

**CHILD CUSTODY RECOMMENDING COUNSELING (CCRC)/MEDIATION QUESTIONNAIRE**

<b>Court Case #</b> _____	<b>Date of next scheduled court date:</b> _____
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**Full Legal Name:** \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Former or Other Names: \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Does the other parent know your cell phone number?  YES  NO. When scheduling and sending documents, Family Court Services will send text messages and emails that include the other parent. Is there a reason you don't want the other parent to know your cell phone number or email address

NO  YES If yes, please explain: \_\_\_\_\_

***THE FOLLOWING INFORMATION IS CONFIDENTIAL AND IS USED TO FACILITATE YOUR CCRC/MEDIATION.  
THE INFORMATION PROVIDED IS FOR COURT PERSONNEL ONLY.***

GENERAL INFORMATION

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

**Best Phone Number(s) to Reach You** \_\_\_\_\_

Employer: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Work Schedule (Days/Times): \_\_\_\_\_ Days off: \_\_\_\_\_

**Other Parent's Name:** \_\_\_\_\_ Other Parent's Ph. #: \_\_\_\_\_

Former or Other Names: \_\_\_\_\_

Other Parent's Mailing Address: \_\_\_\_\_

Are you represented by an attorney?  No  Yes - Name & Number: \_\_\_\_\_

Does the other parent have an attorney?  No  Yes - Name \_\_\_\_\_

Have you been to CCRC/Mediation before?  No  Yes County: \_\_\_\_\_

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

What do you want to address or hope to accomplish in CCRC/Mediation?

\_\_\_\_\_

**INFORMATION ABOUT THE CHILDREN INVOLVED IN THIS CASE**

Please complete the following for each child.

First & Last Name	Sex, M/F	Age	DOB	School & Grade/Preschool/ Care Provider

Is Child Protective Services (CPS) currently involved with you or your children?  NO  YES

If yes, please explain & provide the name and phone number of the Social Worker:

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Have there ever been any CPS referrals made regarding any of your children?  NO  YES

If yes, please explain: \_\_\_\_\_

Do any of your children have special educational, medical, or emotional needs?  NO  YES

If yes, please explain: \_\_\_\_\_

Are any of your children in counseling?  NO  YES- If yes, or previous counseling:

Counselor's Name	Telephone Number	Length of Treatment	How Often? 1x/wk. 2x/mo.

Are any of your children on medication?  NO  YES If yes, please explain:

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How do your children currently spend time with each parent? Please explain the current parenting schedule (days & times):

**Mother:** \_\_\_\_\_

**Father:** \_\_\_\_\_

Please explain what schedule you think would be best for your children. Be specific with days and times and DO NOT USE PERCENTAGES. Explain what makes this the best schedule for your children.

**Mother:** \_\_\_\_\_

**Father:** \_\_\_\_\_

**INFORMATION ABOUT OTHER CHILDREN LIVING IN YOUR HOME NOT INVOLVED IN YOUR CASE**

Please list the name, sex, age, and relationship to you of other children living in your home.

First and Last Name	Sex, M/F	Age	Relationship to You

**INFORMATION ABOUT OTHER ADULTS LIVING IN YOUR HOME**

Name, age, and the relationship of adults other than your spouse or significant other living in your home:

NAME	AGE	RELATIONSHIP TO YOU

**INFORMATION ABOUT YOU AND THE OTHER PARENT**

What is your relationship with the other parent of the children involved in this case? Please **check** all that apply.

- We are currently married or registered domestic partners     
  We are separated     
  We are divorced     
  We live together  
 We used to live together     
  We are dating or used to date     
  We were never in a committed relationship

Length of your relationship: \_\_\_\_\_ Date married (if applicable): \_\_\_\_\_

Date of separation: \_\_\_\_\_ Date of divorce (if applicable): \_\_\_\_\_

Are you in a current relationship with someone other than the other parent?  **NO**  **YES**

If yes, please **Check** all that apply.

- We are currently married or registered domestic partners.     
  We are living together.  
 We are dating but do not live together.     
  We have children from this relationship.  
 We both have children from other relationships.

Name of Significant Other/Spouse: \_\_\_\_\_ DOB: \_\_\_\_\_

Do you or the other parent have any special medical needs?  **NO**  **YES** If yes, please

explain: \_\_\_\_\_

Are you or the other parent in therapy?  **NO**  **YES**  **Unknown**

Name and phone number of therapist: \_\_\_\_\_

Have you or the other parent been hospitalized for psychiatric reasons?  **NO**  **YES**

If yes, please explain: \_\_\_\_\_

Is there drug or alcohol use by you or the other parent?  **NO**  **YES** – Details:

\_\_\_\_\_

Is there alcohol or drug abuse that you feel creates an unsafe environment for your children?

