

**Superior Court of California, County of Alameda  
Family Court Services**

**REQUEST FOR CHILD CUSTODY RECOMMENDING COUNSELING APPOINTMENT**

**PLEASE PRINT CLEARLY**

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

Next Court Date: \_\_\_\_\_ Department # \_\_\_\_\_ Case # \_\_\_\_\_

Have you ever been seen by a counselor from our Family Court Services office?  Yes  No

YOUR FULL NAME: _____		Relationship to minors: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
Street: _____	City/State: _____	Zip: _____	
Home Phone: (    ) _____	Work Phone: (    ) _____	DOB: _____	
Cell Phone: (    ) _____	Email: _____		
<input type="checkbox"/> Please check box if you wish to receive appointment reminders via text message (Standard msg & data rates may apply)		<input type="checkbox"/> Please check box if you would like to receive your Recommending Counseling Report via email	
Attorney's Name: <input type="checkbox"/> No attorney		Primary Language: Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

OTHER PARENT/ GUARDIAN'S FULL NAME: _____		Relationship to minors: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
Street: _____	City/State: _____	Zip: _____	
Home Phone: (    ) _____	Work Phone: (    ) _____	DOB: _____	
Cell Phone: (    ) _____	Email: _____		
<input type="checkbox"/> Please check box if you wish to receive appointment reminders via text message (Standard msg & data rates may apply)		<input type="checkbox"/> Please check box if you would like to receive your Recommending Counseling Report via email	
Attorney's Name: <input type="checkbox"/> No attorney		Primary Language: Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CHILDREN (Full Name)	DOB	AGE	CHILDREN (Full Name)	DOB	AGE
#1			#4		
#2			#5		
#3			#6		

**HAS EITHER PARTY MADE SWORN ALLEGATIONS OF DOMESTIC VIOLENCE AGAINST THE OTHER?**  YES  NO

Who made the allegations? \_\_\_\_\_ Against whom were the allegations made? \_\_\_\_\_  
 What type of Restraining Order?  DVPA  Other Civil  Criminal  Emergency (EPO)  Juvenile Court  Unknown  None

Whom does the Order restrain? \_\_\_\_\_ Whom does the Order protect? \_\_\_\_\_  
**(Parties will be seen separately in cases with past or present sworn domestic violence allegations)**

**Have any of the following issues occurred in your relationship?**

- Drug/alcohol abuse     Child abuse     Domestic violence     Child stealing     Juvenile Court actions

**Are accommodations for a disability required?**  Yes  No Explain: \_\_\_\_\_

**NOTES:**