

**Santa Cruz County Superior Court
Family Court Services Intake Form**

HISTORY OF DOMESTIC VIOLENCE

Has there been a history of domestic violence between you and the other parent? YES NO

Is there a domestic violence restraining order in effect now? YES NO

If YES, the counselor shall meet with the parties separately, and you can have a support person in the session.
I declare under penalty of perjury that there is a history of domestic violence in my case and that I have been a victim of domestic violence.

Signature

Date

- 1) Name: _____ Pronouns _____ Attorney Name: _____
2) Date of Birth: _____ Age: _____ Ethnicity: _____
3) Have Email? Yes No Email Address: _____
4) Street: _____
5) Phone Home () _____ Cell () _____ Wk/Msg () _____
6) Mailing address: _____
7) Do you have reliable transportation? YES NO • Valid Driver License Yes NO
- 8) • Own Rent • House Apt Condo # bedrooms _____ How long there? _____
9) Addresses for the last TWO Years:
Previous Address: _____ How Long? _____
Previous Address: _____ How Long? _____
- 10) With whom do you live? (Circle all that apply)
• Spouse • My Child/ren • Boyfriend/Girlfriend/Fiancé/e
• Housemate/their kids • Stepchild/ren • Relatives:

- 11) Currently Employed: Yes No /School: Yes No Days off _____ Work Hrs: _____
Present Job Title: _____ City: _____ How Long? _____
Employer/School: _____
Previous Job Title: _____ How Long? _____
- 12) Current serious relationship: (check one) Marriage Living Together Dating
Name: _____ How Long? _____ Have Children Together? Yes No
- 13) Length of relationship with parent in this case: _____ How long since your separation? _____
- 14) Previous relationship that produced children:
Previous partner: _____ How Long: _____ Years of separation _____ # of children _____

Santa Cruz County Superior Court Family Court Services Intake Form

15) Please list all YOUR children (not your stepchildren) here. List the children of this case first.

Name	DOB	Age	Gender/ Pronouns	Other Parent's name
• _____	_____	_____	_____	_____
• _____	_____	_____	_____	_____
• _____	_____	_____	_____	_____
• _____	_____	_____	_____	_____

16) Are there any other children living in your home, even part-time?

Name	DOB	Age	Gender/ Pronouns	Other Parent's Name
• _____	_____	_____	_____	_____
• _____	_____	_____	_____	_____
• _____	_____	_____	_____	_____
• _____	_____	_____	_____	_____

17) Total # of adults in the house, including you: _____ • Total # of children under 18 in the house: _____

18) Child's relatives living in Santa Cruz area: _____

19) Where does the child spend most of his/her weekdays? School Daycare Home Other _____

Child's Name	School/Day Care Name	Grade	Phone #
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____
• _____	_____	_____	_____

21) Does your child have any special needs? YES NO What? _____

22) Are there orders from another county or Juvenile Court concerning any of your children? YES NO

23) Has Child Protective Services (CPS) ever been involved with your family? YES NO

Child/ren : _____ County: _____ When: _____

24) Any arrest for family/domestic Violence? YES NO • When? _____

25) Are you now on probation or parole? YES NO • For What? _____

26) Are you taking any prescription medications? YES NO What? _____

27) Has anyone in your family gone to counseling? YES NO

Who? _____ When? _____ With Whom? _____

Who? _____ When? _____ With Whom? _____

**Santa Cruz County Superior Court
Family Court Services Intake Form**

28) Drug & alcohol History for Both Parents: DO NOT FILL OUT IF THERE IS NO CONCERN

