

Superior Court of California, County of Alameda

CHILD CUSTODY MEDIATION APPOINTMENT REQUEST FORM

APPLYING ON LINE IS THE FASTEST AND MOST ACCURATE WAY OF GETTING YOUR INFORMATION TO US

- On-Line: www.alameda.courts.ca.gov then click on Court Divisions/Family Law/Child Custody Mediation/ Guardianship and Domestic Violence Mediation/Web Intake Form; or
- Fax, mail or deliver this form to Child Custody Mediation Services at:
Administration Building, 224 West Winton Avenue, Room 208, Hayward, CA 94544 – FAX (510) 783-4297
- E-mail: families&childrensbureau@alameda.courts.ca.gov
- Call Appointment Line: (510) 690-2500

Next Court Date: _____ Department # _____ Court Action # _____		
Have you served papers on the other party or have you been served papers? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PARENT OR GUARDIAN'S FULL NAME:	Relationship to minors: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____	<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
Street:	City/State:	Zip:
Home Phone: ()	Work Phone: ()	DOB:
Cell Phone: ()	Email:	
Attorney's Name: <input type="checkbox"/> No attorney	Primary Language: Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
PARENT OR GUARDIAN'S FULL NAME:		
Relationship to minors: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
Street:	City/State:	Zip:
Home Phone: ()	Work #: ()	DOB:
Cell Phone: ()	Email:	
Attorney's Name: <input type="checkbox"/> No attorney	Primary Language: Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CHILDREN (Full Name)	Check One	DOB	AGE	CHILDREN (Full Name)	Check One	DOB	AGE
#1	<input type="checkbox"/> M <input type="checkbox"/> F			#4	<input type="checkbox"/> M <input type="checkbox"/> F		
#2	<input type="checkbox"/> M <input type="checkbox"/> F			#5	<input type="checkbox"/> M <input type="checkbox"/> F		
#3	<input type="checkbox"/> M <input type="checkbox"/> F			#6	<input type="checkbox"/> M <input type="checkbox"/> F		

1. Are/were parents married to each other? Yes No
2. With whom are the child(ren) in this matter now living? _____
3. Do you want to bring up any of the following issue during mediation?
 Drug/alcohol abuse Child abuse Domestic violence Child stealing Juvenile Court actions
4. Has either party made sworn allegations of domestic violence against the other? Yes No
Who made the allegations? _____ Against whom were the allegations made? _____
5. Is there a Restraining Order currently in place? Yes No When does it expire? _____
What type of Restraining Order? DVPA Other Civil Criminal Emergency (EPO) Juvenile Court Unknown
Who does the Restraining Order restrain? _____ Who does the Restraining Order protect? _____
6. Separate appointments may be requested if there are sworn allegations of domestic violence or if there is a restraining order in place that protects one party from the other party. Are separate mediation appointments being requested? Yes No
7. Are accommodations for a disability required? Yes No Explain: _____

Name of the person completing this form:	Date:
Notes	