

THE SUPERIOR COURT OF CALIFORNIA
COUNTY OF EL DORADO

OFFICE OF CHILD CUSTODY RECOMMENDING COUNSELING (CCRC)

CASE INFORMATION

Case Number: _____

Petitioner: _____

CCRC Appointment Date: _____

Respondent: _____

Court Date: _____

Attorney: _____

Attorney Address: _____

QUESTIONNAIRE - CONFIDENTIAL

PLEASE SUBMIT FIVE (5) DAYS PRIOR TO YOUR CCRC APPOINTMENT.

IF YOU NEED TO APPEAR BY TELEPHONE FOR YOUR APPOINTMENT THE LOCAL FORM F-102 MUST BE SUBMITTED FIVE (5) DAYS PRIOR TO YOUR APPOINTMENT FOR APPROVAL.

DO NOT ATTACH ANY DOCUMENTS TO THIS FORM;
ALL DOCUMENTS MUST BE FILED IN THE COURT FILE.

Name: _____

Phone: _____

Address: _____

If you want your address to remain confidential on the cover sheet of the CCRC report: _____
INITIAL HERE

IMPORTANT: If you move or change your telephone number prior to your CCRC appointment, you must notify this office immediately of your new address and telephone number and submit Judicial Council form MC-040, Notice of Change of Address, to the Clerk's Office.

Employer: _____

Work Schedule: _____

Work Phone: _____

Work Address: _____

Date of Birth: _____

Birthplace: _____

Watched Orientation? Yes / No - If Yes, date: _____

Please provide the following information regarding the other parent.

The Other Parent's Name: _____

The Other Parent's Phone: _____

The Other Parent's Address: _____

YOUR INFORMATION

Please answer **all** questions as **completely** as possible. This will enable your CCRC to assist you and the other parent in working out a custody plan that is in the best interest of your child(ren).

LIST ALL CHILDREN IN YOUR HOME

Child's Name and Relationship to You	Age	Date of Birth	Gender	School	Grade
1.					
2.					
3.					
4.					

Date of Marriage or Cohabitation: _____ Date of Separation: _____

If dissolution file, date: _____ Dissolution filed by whom? _____

What is the distance between the parents' residences? _____

In a current relationship? Yes / No Are you married? Yes / No Living together? Yes / No

Significant Other's Name: _____ Age: _____ Date of Birth: _____

LIST THE FULL NAME OF ALL ADULTS IN YOUR HOME

1.	3.
2.	4.

Are you or have you been in counseling? Yes / No

If Yes, please provide:

Name of Counselor: _____ Phone: _____

Address: _____ Date(s): _____

Have you been hospitalized for psychiatric or drug/alcohol reasons? Yes / No

If Yes, date(s): _____

Has the other parent ever been in counseling or hospitalized for psychiatric reasons? Yes / No

If Yes, date(s): _____

Is there a history of current drug or alcohol abuse by either parent? Yes / No

If Yes, who: _____

If Yes, please explain:

Have you or the other parent ever been arrested or convicted of a crime? Yes / No

If Yes, please provide:

Who	Month(s)/Year(s)	Charge(s)	Outcome(s)

What is your greatest fear regarding the custody and/or welfare of your child(ren)?

Since the separation, what is your current parenting arrangement?

Have there been allegations of abuse or neglect regarding any child(ren)? Yes / No

If Yes, please explain:

Is there current or past involvement with Child Protective Services? Yes / No

If yes, County: _____

Name and Phone Number of Social Worker: _____

CHILD(REN)'S INFORMATION

What have you told your child(ren) about your separation, divorce or this custody dispute?

Describe each child's temperament, personality and special problems now and during infancy.

Name of Child	Temperament	Personality	Special Problems

Does any child have special needs? Yes / No

If Yes, please explain:

Describe each child's major interests, activities and school performance at the present time.

Name of Child	Interests	Activities	School Performance

Is any child in counseling or received counseling in the past? Yes / No

If Yes, please provide:

Name of Child	Name of Counselor	Address	Date(s)

Does any child take medication? Yes / No

If Yes, please provide:

Name of Child	Medication(s)	Reason(s)

Describe your relationship with and activities you enjoy doing with your child(ren):

What are the positive and negative results of your child(ren) spending time with you?

Briefly describe some positive qualities of the other parent:

What are the positive and negative results of your child(ren) spending time with the other parent?

PARENTING PLAN

Is there a current court order relating to the custody and/or parenting time of the child(ren)? Yes / No

If Yes, check appropriate boxes:

Joint Legal Custody	YES	[]	NO	[]
Sole Legal Custody	To Mother	[]	To Father	[]
Supervised Visitation	To Mother	[]	To Father	[]
Joint Physical Custody	YES	[]	NO	[]
Sole Physical Custody	To Mother	[]	To Father	[]

Current Parenting Plan (please describe):

If there is no court order or you have made other arrangements, please explain how you have been sharing the child(ren).

Submit **two (2) parenting plans** you would be willing to work with.

