

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):	<p style="text-align: center;"><i>FOR COURT USE ONLY</i></p>
<p style="text-align: center;">SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CRUZ</p> 1 Second Street, Room 300 Watsonville, CA 95076 Watsonville Branch	
PLAINTIFF/PETITIONER: vs. DEFENDANT/RESPONDENT:	
<p>STIPULATION AND ORDER TO CHILD CUSTODY RECOMMENDING COUNSELING</p>	CASE NUMBER:

Petitioner and respondent 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. Respondent (print name): _____
 Address: _____
 Phone: _____ Email: _____
 Dated: _____ Signature: _____

3. Attorney for Petitioner (print name): _____
 Phone: _____ Email: _____
 Dated: _____ Signature: _____

4. Attorney for Respondent (print name): _____
 Phone: _____ Email: _____
 Dated: _____ Signature: _____

ORDER

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

Dated: _____

Judge of the Superior Court