

TEHAMA COUNTY FAMILY COURT SERVICES

GENERAL INFORMATION FORM

Case No.: _____

Today's Date: _____

_____Petitioner_____Respondent	Next Hearing Date: _____
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Your Name: _____ Other Party's Name: _____

Your Address: _____ City: _____ State & Zip Code: _____

Mailing Address: _____ City: _____ State & Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Your Date of Birth: _____ Place of Birth: _____

Your Attorney: _____ Other Attorney: _____ Child/ren Attorney _____

Other Names you have used: _____

Number of times you have changed residences in the past 3 years: _____ Why? _____

MINOR CHILDREN IN THIS CASE ONLY:

Name: _____ Date of Birth: _____ School: _____ Lives With: Mo. Fa.

Name: _____ Date of Birth: _____ School: _____ Lives With: Mo. Fa.

Name: _____ Date of Birth: _____ School: _____ Lives With: Mo. Fa.

Name: _____ Date of Birth: _____ School: _____ Lives With: Mo. Fa.

Name: _____ Date of Birth: _____ School: _____ Lives With: Mo .Fa.

Do you have any children from another marriage/relationship who live with you? Yes No

If yes, how does the other parent get along with your other child(ren)? _____

Names and relationship to anyone else currently living with you besides your minor children listed above: _____

EMPLOYMENT

Current Employer: _____ Address: _____

Your Occupation: _____ Days/Hours work per week: _____

Years Employed: _____

VOLUNTARY INFORMATION FOR STATISTICAL PURPOSES ONLY

Race/Ethnicity: Caucasian Hispanic Native American Asian African American Hmong Other

Primary Language Spoken: English Spanish Hmong Other _____

Highest Grade you completed / college degree: _____

FAMILY AND RELATIONSHIP HISTORY

(check all that apply) You and the other parent in this case: Married Divorced Never Married Lived Together
 Domestic Partners Currently in the process of a Divorce

When did your relationship begin: _____ When did you separate: _____

Which parent left the relationship? You the other parent both decided to end relationship

Why did the relationship end? _____

CUSTODY AND TIME SHARE INFORMATION

What is the current custody/parenting time you have now? (Days and times)

What **Court Ordered Custody** do you have now? Sole Legal Joint Legal Sole Physical Joint Physical

Days & time with Father: _____

Days & time with Mother: _____

Vacations & Holiday's: _____

Exchanges: Location _____ Person Exchanging: _____ Times of Exchanges: _____

What would you like to have? (Days and times)

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

Days & time with Father: _____

Days & time with Mother: _____

Vacations & Holiday's: _____

Exchanges: Location: _____ Person Exchanging: _____ Times of Exchanges: _____

What parenting plan or arrangements do you think would work best for your family? _____

PARENTAL CONCERNS

Do you have any of the following concerns about the other parent? (mark all that apply)

Overuse of alcohol or prescription medications Illegal drug use Mental health problems Child abuse and or neglect

Any criminal history If yes, please explain concerns: _____

Do you think the other parent will say that s/he has any of the following concerns about you?

Overuse of alcohol or prescription medications Illegal drug use Mental health problems Child abuse and or neglect

Any criminal history If yes, please explain concerns: _____

Is there a therapist involved with Mother Father Child Name of Therapist/counselor: _____

Is there a Probation Officer or Parole Agent involved with Mother Father Child

Name of officer/agent: _____

PROTECTIVE SERVICES / LAW ENFORCEMENT HISTORY

Have you ever been **arrested or convicted** of any Felonies or Misdemeanors during the past **five years**? If so, please provide full Information: _____

Have you ever been accused or convicted of domestic violence in the past five years? Yes No If yes, explain:

Year: ____ **Type of Abuse:** Physical Emotional Verbal Stalking Terrorist Threats Sexual Economic/money

Children Present? which children? _____

Are there Police reports on any of the above or other incidents?: Yes No **Arrests:** Yes No **Convictions:** Yes No
Additional Information:

Have you been the Victim of Domestic Violence in the past five years? If so, please provide information:

Year: ____ **Type of Abuse:** Physical Emotional Verbal Stalking Terrorist Threats Sexual Economic/money

Children Present? which children? _____

Are there Police reports on any of the above or other incidents?: Yes No **Arrests:** Yes No **Convictions:** Yes No

