

# TEHAMA COUNTY FAMILY COURT SERVICES

## GENERAL INFORMATION FORM

Case No.: _____ _____ Petitioner _____ Respondent	Today's Date: _____ Court Date: _____
--	--

Your Name: \_\_\_\_\_ Other Party's Name: \_\_\_\_\_

Your Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Message Phone: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Your Attorney: \_\_\_\_\_ Other Attorney: \_\_\_\_\_ Child/ren Attorney \_\_\_\_\_

Other Names you have used: \_\_\_\_\_

Number of times you have changed residences in the past 3 years: \_\_\_\_\_ Why? \_\_\_\_\_

### **CHILDREN IN THIS CASE ONLY:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Lives With: \_\_\_ Mo. \_\_\_ Fa.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Lives With: \_\_\_ Mo. \_\_\_ Fa.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Lives With: \_\_\_ Mo. \_\_\_ Fa.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Lives With: \_\_\_ Mo. \_\_\_ Fa.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Lives With: \_\_\_ Mo. \_\_\_ Fa.

Other Adults or children living in the home with you: \_\_\_\_\_

Your other children not living with you: \_\_\_\_\_

### **EMPLOYMENT**

Current Employer: \_\_\_\_\_ Address: \_\_\_\_\_

Your Occupation: \_\_\_\_\_ Days/Hours work per week: \_\_\_\_\_

Years Employed: \_\_\_\_\_

### **VOLUNTARY INFORMATION FOR STATISTICAL PURPOSES ONLY**

Race/Ethnicity: \_\_\_ Caucasian \_\_\_ Hispanic \_\_\_ Native American \_\_\_ Asian \_\_\_ African American \_\_\_ Hmong \_\_\_ Other

Primary Language Spoken: \_\_\_ English \_\_\_ Spanish \_\_\_ Hmong \_\_\_ Other

Highest Grade you completed / college degree: \_\_\_\_\_

**FAMILY AND RELATIONSHIP HISTORY**

You and the other parent in this case: Married\_\_\_\_Divorced\_\_\_\_Never Married\_\_\_\_Still Married\_\_\_\_

Lived Together\_\_\_\_Domestic Partners\_\_\_\_Are currently in the process of a Divorce\_\_\_\_(check all that apply)

When did your relationship begin:\_\_\_\_\_When did you separate: \_\_\_\_\_

Reason for separation: \_\_\_\_\_

---

**CUSTODY AND TIME SHARE INFORMATION**

What **Ordered Custody** do you have now?\_\_\_\_Sole Legal\_\_\_\_Joint Legal\_\_\_\_Sole Physical\_\_\_\_Joint Physical

What custody would you like to have?\_\_\_\_Sole Legal\_\_\_\_Joint Legal\_\_\_\_Sole Physical\_\_\_\_Joint Physical

**What is the current timeshare you have now? (Days and times)**

Time with Father: \_\_\_\_\_

Time with Mother: \_\_\_\_\_

Vacations & Holiday's: \_\_\_\_\_

Exchanges: Location\_\_\_\_\_Person Exchanging:\_\_\_\_\_Times of Exchanges: \_\_\_\_\_

**What timeshare would you like to have? (Days and times)**

Time with Father: \_\_\_\_\_

Time with Mother: \_\_\_\_\_

Vacations & Holiday's: \_\_\_\_\_

Exchanges: Location:\_\_\_\_\_Person Exchanging:\_\_\_\_\_Times of Exchanges: \_\_\_\_\_

Please provide additional information you think would affect Custody or Timeshare of your Children:

---

---

---

**CHEMICAL DEPENDENCY**

1. Your history of use of illegal drugs, alcohol or prescription abuse: Never\_\_\_\_Sometimes\_\_\_\_Frequently\_\_\_\_  
Date last used \_\_\_\_\_

Names of drugs used:\_\_\_\_\_Treatment Programs: \_\_\_\_\_  
Year attended: \_\_\_\_\_

2. Your understanding of the other parent's drug history: Never\_\_\_\_Sometimes\_\_\_\_Frequently\_\_\_\_  
Date last used \_\_\_\_\_

Names of drugs used:\_\_\_\_\_Treatment Programs: \_\_\_\_\_  
Year attended: \_\_\_\_\_

Is there a Therapist involved with \_Mother \_Father\_\_Child

Is there a Probation Officer or Parole Agent involved with\_\_\_\_Mother\_\_\_\_Father\_\_\_\_Child

**PROTECTIVE SERVICES / LAW ENFORCEMENT HISTORY**

Have you ever been **arrested or convicted** of any Felonies or Misdemeanors during the past **five years**? If so, please provide full Information:

---

---

---

**Have you ever been Accused or convicted of domestic violence in the past five years?** If so, explain:

**Year:** \_\_\_\_\_ **Type of Abuse:** Physical \_\_\_\_\_ Emotional \_\_\_\_\_ Verbal \_\_\_\_\_ Stalking \_\_\_\_\_ Terrorist Threats \_\_\_\_\_ **Children Present?** \_\_\_\_\_

Are there Police reports on any of the above or other incidents?: \_\_\_\_\_ Yes \_\_\_\_\_ No **Arrests:** \_\_\_\_\_ Yes \_\_\_\_\_ No **Convictions:** \_\_\_\_\_ Yes \_\_\_\_\_ No

Additional Information:

