

SUPERIOR COURT OF CALIFORNIA · COUNTY OF FRESNO

FAMILY COURT SERVICES

1130 'O' Street

Fresno, CA 93721

(559) 457-2100 (option #4)

www.fresno.courts.ca.gov/family/family_court_services.php

Family Court Services Child Custody Recommending Counseling (CCRC) Intake Form

Please read this ENTIRE packet very carefully.

This document will provide you with important information about your upcoming CCRC appointment.

You MUST complete this CCRC Intake Form PRIOR to your CCRC appointment.

- ✓ The counselor will use this form to familiarize themselves with your family and to be better prepared to meet your needs during the CCRC session.
- ✓ The FCS CCRC Intake Form will NOT be shared with the Judicial Officer or the other parties connected to the case.

Purpose of CCRC Session:

- ❖ The counselor may use the CCRC session to provide the parties with additional mediation services. During the mediation portion of the CCRC session, the counselor can help parties formulate a parenting plan regarding the following issues:
 - How the children will spend time with each party (regular time and holidays)
 - How the parties will make legal decisions about the child/ren
 - How the child/ren will be transported and exchanged between the parties
 - Participation in programs or services that may be beneficial for the family
 - Safety Considerations
- Although parents are expected to actively participate in the mediation process, parents are in NO WAY obligated to agree to a parenting plan during the session.**
- ❖ Another purpose of the CCRC session is to provide the Court with a report and recommendation from the counselor:
 - To provide the counselor with the information they need to develop and support their report and recommendation to the Court, the CCRC session may include but not be limited to, interviews with the parents, child/ren, other parties who may be legally joined to the case, and other individuals or organizations who may have information about the current family circumstances.
- ❖ The counselor will write and submit a CCRC report that may include, but not be limited to, a brief description of the parents' concerns, collateral contacts with law enforcement or Child Protective Services, interviews with the child/ren, etc.

Family Court Services CCRC Intake Form

Interviewing Children:

- ❖ The counselor has the discretion to interview all children associated with the case. To ensure that the children are available to participate in a private interview with the counselor, **please make sure to bring all children ages 5 and older, involved in this case to the CCRC appointment at FCS.**
- ❖ Because the counselor will typically be meeting with the parents together, this means that **neither parent will be available to wait with the child/ren in the FCS lobby.** You will need to bring a NEUTRAL adult to supervise the child/ren in the FCS lobby while you are meeting with the counselor or you will need to bring Photo ID to check the child/ren in to the B.F. Sisk Courthouse Childcare Center (located on the 1st floor, next door to the FCS office).
 - If you are using the Childcare Center, please **check your child/ren into the childcare center BEFORE your scheduled appointment time.**
- ❖ If ordered by the Court, the counselor will conduct a **private interview** with the child/ren. Typically the parties will NOT be included when the counselor interviews the child/ren.

Confidentiality:

- ❖ **The CCRC session is NOT confidential and the counselor will provide a report and typically a recommendation to the Court.** The counselor may also share information with other professional agencies in the following circumstances:
 - If the counselor determines there is reasonable suspicion of **danger to one of the parties** or others, the counselor is required to report suspected child abuse, elder abuse, and/or if someone is a danger to themselves or others to the appropriate agency.

Documents:

- ❖ The counselor has access to documents filed with the Court. The counselor has discretion to discuss documents provided by the parents during the CCRC session, for the purpose of facilitating a parental agreement or gathering information needed to support the counselor's recommendation. **After submitting the report and recommendation to the Court, the counselor will NOT retain any documents presented by the parties during the CCRC session.** If you want your documents considered by the Judicial Officer you must file the documents with the Court. Please contact the Family Law clerk's office for assistance.

Interpreters:

- ❖ If you do not speak English, you must **bring your own interpreter** to your mediation appointment. Failure to bring your own interpreter may result in cancellation of your Mediation appointment. The interpreter should be a neutral third-party, not directly connected to the case.
- ❖ **Si usted no habla Inglés, usted debe traer su propio intérprete. La falta de traer su propio intérprete puede resultar en la cancelación de su Mediación de custodia de los hijos.**

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Separate Sessions:

- ❖ Pursuant to Family Code §3181, where there has been a history of domestic violence between the parties or where a protective order as defined in §6218 is in effect, at the request of the party alleging domestic violence in a written declaration under penalty of perjury or protected by the order, the counselor appointed pursuant to this chapter shall meet with the parties separately and at separate times
- ❖ **If you feel that separate sessions are appropriate due to a history of domestic violence, please contact Family Court Services IMMEDIATELY to complete a "Request for Separate Sessions".**

For additional information:

www.fresno.courts.ca.gov/family/family_court_services.php

email: FresnoFCS@fresno.courts.ca.gov

SUPERIOR COURT OF CALIFORNIA
COUNTY OF FRESNO

Case Number:

FAMILY COURT SERVICES CCRC INTAKE FORM

PERSONAL INFORMATION

Name: _____ Other Names Used: _____
(First) (Middle) (Last) (Nickname, Aliases, Maiden Name)

Address: _____ City: _____
(Number and Street Name) (Apartment No.)

