



## *Superior Court of California, County of Los Angeles*

### **FAMILY COURT SERVICES CONFIDENTIAL MEDIATION FORM**

Attention: Please check the Family Law page of the Los Angeles Superior Court website for translation of this form in Spanish.

Your matter has been scheduled for a Mediation Appointment.

Mediation is an opportunity before your court hearing to agree to a schedule that works best for parents to share time with the child(ren). This process involves you and the other parent working with a mediator. However, you may attempt to conduct the negotiation of the time each parent will share with the child(ren) online without the assistance of a mediator using this link:

<https://losangelescafam.modria.com/>.

If you prefer to work with a mediator in reaching this agreement or are unable to reach an agreement using the online program, you must participate in the mediation appointment already scheduled for you with a court mediator from Family Court Services. To meet with a court mediator, you must confirm your appointment by submitting this form to: [fcsparentinfo@lacourt.org](mailto:fcsparentinfo@lacourt.org) five (5) days before the scheduled appointment time. You may also mail this form ten (10) days before the appointment to:

Family Court Services  
111 N. Hill St., Room 241  
Los Angeles, CA 90012

**Complete as much information as possible on this form. This form must be completed by each parent and submitted to the Court prior to, or at the time of the Mediation. Please type or print clearly. All files and records involving your mediation are confidential, including this form, except when a mandated report is necessary for example when there is suspected child abuse or threats to harm yourself or others.**

**FAMILY COURT SERVICES**  
**CONFIDENTIAL MEDIATION FORM (LASC FCS 047)**

CASE NUMBER: \_\_\_\_\_ HEARING DATE: \_\_\_\_\_ DEPT. \_\_\_\_\_

**INFORMATION ABOUT YOU:**

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell/Home Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_  
*Number Street (Apt.) City State Zip*

I Need an Interpreter:  Yes, \_\_\_\_\_ (Language)  No, I do not need an Interpreter

Occupation: \_\_\_\_\_ Work Phone#: \_\_\_\_\_  
*Type of Employment Employer Work Hours*

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

I HAVE VIEWED THE ORIENTATION VIDEO ONLINE CALLED "OUR CHILDREN FIRST"?  Yes, \_\_\_\_\_ (Date)  No

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

DO YOU REQUEST AN INTERVIEW SEPARATE FROM THE OTHER PARENT?  No  Yes

----- 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 injured 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 order in effect or pending as a result of allegations of domestic violence.
- No  Yes There currently is, or has been, a Criminal Court Case filed.
- No  Yes There currently is, or has been, a Children's Court Case filed.
- No  Yes Your family has been, or is currently, involved in a Child Custody Evaluation.

**INFORMATION ABOUT THE OTHER PARENT:**

Other Parent's Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Cell#: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

**INFORMATION ABOUT THE CHILDREN:**

Name	Date of Birth	Age	Grade Level of Child	Parent/Party with whom child mostly resides

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

**WHAT WOULD YOU LIKE TO BE THE PROPOSED CUSTODY AND VISITATION PLAN? (PLEASE INCLUDE ANY CONCERNS THAT YOU HAVE FOR EXAMPLE SUBSTANCE ABUSE OR ANY OTHER ISSUE THAT YOU THINK MAY AFFECT THE CUSTODY OR VISITATION OF THE CHILDREN WITH EACH PARENT):**

Date: \_\_\_\_\_

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