Case Name:_____

Case Number:_____

Attorney:_____

Trinity County Superior Court Mediation Intake Form:

Date:_____

Name:_____ _____ _____
First Middle Last

Other names used: _____**Email:**_____

Home address: _____ _____ _____ _____
Number and Street City State Zip Code

Mailing address: _____ _____ _____ _____
Number and Street City State Zip Code

CELL #: _____ **HOME #:** _____**WORK #:**_____

How long have you lived at your current address: _____

Date of Birth: _____ **Age:** _____

Driver's License Number: _____ **State:** _____ **Expires:** _____

Marital Status:

❑ **single** ❑ **widowed** ❑ **other:** _____

❑ **married** ❑ **separated** ❑ **divorced when:** _____

Other Parent Name:_____

Length of Relationship:_____

Date of Separation:_____

Your Children:

Name: _____ **Age:** _____ **DOB :** _____

Name: _____ **Age:** _____ **DOB :** _____

Name: _____ **Age:** _____ **DOB :** _____

Name: _____ **Age:** _____ **DOB :**_____

Name: _____ **Age:** _____ **DOB :**_____

CURRENT **CUSTODY/ CUSTODIAL TIME ARRANGEMENT:**

_____
_____
_____

DESIRED **CUSTODY/CUSTODIAL TIME ARRANGEMENT:**

_____
_____
_____
_____

What are your concerns about the other parent:

_____
_____
_____
_____
_____
_____
_____
_____

What are the positive results of the child(ren) spending time with the other parent:

_____
_____
_____
_____
_____

Current and Previous Marriages or long-term relationships:

To Whom: _____ **Date:** _____

Date of Divorce/ Separation: _____

To Whom: _____ **Date:** _____

Date of Divorce: _____ **Where:** _____

Military Record:

Branch: _____ Year: _____ to _____ Rank: _____
Job: _____ Type of Discharge: _____

Employment History: (If retired from where or if disabled, type/nature of disability)
List your last job first. Give details as accurately as possible.

EMPLOYER NAME CITY TYPE OF WORK DATES OF EMPLOYMENT

_____
_____
_____
_____
_____
_____
_____

IS THERE A CURRENT RESTRAINING ORDER OR CPO?: YES_____NO_____

IF YES, WHO IS THE RESTRAINED PERSON:_____
IF YES, WHO IS THE PROTECTED PERSON:_____.

Have you been involved in domestic (physical) violence: ❑ Yes ❑ No Total Number of times: _____

Police Report: ❑ Yes ❑ No When: _____ Where: _____

Medical Report: ❑ Yes ❑ No When: _____ Where: _____

Children Observed It: ❑ Yes ❑ No Describe: _____

Have there been allegations of: ABUSE NEGLECT MOLEST (Check box below) by *any one involved in this case*? ❑ Yes ❑ No

Person Abused: _____ By Whom:_____
Explain:_____
_____
_____

Have you or anyone in your home ever been accused of child abuse: ❑ Yes ❑ No

Child Molestation: ❑ Yes ❑ No
If Yes, Explain: _____
_____

Has anyone in this case threatened to kill someone or themselves: ❑ **Yes** ❑ **No**

Who: _____ **When:** _____

Explain: _____

_____

Arrest Records:

Have you ever been arrested: ❑ **Yes** ❑ **No**

If you marked yes to the above question, complete the next section:
How many times have you been arrested: _____

Have you ever been arrested in any other county or state: ❑ **Yes** ❑ **No**

Name of County: _____ **State:**_____

Do you have any other charges pending: ❑ **Yes** ❑ **No**

Where: _____ **What for:** _____

Are you currently on Parole or Probation: ❑ **Yes** ❑ **No**

Parole or Probation Officer Name: _____ **County:** _____

If you marked yes to any of the above questions, complete the following sections:

Adult arrests:

Date	Place	Offense	Disposition

Drug/Alcohol Information:

Has the use of drugs or alcohol caused problems in your life? ❑ **Yes** ❑ **No**

Explain: _____

_____

COMPLETE THE FOLLOWING FOR ALL ADULTS IN THE HOME

Full Legal Name: _____

Date of Birth: _____ **Age:** _____ **Place of Birth:** _____

Driver's License Number: _____ **State:** _____ **Expires:** _____

Relationship to you _____

Full Legal Name: _____

Date of Birth: _____ **Age:** _____ **Place of Birth:** _____

Driver's License Number: _____ **State:** _____ **Expires:** _____
Relationship to you _____

Does anyone living in your home have a criminal conviction that requires them to register as a sex offender: ❑ **Yes** ❑ **No**

If yes, explain: _____
_____
_____

Arrest Records:

Has anyone living in your home ever been arrested before: ❑ **Yes** ❑ **No**

If you marked yes to the above question, complete the next section:
How many times have they been arrested: _____