Plan One:

Plan Two:

LEGAL CUSTODY:

- a. Pursuant to Family Code section 3003 **Joint Legal** Custody is defined as: Both parents shall share the rights and responsibility to make the major decisions relating to the health, education, and welfare of a child.
- b. Pursuant to Family Code section 3006 **Sole Legal** Custody is defined as: One parent shall have the right and responsibility to make the major decisions relating to the health, education, and welfare of a child.

PHYSICAL CUSTODY:

- c. Pursuant to Family Code section 3004 **Joint Physical** Custody is defined as: Each of the parents shall have significant periods of physical custody. Joint Physical Custody shall be shared by the parents in such a way as to assure a child of frequent and continuing contact with both parents' subject to sections 3011 and 3020.
- d. Pursuant to Family Code section 3007 **Sole Physical** Custody is defined as: A child shall reside with and be under the supervision of one parent, subject to the power of the court to order visitation.

LEGAL AND PHYSICAL CUSTODY

Given the above definitions, which custody do you request? (check appropriate box)

Joint Legal Custody: [] Sole Legal Custody: []

Joint Physical Custody: [] Sole Physical Custody: []

Please explain your request:

Describe the parenting plan you think the other parent wants.

DOMESTIC VIOLENCE

The following information will be used by the CCRC in assessing any history of domestic violence and/or emotional abuse in the family so that:

- The information you provide on this form is NOT confidential. The CCRC may disclose any of the information to law enforcement or child welfare agencies, and the information could be used against you or the other parent in a criminal prosecution.
- Any information you do provide must be true and accurate and not intended to mislead.
- You DO NOT have to answer the questions if you believe that by doing so, you may endanger yourself or your children.
- This form is NOT required. If you choose not to answer any of the questions, it will not be used against you by the CCRC.

Check here if you DO NOT wish to complete this form.

Has there been a history of domestic violence between you and the other parent? Yes / No

IF NO, PLEASE SIGN HERE _____

IF YES, PLEASE COMPLETE THE FOLLOWING QUESTIONS:

Is there a domestic violence restraining order in effect? Yes / No

Date ordered: _____ Date expires: _____

Name of restrained party: _____

Is/are the child(ren) protected? Yes / No

Is there a criminal protective order in effect? Yes / No

Date ordered: _____ Date expires: _____

Were police called? Yes / No **If Yes**, how many times? _____

Were charges filed? Yes / No **If Yes**, for what? _____

Have you received medical care from a doctor or hospital due to injuries resulting from domestic violence?
Yes / No

If Yes, please describe:

If you are a victim of and/or have a restraining order regarding domestic violence, per Family Code sections 3181 and 6303(c) you have the right to have a support person in the CCRC session and to meet separately.

_____ I would like to meet separately. _____ I am willing to meet together with the other parent.

You may request that a bailiff escort you from the courthouse to your transportation if available.

DOMESTIC VIOLENCE QUESTIONNAIRE

DIRECTIONS: Please put a check mark in the appropriate box(es). If the behavior happened more than once, please enter the number of times.

PHYSICAL ABUSE

Event	Other Parent Has	Child(ren) Present?		# Times during past 12 months	# Times in the past five (5) years
		YES []	NO []		
1. Pushed, shoved, slapped, etc.		YES []	NO []		
2. Grabbed, dragged, or kicked		YES []	NO []		
3. Pulled hair, bit, etc.		YES []	NO []		
4. Choked, strangled, etc.		YES []	NO []		
5. Drove recklessly to frighten other parent/child(ren)		YES []	NO []		
6. Burned anyone		YES []	NO []		
7. Threw things		YES []	NO []		
8. Physically forced sex		YES []	NO []		
9. Destroyed property		YES []	NO []		
10. Used weapon against		YES []	NO []		
11. Received broken bones or head injury		YES []	NO []		
12. Abused during pregnancy		YES []	NO []		
13. Was a child(ren) harmed as a result of domestic violence?	NO []	YES [] (Please Explain) <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>			

DIRECTIONS: Please put a check mark in the appropriate box(es). If the behavior happened more than once, please enter the number of times.

EMOTIONAL ABUSE

Event	Other Parent Has	Child(ren) Present?		# Times during past 12 months	# Times in the past five (5) years
1. Insulted or swore at		YES []	NO []		
2. Interrupted eating or sleeping		YES []	NO []		
3. Threatened to leave the relationship		YES []	NO []		
4. Threatened to withhold money, car keys, etc..		YES []	NO []		
5. Threatened to take the child(ren)		YES []	NO []		
6. Did not permit contact with family or friends		YES []	NO []		
7. Locked in or out of the house		YES []	NO []		
8. Demanded constant knowledge of whereabouts		YES []	NO []		
9. Disabled car or other device		YES []	NO []		
10. Threatened family or friends		YES []	NO []		
11. Threatened to hurt		YES []	NO []		
12. Monitored communication or location		YES []	NO []		

_____ Date

_____ Signature