---

---

---

**Have you been the Victim of Domestic Violence in the past five years?** If so, please provide information:

**Year:** \_\_\_\_\_ **Type of Abuse:** Physical \_\_\_\_\_ Emotional \_\_\_\_\_ Verbal \_\_\_\_\_ Stalking \_\_\_\_\_ Terrorist Threats \_\_\_\_\_ **Children Present** \_\_\_\_\_

Are there **Police reports** on any of the above or other incidents: Yes \_\_\_\_\_ No \_\_\_\_\_ **Arrests:** Yes \_\_\_\_\_ No \_\_\_\_\_ **Convictions:** Yes \_\_\_\_\_ No \_\_\_\_\_

Is there a current restraining order: \_\_\_\_\_ No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, date it will expire: \_\_\_\_\_

Are you and/or your children receiving services from Alternatives to Violence?      Currently? \_\_\_\_\_ Yes \_\_\_\_\_ No  
In the past? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Have there been any reports to Child Protective Services regarding the children in this case?** If so, please provide information:

Name of Child(ren): \_\_\_\_\_

Year of case/referral: \_\_\_\_\_

County: \_\_\_\_\_

Reason for involvement:

---

---

---

**I declare under penalty of perjury that the foregoing is true and correct.**

Signature: \_\_\_\_\_

Date \_\_\_\_\_

FAMILY COURT SERVICES  
Tehama County Courts  
1740 Walnut Street  
Red Bluff, CA 96080  
(530)528-7608

**AUTHORIZATION FOR RELEASE OF INFORMATION**

In Re the Matter of: \_\_\_\_\_

Case No. \_\_\_\_\_

Name of Child	Age	Birthdate	Name of Child	Age	Birthdate

I, \_\_\_\_\_ do hereby authorize Family Court Services to obtain  
(Your name)

any and all information on myself and any of my children listed above during the child custody recommending process. This authorization for Release of Information may be presented to any agency or person Family Court Services so chooses, including but not limited to: County Welfare Departments, Children’s Protective Services (CPS), Probation Departments, County Crisis Centers, County Mental Health Departments, (including Tehama County Health Services Agency,) law enforcement agencies, Empower Tehama, psychiatrists, psychologists, counselors, medical personnel, dentists, school authorities or teachers, childcare providers, ministers, and friends or relatives. This form also authorizes release of any drug/alcohol tests results.

This release hereby authorizes Family Court Services, its offices and its agents, to exchange any and all information on me and my child (ren) in order to allow Family Court Services to reasonably recommend to the court on the issues currently before the Tehama County Superior Court.

I acknowledge that Family Court Services, and its officers and agents cannot prevent the parties or their attorneys from disclosing the information referred, attached, or contained in said investigation report to persons not authorized to receive said information and hereby releases Family Court Services, its officers and agents, from any liability thereon.

**I declare under penalty of perjury that the foregoing is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(A photocopy of duplicate of this release shall for all intents and purposes be deemed and original. This release will expire in one year after signing.)

Superior Court of California, County of Tehama  
 Family Court Services  
 Mediation/Child Custody Recommending Counseling  
**INFORMATION FORM**  
**FOR CUSTODY AND/OR VISITATION MATTERS**

**PLEASE PRINT ALL INFORMATION CLEARLY**

DATE: \_\_\_\_\_

CASE NUMBER: \_\_\_\_\_

INTERPRETER NEEDED Yes No

COURT RETURN DATE: \_\_\_\_\_

Petitioner (person who filed the very first original papers)

Respondent (person who responded to the original papers, or who was served with the original papers)

YOUR NAME: \_\_\_\_\_

YOUR MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME TELEPHONE: ( ) \_\_\_\_\_ WORK TELEPHONE: ( ) \_\_\_\_\_

PERSONAL FAX: ( ) \_\_\_\_\_ CELL PHONE: ( ) \_\_\_\_\_

YOUR ATTORNEY: \_\_\_\_\_ ATTNY PHONE: \_\_\_\_\_

NAME OF CHILDREN	AGE	BIRTHDATE		NAME OF CHILDREN	AGE	BIRTHDATE

**REQUIRED DOMESTIC VIOLENCE INFORMATION**

The Domestic Violence Prevention Act (Family Code 6200) defines abuse as “intentionally or recklessly to cause or attempt to cause bodily injury, or sexual assault, or to place a person in reasonable apprehension of imminent serious bodily injury to that person or to another.”

The further Definition of Domestic Violence can be the use of physical force, restraint, or threats of force to compel one to do something against one’s will or to do bodily harm to self or loved ones. This includes but is not limited to: assault (pushing, slapping, choking, hitting, etc.); use of or threat with a weapon; sexual assault; unlawful entry; destruction of property; keeping someone prisoner or kidnapping; infliction of physical injury or murder. Psychological intimidation or control may also be maintained through such means as stalking, harassment, threats against children or others, violence against pets, or destruction of property.

No, there is no domestic violence history       Yes, there is a domestic violence history

**\*\*\* IF YES ONLY, PLEASE COMPLETE THE FOLLOWING\*\*\***

I have received a copy of “Domestic Violence and Custody Handout” (FC 3044).

If this relationship has a history of domestic violence, you have the right to separate Mediation/Child Custody Recommending Counseling (CCRC) services, and the right to have a support person present who is not related to the case (FC 3181).

Yes, I am a domestic violence victim and wish a separate mediation/CCRC appointment

Yes, I am a domestic violence victim and plan to bring a support person to FCS appointments.

No, it is not necessary to meet separately or bring a support person.

I declare under penalty of perjury that the foregoing is true and correct.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

