

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO <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 Phone (8:00 a.m. to 5:00 p.m.): _____

Attorney: _____ Phone: _____

MOTHER

Name: _____

Address: _____

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

Attorney: _____ Phone: _____

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

CHILDREN MAY NOT ACCOMPANY PARTIES TO MEDIATION UNLESS ORDERED BY THE COURT OR SPECIFICALLY REQUESTED BY MEDIATOR.

FAILURE TO APPEAR OR FAILURE TO CANCEL THE MEDIATION APPOINTMENT AT LEAST 48 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.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Does any party allege domestic violence? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a domestic violence Temporary Restraining Order? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does any party require a Spanish-speaking counselor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Does any party living outside of the County of San Diego need phone mediation? | <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: _____

Filing Party/Attorney Signature _____