\_\_\_

### **MENTAL HEALTH**

1. Do you have a diagnosed mental illness/disorder? Yes No

If "Yes": Diagnosis and Treatment? \_\_\_\_\_

2. Are you taking prescribed medications? Yes No

If "Yes": Name/Address of Prescribing Doctor: \_\_\_\_\_

Date of last appointment: \_\_\_\_\_

3. Do you believe the other parent has any current or past mental health problems? Yes No

If "Yes": Explain: \_\_\_\_\_

4. Have **you** ever been admitted into a psychiatric facility? Yes No

If "Yes": When and where were you admitted? \_\_\_\_\_

5. Are the minor children enrolled in therapy with a therapist? Yes No

If "Yes": Name/Address of therapist: \_\_\_\_\_

**DOMESTIC VIOLENCE HISTORY**

1. Is there a current restraining order? Yes No If "Yes": Date it will expire: \_\_\_\_\_

2. Have you ever been convicted of or a victim of domestic violence *with the other parent* in the past 5 years? Yes No If "Yes": Year: \_\_\_\_\_ City/County: \_\_\_\_\_

Type of Abuse: Physical Emotional Verbal Stalking Terrorist Threats

*If Physical Abuse:* How Many times has physical violence occurred? \_\_\_\_\_

Date of most recent occurrence: \_\_\_\_\_

Were your child(ren) ever present during any violence between you and the other parent? Yes No

Was anyone ever injured? Yes No If "Yes": Who was injured? \_\_\_\_\_

Were the police involved? Yes No If "Yes": In what city/county? \_\_\_\_\_

Was anyone arrested?: Yes No If "Yes": Who? \_\_\_\_\_

1. Do you have any fear for your safety with the other parent? Yes No

2. Do you have any fear for your child(ren)'s safety with the other parent? Yes No

3. Are you requesting separate room child custody recommending counseling (mediation)? Yes No

**LAW ENFORCEMENT**

1. Have you ever been arrested or convicted of any Felonies or Misdemeanors during the past five years?

Yes No If "Yes": In what city/county? \_\_\_\_\_ Date of crime: \_\_\_\_\_

Type of crime: \_\_\_\_\_

**CHILD PROTECTIVE SERVICES**

1. Do you have a *current* CPS Investigation in progress? Yes No

If "Yes": In what county/state? \_\_\_\_\_

What are the allegations? \_\_\_\_\_

2. Have you had *past* CPS action/involvement? Yes No

If "Yes": In what county/state? \_\_\_\_\_ When? \_\_\_\_\_

What were the allegations? \_\_\_\_\_

**SCHOOL**

1. Have you been required to attend a School Attendance Review Board (S.A.R.B.) hearing? Yes No

If "Yes:" Month/Year: \_\_\_\_\_ County: \_\_\_\_\_

**OTHER CONCERNS**

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature of Declarant)

**Please return by email to: [mediation@yuba.courts.ca.gov](mailto:mediation@yuba.courts.ca.gov) OR deliver in person to the Family Court Services Division of Yuba County Superior Court.**