

TEHAMA COUNTY FAMILY COURT SERVICES

GENERAL INFORMATION FORM

Case No.: _____ _____ Petitioner _____ Respondent	Today's Date: _____ Court 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: _____ Work Phone: _____ Message Phone: _____

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? _____

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.

Other Adults or children living in the home with you: _____

Your other children not living with you: _____

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

You and the other parent in this case: Married _____ Divorced _____ Never Married _____ Still Married _____

Lived Together _____ Domestic Partners _____ Are currently in the process of a Divorce _____ (check all that apply)

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

Reason for separation: _____

CUSTODY AND TIME SHARE INFORMATION

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

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

What is the current timeshare you have now? (Days and times)

Time with Father: _____

Time with Mother: _____

Vacations & Holiday's: _____

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

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

Time with Father: _____

Time with Mother: _____

Vacations & Holiday's: _____

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

Please provide additional information you think would affect Custody or Timeshare of your Children:

CHEMICAL DEPENDENCY

1. Your history of use of illegal drugs, alcohol or prescription abuse: Never _____ Sometimes _____ Frequently _____
Date last used _____

Names of drugs used: _____ Treatment Programs: _____
Year attended: _____

2. Your understanding of the other parent's drug history: Never _____ Sometimes _____ Frequently _____
Date last used _____

Names of drugs used: _____ Treatment Programs: _____
Year attended: _____

Is there a Therapist involved with _____ Mother _____ Father _____ Child

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

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? If so, explain:

Year: _____ **Type of Abuse:** Physical ___ Emotional ___ Verbal ___ Stalking ___ Terrorist Threats ___ **Children Present?** _____

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 ___ **Children Present** _____

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: ___ No ___ Yes If yes, date it will expire: _____

Are you and/or your children receiving services from Alternatives to Violence? Currently? ___ Yes ___ No
In the past? ___ Yes ___ No

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

Name of Child(ren): _____

Year of case/referral: _____

County: _____

Reason for involvement:

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

Signature: _____

Date _____

FAMILY COURT SERVICES
Tehama County Courts
P.O. Box 810
Red Bluff, CA 96080
53-.527.2710 extension 5700

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, is 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: () _____

PERSONAL FAX: () _____ CELL PHONE: () _____

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: _____