

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

RI-PR091

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.

For Court Use Only

CONFIDENTIAL

DATE: _____
CASE NAME: _____
CASE NO: _____

PROBATE - CHILD CUSTODY RECOMMENDING COUNSELING INTAKE QUESTIONNAIRE

I. GENERAL INFORMATION

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

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: _____

II. INFORMATION ABOUT THE CHILDREN INVOLVED IN THIS CASE

Name	Male/ Female	Date of Birth	Age	Name of School and Hours of Attendance	Grade

1. Do any of the children have special educational, medical, or emotional needs?

No Yes

If yes, please explain:

2. Are any of the children in counseling? No Yes Past Current

If yes, please explain:

How long have they been in counseling? _____

How often do the children attend counseling? _____

Counselor's Name: _____ Telephone: _____

3. Are any of the children on medication? No Yes

If yes, please explain:

III. INFORMATION ABOUT OTHER CHILDREN LIVING IN YOUR HOME NOT INVOLVED IN YOUR CASE

Name	Male/Female	Age	Relationship to you

IV. INFORMATION ABOUT OTHER ADULTS LIVING IN YOUR HOME

Name	Date of Birth	Age	Relationship to you

1. Are you or the other party in counseling? No Yes

If yes, please provide the following information:

Counselor's Name: _____ Telephone: _____

2. Have you or the other party been hospitalized for psychiatric reasons?

No Yes

If yes, please explain: _____

6. Are you or the other party taking any medication? No Yes

If yes, please explain: _____

7. Is there drug or alcohol use by either party? No Yes

If yes, please explain: _____

8. Have you or the other party ever been arrested or convicted of a crime?

No Yes If yes, please explain (*what charges were filed, what was the outcome of the charges, where were the charges filed, etc.*): _____

V. VISITATION PLAN

1. Are you currently sharing the children?

Please explain the current schedule: _____

2. What visitation plan do you propose?

Please explain what schedule you think would be best for the children (be specific with days/times):

Case No: _____

VI. Child Custody Recommending Counseling reports are typically available two (2) days prior to the 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 identification is required)
- 2. I would like my report sent electronically:

AUTHORIZATION FOR ELECTRONIC DELIVERY OF CCRC REPORTS

I am the Parent Guardian Other: _____
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)