**NO**  **YES** If yes, please explain: \_\_\_\_\_

Please check all pending issues and those referred to CCRC:

Custody & Parenting Time     Restraining Orders     Civil Harassment Orders

Other – Please Specify:

	<b>NO</b>	<b>YES</b>
Are you requesting separate appointments because of domestic violence? <i>If yes, please be sure to complete the attached Declaration Alleging Domestic Violence.</i>		
Are you requesting the presence of a support person because of domestic violence? <input type="checkbox"/> Undecided		
Have you ever been convicted of a felony? If yes, please explain.		
Are you on probation or parole? If yes, please provide your probation/parole officer's name and phone number and the terms of your parole/probation.		
Is there a no-contact provision with the other party as a condition of your parole/probation?		
Are you a registered sex offender?		
Do you currently have or have you ever had a restraining order/criminal protective order issued against you? If yes, what is the case number, issuing county, date issued, and protected party? Please attach a copy.		
Is there anyone living in your house that is required to register as a sex offender? If yes, what is their name?		
Have you participated in supervised visitation services within the last year? What is the name, address, and phone number of the agency?		
Sessions often occur with both parents in the same room together. Do you have concerns about mediating in the same room together with the other parent?		
Are you fearful of the other parent for any reason?		
Has the other parent ever threatened to harm you in any way?		
Do you have any concerns about the children's emotional or physical safety with you or the other parent?		
Has there ever been medical treatment or hospitalization for psychiatric disorders in the immediate family? For whom:		

Have there been any instances of domestic violence in your relationship with the other parent?

NO  YES

If no, **you may skip** the attached **Declaration of Alleged Domestic Violence** and move on to the Release of Information and the Consent to Telephone/Video Conference.

If yes, please **complete** the attached **Declaration of Alleged Domestic Violence** that follows after you date and sign this document.

Rule 5.210 of the California Rules of Court requires that the Court provide an orientation to inform the parents about the mediation process, the mediator's role, how to address children's developmental needs, limitations on confidentiality, and other child custody issues. The Superior Court in Lassen County complies with this requirement by offering an online orientation [http://www.lassencourt.ca.gov/videos/Family\\_Court\\_Mediation.mp4](http://www.lassencourt.ca.gov/videos/Family_Court_Mediation.mp4) and FCS Information Packet, which can be downloaded from the court's website [http://www.lassencourt.ca.gov/court\\_divisions/family.shtml](http://www.lassencourt.ca.gov/court_divisions/family.shtml)

**You must complete the online orientation before attending CCRC.**

**By signing below, I agree to watch the online orientation before my scheduled CCRC.**

**STIPULATION TO PLACE MATTER ON FAMILY LAW CALENDAR**

Parties are voluntarily attending Child Custody Recommending Counseling (CCRC). By signing below, I stipulate that the matter will be placed on the Family Law Calendar for the Court to make appropriate orders on any unresolved issues when parties do not reach a full agreement. I request a court date set two-four weeks after our CCRC session, typically on Wednesday at 1:00 p.m., and a notice of the court date via email or mail. I understand that failure to reach an agreement will result in the mediator's recommendation on unresolved topics.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**DECLARATION ALLEGING DOMESTIC VIOLENCE**

**NO YES**

Has there been a history of domestic violence (emotional, financial, or physical) between you and the other parent? If yes, please explain:		
Have the Police or other law enforcement ever been called because of domestic violence between you and the other parent? How many times? Was anyone arrested? <input type="checkbox"/> No <input type="checkbox"/> Yes, Where did this occur?		
Have you received medical care from a doctor or hospital because of injuries due to domestic violence between you and the other parent?		
Do you have concerns about future violence?		
Have any of your children or others been present when the domestic violence occurred? Please list:		
Are you willing to work with the other parent and the Child Custody Recommending Counselor to develop a parenting plan and custody agreement? If no, please explain:		

When was the last occurrence of violence and what happened? \_\_\_\_\_  
\_\_\_\_\_

How often did the violence between you and the other parent occur (please **Ctrl-click** all that apply and use the **scroll bar** to see all options )?

