You are scheduled to attend the **Child Custody/Visitation** workshop on

You are scheduled to attend the **Child Custody/Visitation** **Workshop** on

**Friday, \_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_9:00\_\_\_\_AM in Room 512**.

Please **read** AND **initial** the following:

**\_\_\_\_\_** Youmust bring your **COMPLETED** Child Custody and Visitation Declaration to the workshop. If you do not have the declaration completed to the best of your ability on the day of the workshop, you may be rescheduled for another workshop.

\_\_\_\_\_ There is a **$60/$85 Filing Fee + $30 Court Reporter Fee\***

\*If you plan to apply for a fee waiver, please bring a copy of your most recent month’s paystubs and proof of other income.

\_\_\_\_\_ Please be on time. **If you are late, you may be rescheduled for another workshop.**

**Friday, \_\_\_\_\_\_\_\_\_\_\_ at \_\_\_ in Room 512**.

Please arrive on time, as we will not accommodate late attendees. You must bring the following:

* **COMPLETED** Child Custody and Visitation Declaration
* $60/$85 Filing Fee + $30 Court Reporter Fee\*

\*If you plan to apply for a fee waiver, you MUST bring most recent month’s paystubs and proof of other income

1. **IMPORTANT INFORMATION:**
2. This form must be filled out accurately and completely to the best of your ability.
3. Information you provide on this form may be included in your motion. Please note that all information in your motion will be seen by the other parent. Once filed, the motion and all your attachments will be public record.
4. If any of the information on this form is incomplete or inaccurate, you may not be able to attend the workshop on your scheduled date.

**Your Full Legal Name: Date of Birth:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Your Mailing Address:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have an attorney for this case? Yes No**

**Other Parent’s Full Legal Name: Date of Birth:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other Parent’s Address:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the other parent have an attorney?**

**Yes No I don’t know**

**What is your source of income (circle all that apply)?**

Employment Food Stamps/AFDC/CalWorks Other:

 SSI/SSP GA

**What is your gross (before taxes) monthly household income? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **MINOR CHILDREN OF THIS RELATIONSHIP:**

Name Date of Birth Age Sex

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_**

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**Residency of the children?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Who do they live with?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **ADDITIONAL INFORMATION:**
2. Have you ever been married to the other parent? Yes No
3. Have you been involved with the other parent in any of these types of cases?

Divorce Parentage/Paternity Dependency/Delinquency

Domestic Violence Child Support Guardianship

If yes, in which counties/states are these cases? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, what are the case numbers? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is there a restraining order in place involving you and the other parent? Yes No
2. Has Child Protective Services (CPS) ever been involved with your children? Yes No

If so, date of incident:

1. **CUSTODY INFORMATION:**
2. Is there an existing custody and/or visitation order in place? Yes No
3. What do you want to establish and/or modify? Custody Visitation Both Custody and Visitation
4. Other requests you would like to make:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*FOR EXAMINER USE ONLY\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Related case search done? Yes / No

Related cases found: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What case number should be used for the RFO?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Examiner Initials** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*FOR STAFF USE ONLY\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Does the customer have an attorney in IJS? Yes No

EP Eligible? Yes No

CC/V Dec Given? Yes No

 General Dec

 Dec Regarding Current Order

 Travel/Passport Request Dec

 Move-Away Dec

Change of address needed? Yes No

UCCJEA Needed? Yes No

 UCCJEA given as homework? Yes No

Will there be a $450 first appearance fee? Yes No

 \*No first appearance fee for FCS case numbers

SFUFC Form 11.17 needed? Yes No

 \*Only needed if not filed in the last 6 months.

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*FOR STAFF USE ONLY\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

Is customer SASH income eligible? Yes No

Does the other parent have an attorney in IJS? Yes No

 If yes, please contact the Civil Gideon Project at x13909 or x14061 and have them conduct an intake.

 Civil Gideon referral made? Yes No

Did customer refuse SASH? Yes No

Notes to workshop facilitator:

**\_\_\_\_\_\_ Staff Initials \_\_\_\_\_\_\_ Date of Intake New / Mod LEP? Yes / No**