

For Court Use Only:
 Separate Sessions Requested
 DVPA Filing (Or other DV Matter)

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)

Matter is: Predissolution Postdissolution Paternity (never married) Domestic Violence Child Support Guardianship/Probate

Case #: _____ **BG#:** _____ **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 or the PACT (Parent And Children Together) 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) Court case 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: _____, at (City) _____, California. **Signature:** _____

