

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

RI-FL070

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>For Court Use Only</i>
CONFIDENTIAL

DATE: _____
CASE NAME: _____
CASE NO: _____

**MINOR MARRIAGE CHILD CUSTODY RECOMMENDING COUNSELING
INTAKE QUESTIONNAIRE**

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

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): _____ Day(s) off: _____

Your Parent's Name: _____ DOB: _____ Age: _____
(FIRST) (MIDDLE) (LAST)

Current Address: _____
City: _____ State: _____ Zip Code: _____

Your Alternate Parent's Name: _____ DOB: _____ Age: _____
(FIRST) (MIDDLE) (LAST)

Current Address: _____
City: _____ State: _____ Zip Code: _____

Your Guardian's Name: _____ (FIRST) _____ (MIDDLE) _____ (LAST) DOB: _____ Age: _____

Current Address: _____ City: _____ State: _____ Zip Code: _____

LIST ALL PERSONS LIVING IN YOUR HOME (do not include yourself)

Table with 4 columns: Name, Date of Birth, Age, Relationship to you. Multiple empty rows for data entry.

1. Do you have any children? [] Yes [] No
If yes, how many? _____ Where do they live? _____

Please list:

Name: _____ Date of Birth: _____

Name: _____ Date of Birth: _____

2. Are you pregnant? [] Yes [] No
If yes, what is your expected due date? _____

3. Are you emancipated? [] Yes [] No
If yes, what is the date and county of your emancipation? _____

4. Have you ever been married? [] Yes [] No
If yes, what is the date you married: _____ Date divorced: _____
What was the age of your previous spouse at the time you married? _____
Why did the marriage end? _____

5. Are you or have you been involved with the Juvenile Dependency Court or Child Protective Services?

Yes No

If yes, please explain: _____

Social Worker name: _____

Phone: _____ County: _____

6. Have you or your proposed spouse ever been arrested or convicted of a crime or been involved with Juvenile Delinquency (criminal) Court? Yes No

If yes, please explain: _____

Probation/Parole Officer name: _____

Phone: _____ County: _____

7. Have you or your proposed spouse been diagnosed with a medical condition? Yes No

If yes, please explain: _____

8. Have you or your proposed spouse been diagnosed with a mental health condition? Yes No

If yes, please explain: _____

9. Have you or your proposed spouse been hospitalized for psychiatric reasons? Yes No

If yes, please explain: _____

10. Are you taking any medication? Yes No

If yes, please explain (name of medication and what it is prescribed for): _____

11. Do you or your proposed spouse consume drugs (including Marijuana) or alcohol? Yes No

If yes, please explain: _____

12. Have you attended or are you attending counseling? Yes No

If yes, please explain: _____

13. Are you currently enrolled in school? Yes No

If yes, name of school: _____

Do you have a High School Diploma, GED or high school equivalency? Yes No

If yes, when did you graduate: _____

If no, what is the highest grade you completed: _____

Reason for leaving school: _____

Do you have plans for future education or training? Yes No

If yes, please explain: _____

14. How did you and your proposed spouse meet? _____

15. When did you and your proposed spouse meet? _____

16. How long have you been in your current relationship? _____

17. Have you and your proposed spouse attended pre-marital counseling together? Yes No

18. Do you and your proposed spouse live together? Yes No

If no, what are your living arrangements for the future? _____

19. Has there been any incidents of domestic violence between you and your proposed spouse (including emotional, verbal, financial, physical)?

If yes, please explain: _____

20. How do you handle disagreements between you and your proposed spouse?

21. What do you and your proposed spouse argue about? _____

22. How are decisions made between you and your proposed spouse? _____

23. How does your parent or guardian feel about the proposed marriage? _____

24. Why do you want to get married? _____

Case No: _____

Child Custody Recommending Counseling reports are typically available to you two (2) days prior to your court hearing date. Please select how you would like to receive your Child Custody Recommending Counseling report:

- 1. I will pick up the report in person (photo ID required at the time of pick up)
- 2. I would like my report sent electronically:

AUTHORIZATION FOR ELECTRONIC DELIVERY OF CCRC REPORTS

I (*Name*): _____
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)