State: _____ Zip: _____ County: _____

Phone Number(s): () _____ () _____ Date of Birth: _____
(Home) (Work / Cell)

OTHER PARENT / PARTY'S PERSONAL INFORMATION

Other Parent's / Party's Name: _____ Date of Birth: _____
(First) (Middle) (Last)

EMPLOYMENT

Employer (if unemployed, Please Write "Unemployed"): _____

Work Schedule: MON TUES WED THURS FRI SAT SUN Work Hrs: _____

ATTORNEY

Name: _____ Phone Number: () _____

MINOR CHILDREN IN THIS CASE

Name	DOB	School	Name	DOB	School

OTHER ADULTS IN YOUR HOME

Name	DOB	Relationship	Name	DOB	Relationship

DOMESTIC VIOLENCE

- Is there currently a Restraining Order in effect protecting you or the other parent? Yes No
Expiration date: _____
- Are you, under penalty of perjury, alleging that there is a history of domestic violence between you and the other parent? Yes No
- If you answered YES to question #2: Were the child/ren present during the violence? Yes No
Was medical attention required? Yes No
Was Law Enforcement involved? Yes No
Were any weapons involved? Yes No
- Are you requesting a separate mediation session due to a history of domestic violence between you and the other parent? Yes No
If YES to #4, would you like for the FCS staff to provide you with information about creating a Safety Plan: Yes No

If you answered 'YES' to questions #2 and #4, please immediately contact Family Court Services, or go to the FCS website to receive a packet regarding your request for separate mediation sessions.

QUESTIONNAIRE

1. Do you currently have a Court order for custody and visitation: Yes No

Describe how much time each parent has with the child/ren since your separation.

2. Please provide a detailed visitation options, including specific days and times for exchanges:

Visitation schedule: Sole Legal Sole Physical Joint Legal Joint Physical

Holiday Schedule:

Easter: _____ Thanksgiving: _____ Christmas: _____

3. Approximately, now many miles do you reside from the other parent? _____

4. Major areas of concern that would justify limited contact between the child/ren and the other parent:

- Substance abuse
- Exposure to criminal behavior/Arrest History
- Child/ren's resistance to visitation
- Child/ren's poor academic performance
- Neglect of medical care
- History of child abuse / CPS / Police involvement
- Use of inappropriate discipline
- Unavailability of other parent to care for the child/ren

5. Briefly summarize the concerns you have regarding the custody and/or welfare of the child/ren:

6. Do the child/ren have any special needs that could impact custody/visitation?

7. Do you, the other parent and / or your child/ren have mental health needs? Yes No (If 'YES', please describe)

Name	Nature of Problem	Name of Clinician	Psychiatric Hospitalization	Phone #
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

8. Have you or the other parent ever been arrested, or been in jail or prison? Yes No (If 'YES', please provide the following information)
 • PLEASE BRING COPIES OF POLICE REPORTS, IF AVAILABLE

Name of Person Arrested	Date of Arrest	County/State in Which Arrest Occurred	Reason for Arrest	Police Report Numbers	Name & Phone Number of Parole / Probation Officer

ALCOHOL / DRUG ABUSE

Do you/other parent use, or have you/other parent ever used illicit drugs and/or alcohol? Yes No

(If 'YES', please explain and provide any relevant information.)

CHILD ABUSE

NOTE: Child Custody Recommending Counselors are mandated reporters and are required to report suspected child abuse to Child Protective Services (CPS)

FAMILY CODE §3027: Monetary Sanctions for False Accusations of Child Abuse or Neglect. (a) If a court determines that an accusation of Child Abuse or Neglect made during a child custody proceeding is FALSE at the time the accusation was made, the Court may impose reasonable attorney fees incurred in recovering sanctions against the person making the accusation. For the purpose of this section, "person" includes "a witness", a "party" or a "party's attorney".

Is there currently, or as there ever been, a reasonable suspicion of child abuse? Yes No (If 'YES', please provide the following information)

Date of Incident	Type of Abuse (Physical, Sexual, Emotional)	Was the Incident Reported to CPS or Police?	If 'YES', Name and Telephone Number of Agency or Social Worker
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

CURRENT RELATIONSHIP

Name of CURRENT Spouse or Partner: _____ Date of His/Her Birth: _____

Do You and Your Current Spouse, or Partner, reside in the Same Home? Yes No

SIGNATURE

I declare that the foregoing information, as provided in this entire form, is true and correct.

(Date)

(Signature)