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***STATE OF CALIFORNIA***

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| ***GUARDIANSHIP MEDIATION INTAKE/QUESTIONNAIRE*** |

***MADERA SUPERIOR COURT***

***Family Court Services***

***200 South G Street***

***Madera, CA, 93637***

***PH #: (559) 416-5560***

***FAX #: (559) 673-8216* CASE #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NEXT COURT DATE: \_\_\_\_\_\_\_\_\_\_**

**FCS #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **SECTION 1: GUARDIAN INFORMATION:** | | | | | | | | | | | | | | | | |
| YOUR NAME (Last, First, Middle): | | | | | | EMAIL ADDRESS **(PRINT CLEARLY):** | | | | | | | | | | |
| DATE OF BIRTH: | | | | | | ATTORNEY NAME / TELEPHONE # / FAX #: | | | | | | | | | | |
| TELEPHONE #: | | | HOME ADDRESS: | | | | | | CITY: | | | STATE: | | | | ZIP CODE: |
| **MAILING ADDRESS IF DIFFERENT THAN HOME ADDRESS:** | | | | | | | | | | | | | | | | |
| ***\*NOTE: REPORTS WILL BE E-MAILED TO YOU AT THE E-MAIL ADDRESS YOU PROVIDE ABOVE.*** | | | | | | | | | | | | | | | | |
| **NAME OF EMPLOYER**: *(if unemployed write “unemployed”)*  WORK SCHEDULE EACH DAY (start time and end time): | | | | | | | | | | | | | | | | |
| SUNDAY | MONDAY | | | TUESDAY | | | WEDNESDAY | THURSDAY | | | FRIDAY | | | SATURDAY | | |
| Who watches the child/ren when you are unavailable? Please give their name and telephone #: | | | | | | | | | | | | | | | | |
| **SECTION 2: NATURAL MOTHER’S INFORMATION (FILL OUT AS BEST YOU CAN):** | | | | | | | | | | | | | | | | |
| PARENT’S NAME (Last, First): | | | | | ADDRESS OF NATURAL PARENT: | | | | | CITY: | | | STATE: | | ZIP CODE: | |
| DATE OF BIRTH: | | TELEPHONE #: | | | EMAIL ADDRESS: | | | | | | | | | | | |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **NAME OF EMPLOYER**: *(if unemployed write “unemployed”)*  WORK SCHEDULE EACH DAY (start time and end time): | | | | | | | | SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | | | | | | | | | | | | | | | | | |
| **SECTION 3: NATURAL FATHER’S INFORMATION (FILL OUT AS BEST YOU CAN):**   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | PARENT’S NAME (Last, First): | | | | ADDRESS OF NATURAL PARENT: | | | CITY: | | STATE: | | ZIP CODE: | | | DATE OF BIRTH: | | TELEPHONE #: | | EMAIL ADDRESS: | | | | | | | | | | **NAME OF EMPLOYER**: *(if unemployed write “unemployed”)*  WORK SCHEDULE EACH DAY (start time and end time): | | | | | | | | | | | | | SUNDAY | MONDAY | | TUESDAY | | WEDNESDAY | THURSDAY | | FRIDAY | | SATURDAY | | | | | | | | | | | | | | | | | | |
| **SECTION 4: CONCERNS AND PROPOSALS** | | | | | | | | | | | | | | | | |
| 1. What are the **top three** most important concerns you would like to discuss with Family Court Services?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Is there a current visitation order? Yes No If Yes, what is it?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Do you want the current visitation plan to change? Yes No If yes, please answer the following: 2. I want to change the schedule of when the child/ren spends time with each parent to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. If you want the current visitation plan to change, how would your proposed changes benefit the child/ren?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| **SECTION 5: INVOLVEMENT BETWEEN THE NATURAL PARENT AND CHILD/REN (DO NOT LEAVE BLANK):** | | | | | | | | | | | | | | | | |
| 1. What has been your/the natural parent(s) involvement regarding the care of the child/ren?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| **SECTION 6: YOUR INVOLVEMENT IN COUNSELING, THE COURTS AND CPS** | | | | | | | | | | | | | | | | |
| 1. Have you ever been in counseling or had substance abuse issues? Yes No If yes, for what issue(s)?   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Have you ever been arrested? Yes No If yes, when and for what charge(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Has Child Protective Services (CPS) been involved with your family for allegations of child abuse or neglect? Yes No If yes, when and what was the outcome?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| **SECTION 7: INFORMATION ABOUT YOUR CURRENT BOYFRIEND, GIRLFRIEND, OR SPOUSE:** | | | | | | | | | | | | | | | | |
| Full name: Date of birth: Social Security #: | | | | | | | | | | | | | | | | |
| Other names used: Driver’s license #/State: Date relationship began: | | | | | | | | | | | | | | | | |
| Home phone number: Cell phone number: Occupation: | | | | | | | | | | | | | | | | |
| Present employer: Employer’s phone #: Days/Hours worked: | | | | | | | | | | | | | | | | |

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| **SECTION 8: ADDITIONAL INFORMATION** |
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