

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (Name, State Bar number, and address): NAME: ADDRESS: CITY, STATE, ZIP:  TELEPHONE NO: FAX NO. (Optional): EMAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ</b> 1 Second Street, Room 300 Watsonville, CA 95076 Watsonville Branch	
PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER PARENT/CLAIMANT:	
<b>STIPULATION AND ORDER TO CHILD CUSTODY RECOMMENDING COUNSELING</b>	CASE NUMBER:

The parties stipulate to attend child custody recommending counseling regarding the custody/visitation of their minor child(ren).

1. Petitioner (print name): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Dated: \_\_\_\_\_ Signature: \_\_\_\_\_
2. Attorney for Petitioner (print name): \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Dated: \_\_\_\_\_ Signature: \_\_\_\_\_
3. Respondent (print name): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Dated: \_\_\_\_\_ Signature: \_\_\_\_\_
4. Attorney for Respondent (print name): \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Dated: \_\_\_\_\_ Signature: \_\_\_\_\_
5. Other Parent (print name): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Dated: \_\_\_\_\_ Signature: \_\_\_\_\_
6. Attorney for Other Parent (print name): \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Dated: \_\_\_\_\_ Signature: \_\_\_\_\_

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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**ORDER**

Based on the stipulation of the parties, they are ordered to participate in child custody recommending counseling.

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

\_\_\_\_\_  
Judge of the Superior Court