- |  |                           |
|--|---------------------------|
| A couple of times during the relationship              | Whenever I tried to leave |
| At the end of the relationship when we were separating | After we separated        |
| Daily  | Weekly                    |
| Every other week                                       | Once a month              |

Of the instances of violence that occurred between you and the other parent, what was the worst or most humiliating? \_\_\_\_\_

Please **click** the button that describes the severity of violence between you and the other parent:

Mild                      Moderate                      Severe                      Extreme

**IF THERE IS A HISTORY OF DOMESTIC VIOLENCE BETWEEN YOU AND THE OTHER PARENT, OR YOU HAVE A RESTRAINING ORDER AGAINST THE OTHER PARENT, YOU ARE ENTITLED TO HAVE A SEPARATE CCRC SESSION (WITHOUT OTHER PARENT PRESENT) AND TO HAVE A SUPPORT PERSON WITH YOU DURING THE CCRC APPOINTMENT AND AT THE COURT HEARING. THE CHILD CUSTODY RECOMMENDING COUNSELOR WILL DISCUSS WITH YOU THE COURT RULES AND POLICIES REGARDING THE USE OF A SUPPORT PERSON DURING THE SESSION.**

Please mark or **click** all that apply:

- I am requesting separate appointments
- I am not requesting separate appointments.
- I am requesting that a support person be present.
- I am not requesting that a support person be present.

I declare under penalty of perjury under California's laws that the preceding is true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Declarant**

**LASSEN SUPERIOR COURT, HALL OF JUSTICE, FAMILY COURT SERVICES**

2610 Riverside Drive, CA 96130~530-251-8205

**AUTHORIZATION FOR RELEASE OF INFORMATION**

**Case Name:** \_\_\_\_\_ **Case No.** \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize Lassen Superior Court, Family Court Services to obtain all information about me and/or my minor children, to be used in Child Custody Recommending Counseling/Mediation and/or investigation/evaluation. Court personnel may present this Release of Information to any agency or person, including but not limited to County Welfare Departments, Children's Protective Services, Probation Departments, County Crisis Centers, County Mental Health Departments, Law Enforcement Agencies, Psychiatrists, Psychologists, Counselors, Educational Institutions or Teachers, Dentists, Medical Personnel, and friends and relatives. This form also authorizes the release of any drug/alcohol test results.

This Release authorizes the Superior Court of Lassen County, Family Court Services, its officers and agents, to exchange any information on myself and my minor children to allow Family Court Services to reasonably recommend on the issues currently before Lassen Superior Court or to make referrals to outside agencies.

Additionally, this information may be referred to or attached to any investigative report or recommendation to the court to clarify the issues. Therefore, the court may release said information to the parties in this action and their attorneys.

I acknowledge that the Superior Court of Lassen County, Family Court Services, and its officers and agents cannot prevent the parties and their attorneys from disclosing the information referred, attached, or contained in an investigative report to unauthorized persons. I release Lassen County Superior Court, Family Court Services, its officers and agents, from any liability therefore.

The court has informed me that I have a right to a copy of this Authorization, and it shall be in effect for a period of one year commencing upon the date of signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(A photocopy or duplicate of this release shall be deemed an original for all intents and purposes.)



**CONSENT TO TELEPHONE OR VIDEO CONFERENCE CCRC**

What is said in Child Custody Recommending Counseling is **confidential** under the law. Persons appearing by telephone or videoconference must follow these rules:

1. Please allow up to four hours to participate in your session.
2. You may not record any part of the conversation, use a speakerphone, allow anyone to be in the room with you, or use a cell phone in public. You **may not** let anyone listen to any part of your session on an extension phone line.
3. Children are not allowed to participate in the session. The children may not be in the room with you, listening in, or able to hear the conversation under any circumstances. It is harmful to children to see their parents upset, hear damaging information about their other parent, or hear parenting time negotiation.
4. **You must ensure that you have supervision for any child aged seven or younger for the duration of the session.** Another responsible adult or a family member/sibling aged 12 or older may supervise the children.
5. A parent attending by telephone or video call must be in an environment that is quiet, private, uninterrupted, and distraction-free location. Please avoid public environments, participation while driving, working, providing childcare, or other tasks.
6. A parent attending CCRC by telephone or video call must have the ability to open a PDF document using Adobe Reader, Google Docs, or another document-reading format on their electronic device during the telephone session.
7. A parent presenting by telephone or video call must sign and return any document(s) received within 30 minutes of receipt of the document(s). Parents will digitally sign **Agreements reached in CCRC and return them via email.**
8. The court will consider any breaking or disregard of these rules a failure to cooperate with the process, which could result in penalties and delay of resolution of your court case.
9. The Child Custody Recommending Counselor will **terminate** any conference call or video call session if he or she feels a parent is breaking these rules and will report the reason to the court in a memo. Failure to cooperate with these rules of confidentiality can result in sanctions.

