TEHAMA COUNTY FAMILY COURT SERVICES

GENERAL INFORMATION FORM

Case No.: _____ Today's Date: _____

_____Petitioner____Respondent Next Hearing Date: _____

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, 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:** _____

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:** _____