Is there a current restraining order: Yes No If yes, date it will expire: _____

Are you and/or your children receiving services from Empower Tehama? Currently? Yes No In the past? Yes No

Everyone fights or argues with family members and friends now and then. What happened when you fought or argued with the other parent involved in this case: _____

Have there been any reports to Child Protective Services regarding the children in this case? If so, please provide information:

Year of case/referral: _____ County: _____

Concerns investigated or reported: _____

Year of case/referral: _____ County: _____

Concerns investigated or reported: _____

I declare under penalty of perjury that the foregoing is true and correct

Signature

Date

FAMILY COURT SERVICES
Tehama County Superior Courts
1740 Walnut Street
Red Bluff, CA 96080
530.528.7608

AUTHORIZATION FOR RELEASE OF INFORMATION

In Re the Matter of:

Case No. FL _____

_____ & _____

Petitioner

Respondent

I, _____ do hereby authorize Family Court Services to obtain
(Your name)

any and all information on myself in the investigation. This authorization for Release of Information may be presented to any agency or person Family Court Services so chooses, including but not limited to: County Welfare Departments, Children’s Protective Services (CPS), Probation Departments, County Crisis Centers, County Mental Health Departments, (including Tehama County Health Services Agency,) law enforcement agencies, (psychiatrists or psychologists or counselors, medical personnel, dentists, school authorities or teachers, childcare providers, ministers, and friends or relatives. This form also authorizes release of any drug/alcohol tests results.

This release hereby authorizes Family Court Services, its offices and its agents, to exchange any and all information on me and my child (ren) in order to allow Family Court Services to reasonably recommend to the court on the issues currently before the Tehama County Superior Court.

I acknowledge that Family Court Services, and its officers and agents cannot prevent the parties or their attorneys from disclosing the information referred, attached, or contained in said investigation report to persons not authorized to receive said information and hereby releases Family Court Services, its officers and agents, from any liability thereon.

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

Signature

Date

(A photocopy of duplicate of this release shall for all intents and purposes be deemed and original. This release will expire in one year after signing.)

Superior Court of California, County of Tehama
 Family Court Services
 Mediation/Child Custody Recommending Counseling
INFORMATION FORM
FOR CUSTODY AND/OR VISITATION MATTERS

PLEASE PRINT ALL INFORMATION CLEARLY

DATE: _____

CASE NUMBER: _____

INTERPRETER NEEDED Yes No

COURT RETURN DATE: _____

Petitioner (person who filed the very first original papers)

Respondent (person who responded to the original papers, or who was served with the original papers)

YOUR NAME: _____

YOUR MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOME TELEPHONE: _____ WORK TELEPHONE: _____

CELL PHONE: _____ EMAIL: _____

YOUR ATTORNEY: _____ ATTNY PHONE: _____

NAME OF CHILDREN	AGE	BIRTHDATE	NAME OF CHILDREN	AGE	BIRTHDATE

REQUIRED DOMESTIC VIOLENCE INFORMATION

The Domestic Violence Prevention Act (Family Code 6200) defines abuse as “intentionally or recklessly to cause or attempt to cause bodily injury, or sexual assault, or to place a person in reasonable apprehension of imminent serious bodily injury to that person or to another.”

The further Definition of Domestic Violence can be the use of physical force, restraint, or threats of force to compel one to do something against one’s will or to do bodily harm to self or loved ones. This includes but is not limited to: assault (pushing, slapping, choking, hitting, etc.); use of or threat with a weapon; sexual assault; unlawful entry; destruction of property; keeping someone prisoner or kidnapping; infliction of physical injury or murder. Psychological intimidation or control may also be maintained through such means as stalking, harassment, threats against children or others, violence against pets, or destruction of property.

No, there is no domestic violence history Yes, there is a domestic violence history

***** IF YES ONLY, PLEASE COMPLETE THE FOLLOWING*****

I have received a copy of “Domestic Violence and Custody Handout” (FC 3044).

If this relationship has a history of domestic violence, you have the right to separate Mediation/Child Custody Recommending Counseling (CCRC) services, and the right to have a support person present who is not related to the case (FC 3181).

Yes, I am a domestic violence victim and wish a separate mediation/CCRC appointment

Yes, I am a domestic violence victim and plan to bring a support person to FCS appointments.

No, it is not necessary to meet separately or bring a support person.

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

Signature _____ Date: _____