

# Superior Court of California, County of Los Angeles

## PETITION FOR CONCILIATION—FC § 1833

By law, this petition, all files and records in Family Court Services are confidential, \*except when a mandated reporting situation (e.g. suspected child abuse) exists.

For Court Use Only:

Date: \_\_\_/\_\_\_/\_\_\_ at \_\_\_

Appointment

Walk-In from Dept. \_\_\_

Mediator: \_\_\_\_\_

**This \*confidential (see above exception\*) Family Court Services (FCS) form must be completed by all parties, and be submitted to FCS prior to, or at the time of the Child Custody/Visitation Mediation. Please print clearly.**

Party completing the form is the:  Petitioner  Respondent Interpreter needed:  No  Yes \_\_\_\_\_ (language)  
 Predissolution  Postdissolution  Paternity (never married)  Domestic Violence  Child Support  Guardianship/Probate

Case #: \_\_\_\_\_ Next Hearing/Trial Date: \_\_\_\_\_ in Dept. \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Day/Work Phone #: \_\_\_\_\_  
First Middle Initial Last

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Number Street (Apt#) City State Zip

Occupation: \_\_\_\_\_  
Type of Employment Employer Work Hours Days Off

Attorney: \_\_\_\_\_  
Name Address (Number, Street, Suite, City, State, Zip) Phone Number

**OUR CHILDREN FIRST** program was completed:  No  Yes \_\_\_\_\_ (If "yes", approximate date of completion)

Other Parent's/Party's Name: \_\_\_\_\_ A Separate Interview is Preferred:  No  Yes

❖ If a history of domestic violence and/or a Protective/Restraining Order exists, clients will be interviewed separately (unless otherwise indicated by mediator)

There currently is, or has been, a Criminal or Children's (Dependency) Courtcase filed:  No  Yes (If "yes", please circle type of court)

Mediation is in regards to the following child(ren):

Name	Date of Birth	Age	Grade Level of Child	Parent/Party with whom child resides
1.				
2.				
3.				
4.				

Name(s) and age(s) of any other child(ren) who reside in your home:

----- PLEASE REVIEW EACH STATEMENT BELOW AND CHECK THE BOXES THAT APPLY -----

No  Yes One or more of the following has occurred in your relationship: Slapping, Punching, Choking, Kicking, Shoving, Grabbing, Forced Sex, Threats of \_\_\_\_\_ (describe), or Other violence \_\_\_\_\_ (describe)

-- The violence occurred:  Less than one year ago  More than one year ago

-- The violence occurred:  Once between the parties  More than once between the parties

No  Yes The children have been physically hurt by either you or the other party.

No  Yes The Department of Children and Family Services (DCFS or CPS) is currently, or has been, involved with your children.

No  Yes The police or other law enforcement have been involved with you or the children due to domestic violence.

No  Yes There are protective/restraining orders in effect or pending as a result of domestic violence.

No  Yes Your family has been, or is currently, involved in a Child Custody Evaluation.

**-Your proposed custody/visitation plan—include concerns (e.g. substance abuse, etc.) that may affect custody/visitation:**

-There are existing custody/visitation orders:  No  Yes

A controversy exists between the parents/parties and the aid of the court is requested to reach an amicable settlement in the best interest of the child(ren).

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_