

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

RI-FL024

DATE: _____

CASE NAME: _____

CASE NO: _____

<i>For Court Use Only</i>
CONFIDENTIAL

CHILD CUSTODY RECOMMENDING COUNSELING QUESTIONNAIRE

Please note that the child custody recommending counseling process is confidential to the extent that information about your case will only be shared with those authorized to receive this information, which includes the court. The recommending counselor is also required by law to report to the Department of Public Social Services or law enforcement reasonable suspicion of child abuse or neglect, or if any of the parties (including the children) present a danger to self or others.

I. GENERAL INFORMATION

Your Name: _____ (FIRST) _____ (MIDDLE) _____ (LAST) DOB: _____ Age: _____

SSN: _____ / _____ / _____ Driver's License #: _____ Exp. Date: _____

Current Address: _____

How long have you lived at this address? _____

Mailing Address: _____

Home Phone: () _____ Work Phone: () _____ Cell: () _____

Name of Employer: _____ Work Location: _____

Occupation: _____ Length of Employment: _____

Work Days & Hours: _____ Days off: _____

Attorney (if applicable): _____ Telephone: _____

Attorney Address: _____
(Street) (City) (State) (Zip)

II. INFORMATION ABOUT THE CHILDREN INVOLVED IN THIS CASE

Name	Male/ Female	Date of Birth	Age	Name of School and Hours of Attendance	Grade

1. Do any of your children have special educational, medical or emotional needs? No Yes
 If yes, please explain: _____

2. Are any of your children in counseling? No Yes Past Current
 If yes, please explain: _____

How long have they been in counseling? _____

How often do your children attend counseling? _____

Counselor's Name: _____ Telephone: _____

3. Are any of your children on medication? No Yes
 If yes, please explain: _____

4. Have there ever been any child protective services reports made regarding any of your children?
 No Yes
 If yes, please explain: _____

5. Is Child Protective Services currently involved with your children? No Yes
 If yes, please explain: _____

Social Worker: _____

County: _____ Telephone: _____

III. INFORMATION ABOUT OTHER CHILDREN LIVING IN YOUR HOME NOT INVOLVED IN YOUR CASE

Name	Male/ Female	Date of Birth	Age	Name of School and Hours of Attendance	Grade

IV. INFORMATION ABOUT OTHER ADULTS LIVING IN YOUR HOME

(Please list anyone other than your spouse/significant other)

Name	Age	Relationship to You	Date of Birth

V. INFORMATION ABOUT YOU AND THE OTHER PARENT

1. What is your relationship with the other parent of the children involved in this case?

(Please check all that apply)

- a. We are currently married or registered domestic partners.
- b. We used to be married or registered domestic partners.
- c. We live together.
- d. We used to live together.
- e. We are dating or used to date.
- f. We are separated. Date separated: _____
- g. We are divorced. Date divorced: _____

2. Are you in a current relationship with someone other than the other parent? No Yes

If yes, please answer the following: *(Please check all that apply)*

- a. We are currently married or registered domestic partners
- b. We are living together.
- c. We are dating but do not live together.
- d. We have children from this relationship.

Name of Spouse/Significant Other: _____

Date of Birth: _____ Age: _____

SSN: ____ / ____ / ____ Driver License #: _____ Exp. Date: _____

3. Do you or the other parent have any special medical needs? No Yes

If yes, please explain: _____

4. Are you or the other parent in counseling? No Yes

If yes, please provide the following information:

Counselor's Name: _____ Telephone: _____

5. Have you or the other parent been hospitalized for psychiatric reasons? No Yes

If yes, please explain: _____

6. Are you or the other parent taking any medication? No Yes

If yes, please explain: _____

7. Is there drug or alcohol abuse by either parent? No Yes

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

If yes, please explain (*what charges were filed, what was the outcome of the charges, where were the charges filed, etc.*): _____

VI. CUSTODY AND VISITATION PARENTING PLAN

1. Are there any existing custody and visitation orders regarding your children in Riverside County or in any other county/court?

If yes, please explain: _____

2. How are you currently sharing the children with the other parent?

Please explain the current schedule: _____

3. How would you like to share your children with the other parent?

Please explain what schedule you think would be best for your children: _____

VII. HISTORY OF DOMESTIC VIOLENCE

If you do not feel safe meeting with the other parent and the recommending counselor together, please inform the clerk at the check-in window immediately.

1. Has there been a history of domestic violence between you and the other parent?

No Yes

If yes, please explain: _____

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

(Date ordered: _____)

3. Have the police or other law enforcement been called to the home? No Yes

If yes, please explain (*how many times, was anyone arrested, where this occurred, etc.*):

4. Have you received medical care from a doctor or hospital because of injuries due to domestic violence?

No Yes

If yes, please explain: _____

5. Have the children been present when the domestic violence occurred? No Yes

If yes, please explain: _____

If there is a history of domestic violence between you and the other parent, or you have a restraining order against the other parent, you are entitled to have a separate child custody recommending counseling session (separate from the other parent) and to have a support person with you during the child custody recommending counseling session and at the court hearing. The child custody recommending counselor will discuss with you the court rules and policies regarding the use of a support person during the session.

I am willing to meet with the other parent together with the child custody recommending counselor.

I am requesting to meet separately with the child custody recommending counselor.

I declare under penalty of perjury that the information in section seven regarding the history of domestic violence is true and correct.

(SIGNATURE)

(DATE)

Case No: _____

VIII. AUTHORIZATION FOR ELECTRONIC DELIVERY OF CCRC REPORTS

1. I am the Petitioner Respondent Other: _____
on the above referenced case and hereby give authorization to the Riverside Superior Court to send my Child Custody Recommending Counseling (CCRC) reports to the person(s) indicated below electronically using the following method(s):

a. E-Mail

i. Name of Recipient: _____
Email Address: _____

ii. Name of Recipient: _____
Email Address: _____

b. Facsimile

i. Name of Recipient: _____
Fax Number: _____

ii. Name of Recipient: _____
Fax Number: _____

I give the Riverside Superior Court authorization to send my Child Custody Recommending Counseling (CCRC) reports electronically.

(DATE)

(SIGNATURE)