ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): TELEPHONE NO.: FAX NO.(Optional): E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	To keep other people from seeing what you entered on your form, please press the Clear This Form button at the end of the form when finished.
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ☐ CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 ☐ CENTRAL DIVISION, MADGE BRADLEY, 1409 4TH AVE., SAN DIEGO, CA 92101 ☐ EAST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020 ☐ NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 ☐ SOUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITIONER(S)	
RESPONDENT(S)	
DECLARATION ALLEGING DOMESTIC VIOLENCE	CASE NUMBER

A PARTY ALLEGING A HISTORY OF DOMESTIC VIOLENCE AND NOT COVERED BY A PROTECTIVE ORDER MAY REQUEST A SEPARATE MEETING TIME WITH A FAMILY COURT SERVICES COUNSELOR BY COMPLETING THIS FORM. COMPLETE AND RETURN THIS FORM TO FAMILY COURT SERVICES AT THE ADDRESS LISTED ABOVE.

I, _____, am the ☐ petitioner ☐ respondent in the above-entitled case. I request a separate meeting with the Family Court Services Child Custody Recommending Counselor as authorized in Family Code section 3181 because of a history of domestic violence with the other party.

I declare as follows *(briefly explain the instances of domestic violence)*:

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

Date: _____ _____

Signature of Declarant

Your appointment with a Family Court Services counselor is on _____ at _____.

For your protection and privacy, please press the Clear This Form button after you have printed the form

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