*I wish to attend CCRC by telephone or video conference. I have read, and I understand the above rules, and I agree to abide by them.*

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

INFORMED CONSENT TO USE TEXT AND EMAIL COMMUNICATION THAT INCLUDES THE OTHER PARENT

To protect the safety of court customers, Family Court Services (FCS) staff must make reasonable efforts to keep residential addresses, work addresses, telephone numbers, and email addresses confidential, CA Rule of Court 5.215 (g)(3). Therefore, precautions are taken in all cases and on all Family Court Services documents.

In an age of electronic information and communication, most parents use text messages and email to communicate with each other before and after separation. After separation, it is often the primary means of co-parent communication. Sometimes, a parent no longer wants the other parent to know their cell phone number or email address.

Family Court Services wants to honor and protect your privacy; please answer all of the following questions.

1. Does the other parent know your cell phone number? YES NO
2. Does the other parent know your email address? YES NO
3. Is there a restraining order that protects you from the other parent? YES NO

You may permit Family Court Services to communicate with you and the other parent by email and text message. There are risks with these types of communication that include, but are not limited to, the following possibilities:

- A. Emails and text messages can be circulated, forwarded, stored electronically and on paper, and broadcast to unintended recipients.
- B. Email and text senders can easily misaddress an email or text and send the information to an undesired recipient.
- C. Backup copies of emails and texts may exist even after the sender or the recipient has deleted their copy.
- D. Employers and online services have a right to inspect emails sent through their company systems.
- E. Emails and texts can be intercepted, altered, forwarded, or used without authorization or detection.
- F. Emails and texts may not be secure, and therefore a third party may breach the confidentiality of such communications.

The court will use reasonable means to protect the security and confidentiality of all communications via text and email. However, it is impossible to guarantee the protection and privacy of communications that occur with these methods, and the court will not be liable for such disclosures.

**Upon your written consent**, Family Court Services will send text messages and emails to you and the other parent **in a group format (the other parent included in all text messages and emails)** to schedule CCRC appointments and send CCRC documents. If you authorize this electronic communication, you must adhere to the following guidelines:

- A. **You must add the other parent** to all of your email and text communication with Family Court Services. For email correspondence, you may request blind Ccs for privacy.

INFORMED CONSENT TO USE TEXT AND EMAIL COMMUNICATION THAT INCLUDES THE OTHER PARENT

- B. You must not use text or email communications with Family Court Services to contact the mediator unilaterally (ex parte communication) nor attempt to discuss issues, case details, or make proposals to the other parent. FCS will not respond to these types of communication.**

**You do not have to consent to communicate via text or email that includes the other parent. You may opt to communicate via phone call or U.S. mail.**

I acknowledge that I have read and fully understand this consent form. I recognize that technology is ever-evolving and that electronic communications cannot be fully protected from unauthorized interception.

- I DO NOT AUTHORIZE FAMILY COURT SERVICES TO TEXT OR EMAIL ME AND THE OTHER PARENT FOR SCHEDULING CCRC APPOINTMENTS OR SENDING CCRC DOCUMENTS. I WOULD LIKE FCS TO COMMUNICATE WITH ME BY PHONE FOR SCHEDULING CCRC APPOINTMENTS AND TO USE THE FOLLOWING PHONE NUMBER: \_\_\_\_\_ . I WILL DELIVER TO OR PICK UP ALL CCRC DOCUMENTS FROM THE COURT CLERK WINDOW AT THE COURTHOUSE.**

- UNDERSTANDING THE RISKS OF ELECTRONIC COMMUNICATION VIA TEXT OR EMAIL, I GIVE MY CONSENT FOR FAMILY COURT SERVICES TO SCHEDULE CCRC AND SEND CCRC DOCUMENTS TO ME AND THE OTHER PARENT IN JOINT TEXT AND EMAIL MESSAGES USING THE FOLLOWING EMAIL AND PHONE NUMBER:**

**EMAIL ADDRESS:** \_\_\_\_\_

**CELL PHONE NUMBER:** \_\_\_\_\_

**I understand that I can revoke my consent in writing at any time.**

Signature: \_\_\_\_\_

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