

CONFIDENTIAL

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, COUNTY COURTHOUSE, 220 W. BROADWAY, SAN DIEGO, CA 92101 <input type="checkbox"/> CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA, 92101 <input type="checkbox"/> CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 <input type="checkbox"/> EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA, 92020 <input type="checkbox"/> NORTH COUNTY DIVISION, 325 S. MELROSE DR., SUITE 340, VISTA, CA, 92081 <input type="checkbox"/> SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER(S)	
RESPONDENT(S)	
FAMILY COURT SERVICES SCREENING FORM (CONFIDENTIAL)	CASE NUMBER

FATHER

Name: _____

Address: _____

Daytime Telephone Number (8:00 a.m. to 5:00 p.m.): _____

Attorney: _____ Telephone Number: _____

MOTHER

Name: _____

Address: _____

Daytime Telephone Number (8:00 a.m. to 5:00 p.m.): _____

Attorney: _____ Telephone Number: _____

NOTE: THIS SCREENING FORM IS FOR FAMILY COURT SERVICES (FCS) USE ONLY. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.

CHILDREN MAY NOT ACCOMPANY PARTIES TO THE FAMILY COURT SERVICES APPOINTMENT UNLESS ORDERED BY THE COURT OR SPECIFICALLY REQUESTED BY A FAMILY COURT SERVICES COUNSELOR.

FAILURE TO APPEAR OR FAILURE TO CANCEL THE FAMILY COURT SERVICES APPOINTMENT AT LEAST 24 HOURS PRIOR TO THE APPOINTMENT TIME MAY RESULT IN SANCTIONS IMPOSED BY THE COURT OF UP TO \$1500 TO ONE OR BOTH PARTIES PURSUANT TO CODE CIV. PROC. § 177.5 AND SAN DIEGO SUPERIOR COURT LOCAL RULES.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Do you or the other party allege domestic violence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a domestic violence restraining order? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you or the other party require a Spanish-speaking counselor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you or the other party live outside of the County of San Diego and need a telephone FCS session? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is a third party requesting custody or visitation? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Grandparent Joinder | | |
| <input type="checkbox"/> Other: _____ | | |
| Name and relationship to child(ren) | | |

Date: _____

Signature of Filing Party/Attorney