Have they ever been arrested in any other county or state: ❑ **Yes** ❑ **No**

Name of County: _____ **State:** _____

Do they have any other charges pending: ❑ **Yes** ❑ **No**

Where: _____ **What for:**_____

Are they currently on Parole or Probation: ❑ **Yes** ❑ **No**

Parole or Probation Officer Name:_____ **County:**_____

If you marked yes to any of the above questions, complete the next section:

Arrests:

Date	Place	Offense	Disposition

Drug/Alcohol Information - for adults living in your home:

Are there adults in your home that use/have used drugs or consume alcohol? ❑ **Yes** ❑ **No**

Name _____

How much: _____ **What Type:** _____ **How Often:** _____

Has the use of drugs caused problems in their life: ❑ **Yes** ❑ **No**

Explain: _____

_____

Pursuant to sec 216(a), California Family Code, it is hereby stipulated that the Child Custody Recommending Counselor may have ex parte communication between attorneys for any party and the Court.

I affirm that I have read or have had read to me the "Child Custody Recommending Counseling (CCRC) Orientation AND "Welcome Packet" which includes the "Notice to Victims of Domestic Violence".

I UNDERSTAND ALL DOCUMENTS PRODUCED BY THE CCRC, INCLUDING REPORTS AND RECOMMENDATIONS WILL BE DISSEMINATED THROUGH ELECTRONIC COMMUNICATION, VIA EMAIL. I UNDERSTAND IF I DON'T HAVE AN EMAIL OR NEED A PAPER COPY OF MY REPORT AND/OR RECOMMENDATION I WILL NOTIFY THE CCRC OR OBTAIN A PAPER COPY FROM THE CLERK'S OFFICE AT THE COURTHOUSE.

Signature: _____ **Date:** _____

By typing my name here , I consent to use this as my electronic signature.
Typed Name:

Please email completed intake form to - stacy@burgessinvestigations.com

Please continue to the next page.

REQUEST FOR SEPARATE SESSION OR A PROFESSIONAL SUPPORT PERSON

THIS FORM WILL NOT BE APPROVED UNLESS IT IS COMPLETED IN FULL

THIS FORM IS OPTIONAL, COMPLETE THIS FORM ONLY IF YOU ARE REQUESTING A SEPARATE SESSION OR A SUPPORT PERSON.

Parties who have been involved in Domestic Violence or who have filed for a Domestic Violence Restraining Order may request to meet separately with the Child Custody Recommending Counselor(CCRC) to discuss custody and visitation matters and/or to have a support person present (Family Code Section 3181). Such a request requires that there was domestic violence in the relationship, and **requires you to sign a document declaring such under penalty of perjury.** If you are requesting a separate appointment and/or a support person, please fill out and sign this declaration.

Print the following information:

Name:_____. Case #:_____

Address:_____

City:_____. State:_____ Zip:_____

☐ **I have filed a domestic violence restraining order.**

When:_____ Where:_____

Was the domestic violence restraining order granted:_____

If so when and where:_____

Which Party initiated/filed the Family Law action?_____

Are you requesting a support person or separate mediation appointment?_____

Describe the domestic violence in this relationship:

_____
_____
_____
_____
_____

Signature:_____. Date:_____

By typing my name here , I consent to use this as my electronic signature.

Typed Name:

Approve:_____ Deny:_____

Superior Court of California County of Trinity

PO Box 1258 Weaverville, CA 96093
Telephone (530) 623-1404 - Facsimile (530) 623-8397

Michael B Harper PRESIDING JUDGE
Eric L Heryford JUDGE
Staci Holliday EXECUTIVE OFFICER

COURT EVALUATOR/MEDIATOR(CCRC), & INVESTIGATOR RELEASE OF INFORMATION FORM

I,_____, DOB_____give the following agency/agencies/persons, permission to release all information (written and/or oral regarding myself and/or my child(ren) to the Court appointed custody Evaluator/CCRC and/or Investigator.

_____ _____
Minor's Name Date of Birth

_____ _____
Minor's Name Date of Birth

_____ _____
Minor's Name Date of Birth

_____ _____
Minor's Name Date of Birth

Agencies:

Trinity County Mental Health
Trinity County Alcohol and Drug
Trinity County Social Services
Trinity County Sheriff's Dept.
Trinity Hospital
***Other_____**
***Other_____**

Trinity County Probation
Trinity County Public Health
Trinity County Schools
Human Response Network
Far Northern Regional Center
***Other_____**
***Other_____**

_____ _____
Signature Date

By typing my name here , I consent to use this as my electronic signature.
Typed Name:

DECLARATION UNDER PENALTY OF PERJURY
FAMILY COURT SERVICES ORIENTATION

I, _____,
(PLEASE PRINT NAME)

declare under penalty of perjury that I have read the **Welcome to Family Court Service packet,** and watched the **Family Court Services Parent Orientation Video**, available online at https://www.trinity.courts.ca.gov/online-services/mediation-and-child-custody-recommending-counseling-ccrc

Date _____ Signature_____

By typing my name here , I consent to use this as my electronic signature.
Typed Name: