

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SONOMA  
FAMILY COURT SERVICES INTAKE FORM**

Today's Date: \_\_\_\_\_

Representing yourself. Please provide your e-mail address: \_\_\_\_\_

Represented by an attorney in this case. Attorney's name and e-mail/telephone number: \_\_\_\_\_

**PERSONAL HISTORY**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Current residence address** \_\_\_\_\_

**City, State, Zip Code** \_\_\_\_\_

**How long have you resided at your current residence?** \_\_\_\_\_

**Mailing address** (if different from above) \_\_\_\_\_

Previous Address \_\_\_\_\_ How Long: \_\_\_\_\_

**Current Telephone Number** \_\_\_\_\_ **Work Number** \_\_\_\_\_

**People currently living with you** (names, ages, and relationship to you - including children from another relationship): \_\_\_\_\_  
\_\_\_\_\_

Date of separation with ex-partner in this action: \_\_\_\_\_

**MINOR CHILDREN BETWEEN YOU AND THE OTHER PARENT IN THIS ACTION**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Grade \_\_\_\_\_ School \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Occupation/Employer \_\_\_\_\_ Gross monthly income: \_\_\_\_\_

Specific work schedule (days and times) \_\_\_\_\_

**PROPOSED PARENTING PLAN**

Please provide specific dates and times as to how you would like to share the child(ren) with the other parent.

**Yourself:**

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|  |
|  |

**Other Parent:**

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|  |

# DOMESTIC/INTIMATE PARTNER VIOLENCE QUESTIONNAIRE

The U. S. Office on Violence Against Women defines domestic violence as a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner. The definition adds that domestic violence can happen to anyone regardless of race, age, sexual orientation, religion, or gender, and can take many forms, including physical abuse, sexual abuse, emotional, economic, and psychological abuse.

The following information will be used by Family Court Services in assessing any history of domestic violence in the family so that: 1) the child custody recommending counseling session may be conducted in the most appropriate manner; 2) any recommendations that are made are based on an accurate understanding of the domestic violence issues, and 3) any agreements or recommendations include appropriate safety considerations.

1. Have you been a victim of any of the elements of domestic/intimate partner violence which are described above? Yes No

Do you feel safe in the presence of the other parent? Yes No

2. Have you and/or your child(ren) been affected by domestic/intimate partner violence? Yes No  
If yes, please give a **brief** description:

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3. Do you need referrals for shelter, counseling or other services? Yes No  
If yes, specify the type of service(s):

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4. Is there a restraining order protecting you? Yes No  
If so, you have the right to be accompanied by a support person during the child custody recommending counseling session(s). (Family Code § 6303)

If there is a domestic violence restraining order protecting you or there is a history of domestic/intimate partner violence with the ex-partner in this matter and you wish to be accompanied by a support person, please provide his or her name: \_\_\_\_\_

How is the support person related to you? \_\_\_\_\_

5. It is the Court's policy to permit **victims of domestic violence** to elect to meet separately with the Child Custody Recommending Counselor. (Fam. Code §3181).

**If you have indicated above that you are the victim of domestic violence, do you prefer to meet:**

In a separate session, or  Together with the other parent

**I declare under penalty of perjury that the information on this form is true and correct.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_