YOU	THE OTHER PARENT
<u>Your PRESENT alcohol use:</u> Drinks/week Age Started Alcohol-related arrest (DUI)? YES <input type="checkbox"/> NO <input type="checkbox"/> When? _____ Where? _____	<u>The Other Parent's PRESENT alcohol use:</u> Drinks/week Age Started Alcohol-related arrest (DUI)? YES <input type="checkbox"/> NO <input type="checkbox"/> When? _____ Where? _____
<u>Your PRESENT drug use:</u> Meth <input type="checkbox"/> Pot <input type="checkbox"/> Coke <input type="checkbox"/> Crack <input type="checkbox"/> Heroin <input type="checkbox"/> How often? Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> At what age did you begin using drugs? _____	<u>The Other Parent's drug use:</u> Meth <input type="checkbox"/> Pot <input type="checkbox"/> Coke <input type="checkbox"/> Crack <input type="checkbox"/> Heroin <input type="checkbox"/> How often? Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> At what age did s/he begin using drugs? _____
<u>PAST Drug Use: What did you use?</u> Meth <input type="checkbox"/> Pot <input type="checkbox"/> Coke <input type="checkbox"/> Crack <input type="checkbox"/> Heroin <input type="checkbox"/> When did you stop? _____ How long did you use? _____ Have you ever been arrested for drugs? YES <input type="checkbox"/> NO <input type="checkbox"/> When? _____ Where? _____	<u>The Other Parent's PAST drug use:</u> Meth <input type="checkbox"/> Pot <input type="checkbox"/> Coke <input type="checkbox"/> Crack <input type="checkbox"/> Heroin <input type="checkbox"/> When did you stop? _____ How long did you use? _____ Has s/he ever been arrested for drugs? YES <input type="checkbox"/> NO <input type="checkbox"/> When? _____ Where? _____

**Santa Cruz County Superior Court
Family Court Services Intake Form**

DOMESTIC VIOLENCE QUESTIONNAIRE

- 1) If the other parent has NOT been violent or abusive to you, please skip to Item #12.
- 2) Describe the FIRST incident of violence or abuse in your relationship with the other parent, including the exact nature of the violence/threats, injuries, hospitalizations:

DATE: _____ Were the children there? YES NO

- 3) Describe the WORST incident of violence or abuse in your relationship with the other parent, including the exact nature of the violence/threats, injuries, hospitalizations:

DATE: _____ Were the children there? YES NO

- 4) Describe the MOST RECENT incident of violence or abuse in your relationship with the other parent, including the exact nature of the violence/threats, injuries, hospitalizations:

DATE: _____ Were the children there? YES NO

- 5) HOW OFTEN did/does the violence or threat of violence occur in your relationship with the other parent (how many times a day, week, month or year)?

- 6) In the past year, has the frequency decreased or increased stayed about the same?
Why do you think that is so? _____
- 7) Are you worried that the other parent might be violent or abusive to you again? YES NO
- 8) Have you ever asked for a restraining order against the other parent? YES NO
If yes, in which state and county? _____
- 9) Do you have a restraining order against the other parent now? YES NO
If yes, you may bring a support person with you to mediation
- 10) Has the other parent ever been abusive to another family member? YES NO
- 11) Has the other parent ever been involved in a criminal domestic violence case? YES NO
If yes, in which state and county? _____
- 12) Has there been any domestic violence toward any other member of your family? YES NO
If yes, who? _____

**Santa Cruz County Superior Court
Family Court Services Intake Form**

CUSTODY AND VISITATION ISSUES

* Please be brief with your answers. You will be discussing your issues/concerns with the counselor.

* No attachments with this intake. Any additional paperwork must be filed with the courts.

1) What is your current timeshare arrangement?

2) Please list separately each concern you want to talk about today:

3) Give a solution to each concern listed above:

4) What is your plan for sharing the children with the other parent (the parenting plan/custody schedule)?

5) List the important holidays? _____

6) Do you need a holiday schedule? YES NO

7) What is your plan for sharing holiday time with the other parent?

8) What classes have you taken:

3-hour Co-Parenting Class? YES NO

10-weeks of Co-Parenting class? YES NO

Parenting Class (at least four weeks) YES NO

Anger Mgmt /Domestic Violence _____ Sessions

I understand that child custody recommending counseling is **not confidential** from the Court and that the counselor is a **mandated reporter** of any suspected child/elder abuse. The counselor must also report anyone who is a danger to another person.

I have completed the above information truthfully and to the best of my knowledge.

Signature: _____ Date: _____