

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE**

**RI-JV032**

**DATE:** \_\_\_\_\_

**CASE NAME:** \_\_\_\_\_

**CASE NO:** \_\_\_\_\_

|                           |
|---------------------------|
| <i>For Court Use Only</i> |
| <b>CONFIDENTIAL</b>       |

**JUVENILE CHILD CUSTODY RECOMMENDING COUNSELING INTAKE QUESTIONNAIRE**

**Please note that the juvenile mediation 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: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Do you have any issues that would impair your ability to transport the minor for visitation?  
 YES  NO (If yes, please explain below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you lived at this address? \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Work Location: \_\_\_\_\_

Occupation: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Work Schedule (Days/Times): \_\_\_\_\_ Days off: \_\_\_\_\_

**II. INFORMATION ABOUT THE CHILDREN INVOLVED IN THIS CASE**

| Name | Male/<br>Female | Date of<br>Birth | Age | Name of School and Hours of<br>Attendance | Grade |
|------|-----------------|------------------|-----|---|-------|
|      |                 |                  |     |   |       |
|      |                 |                  |     |   |       |
|      |                 |                  |     |   |       |
|      |                 |                  |     |   |       |
|      |                 |                  |     |   |       |

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

| Name | Male/<br>Female | Date of Birth | Age | Relationship to you |
|------|-----------------|---------------|-----|---------------------|
|      |                 |               |     |                     |
|      |                 |               |     |                     |
|      |                 |               |     |                     |
|      |                 |               |     |                     |
|      |                 |               |     |                     |

**IV. INFORMATION ABOUT OTHER ADULTS LIVING IN YOUR HOME**

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

| Name | Age | Date of Birth | Relationship to You |
|------|-----|---------------|---------------------|
|      |     |               |                     |
|      |     |               |                     |
|      |     |               |                     |
|      |     |               |                     |
|      |     |               |                     |

**V. CUSTODY AND VISITATION PARENTING PLAN**

How would you like to share your children with the other parent? (DO NOT USE Percentages %)

Please explain what schedule you think would be best for your children (be specific with days/times):

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