



CONFIDENTIAL

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

FAMILY COURT SERVICES (FCS) DATA SHEET (CONFIDENTIAL)

COMPLETE ALL THREE PAGES

Have you previously been to Family Court Services? [] Yes [] No

Case Name _____

Case No. _____

FCS Date _____

Next Court Date _____

IF YOU ARE BEING PROTECTED BY A RESTRAINING ORDER OR IF YOU ALLEGE DOMESTIC VIOLENCE, YOU MAY BE SEEN SEPARATELY. Are you requesting a separate session? [] Yes [] No

If you want to be seen separately, advise the Family Court Services Clerk when you check in.

SUPPORT PERSON: If you are being protected by a restraining order, a support person may accompany you during your FCS session. The support person must first sign a Family Court Services Domestic Violence Support Person Agreement (SDSC Form #FCS-038). Advise the Family Court Services Clerk of your support person when you check in.

Are you requesting that your address and telephone number remain confidential? [] Yes [] No

CHECK ONE [] Father [] Mother [] Grandparent [] Other (specify relationship): _____

FULL LEGAL NAME _____ AKA OR MAIDEN NAME _____

ADDRESS _____
Number and Street Apt. # City State Zip Code

HOME TEL. NO. _____ WORK TEL. NO. _____

EMAIL ADDRESS TO RECEIVE CONFIDENTIAL FCS REPORT:

_____ WORK SCHEDULE _____

BIRTH DATE ____/____/____ PLACE OF BIRTH _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER XXX - XX - ____

DRIVER LICENSE NUMBER _____ STATE _____ CURRENTLY VALID [] Yes [] No

ATTORNEY _____ TEL. NO. _____

ADDRESS _____
Number and Street Apt. # City State Zip Code

CHILD(REN)'S ATTORNEY (if any) _____ TEL. NO. _____

ADDRESS _____
Number and Street Apt. # City State Zip Code

PARENTS

Date of Marriage _____ or Date Began Living Together _____

Date of Separation _____ If dissolution filed, when? _____

NAME OF MINOR CHILD(REN)

Table with 6 columns: First, Middle, Last, Date of Birth, Place of Birth, Parent with whom residing. Rows 1-4.

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CASE NAME _____	CASE NUMBER _____
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MEDICAL AND DENTAL INFORMATION

Child(ren)'s Doctor's Name _____ Tel. No. _____

ADDRESS _____

Number and Street _____ Apt. # _____ City _____ State _____ Zip Code _____

List medical/dental information to be discussed at FCS _____

EDUCATION

	Child	Name of School	Teacher/Counselor	Grade
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

COUNSELING

Is Child(ren) Father Mother in Counseling? Yes No

Counselor for _____ Counselor for _____

Counselor's Name _____ Counselor's Name _____

Address _____ Address _____

Tel. No. _____ Tel. No. _____

When did counseling begin? _____ When did counseling begin? _____

CHILD(REN)'S ACTIVITIES AND OTHER SPECIAL NEEDS

(e.g. special classes, team activities, and transportation to and from these activities) _____

- Are there allegations of verbal intimidation or threats? Yes No
- Has there been physical violence between the parents? Yes No
If yes, how long ago? 0 – 6 mos. 6 mos. – 1 yr. 1 yr. or more
- Has law enforcement been involved? Yes No Provide details: _____
- Have there been allegations of verbal intimidation/threats, physical violence, and/or restraining orders between yourself and your parent current spouse or cohabitant party in dating or engagement relationship other?
 Yes No If yes, check all boxes that apply. Provide details: _____
- Have there been allegations of abuse against your child(ren) or child(ren) for whom you have provided care?
 Yes No If yes, when: _____
Who made the allegations? _____ Who was the alleged abuser? _____
Has Child Welfare Services (CWS) been involved? Yes No
CWS worker's name and telephone number _____

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CASE NAME	CASE NUMBER
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FAMILY COURT SERVICES (FCS) DATA SHEET
Complete the following questions.

1. Which parent filed the current court action? _____
2. What is the action regarding? _____

3. Is there a court order regarding custody and visitation now? Yes No
 - a. If yes, briefly summarize: _____

 - b. When was it issued? _____
4. If there is no court order or a different schedule is being practiced, summarize your current parenting schedule: _____

5. What parenting schedule would you like to have? _____

Date: _____

Signature of Party Filling Out This Form

NO ATTACHMENTS