

**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 |
|-------------------|-----------|---------------------|---------------|
| _____             | _____     | _____               | _____         |
| _____             | _____     | _____               | _____         |
| _____             | _____     | _____               | _____         |

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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? \_\_\_\_\_

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**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? _____

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**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:

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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:

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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:

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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)?

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- 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? \_\_\_\_\_

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**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?

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

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3) Give a solution to each concern listed above:

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

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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?

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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: \_\_\_\_\_