

Superior Court of California, County of Alameda

**CHILD CUSTODY MEDIATION APPOINTMENT REQUEST FORM
(Guardianship)**

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 both parties been served? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Children's Attorney Full Name: _____		<input type="checkbox"/> No Attorney

CHILDREN (Full Name)	Check One	DOB	AGE	CHILDREN	Check One	DOB	AGE
#1	<input type="checkbox"/> Male <input type="checkbox"/> Female			#3	<input type="checkbox"/> Male <input type="checkbox"/> Female		
#2	<input type="checkbox"/> Male <input type="checkbox"/> Female			#4	<input type="checkbox"/> Male <input type="checkbox"/> Female		

PARENT OR GUARDIAN'S FULL NAME: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
Relationship to minors: _____		
Street _____	City/State _____	Zip _____
Home Phone () _____	Work () _____	Date of birth _____
Cell _____	Email _____	
Attorney's Name: _____	Primary Language: _____	
<input type="checkbox"/> No Attorney	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PARENT OR GUARDIAN'S FULL NAME: _____		<input type="checkbox"/> Petitioner <input type="checkbox"/> Respondent
Relationship to minors: _____		
Street _____	City/State _____	Zip _____
Home Phone () _____	Work () _____	Date of birth _____
Cell () _____	Email _____	
Attorney's Name: _____	Primary Language: _____	
<input type="checkbox"/> No Attorney	Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

1ST JOINED PARTY FULL NAME: _____		Primary Language: _____
Relationship to minors: _____		
Street _____	City/State _____	Zip _____
Home Phone () _____	Work/Cell () _____	Date of birth _____

2ND JOINED PARTY FULL NAME: _____		Primary Language: _____
Relationship to minors: _____		
Street: _____	City/State _____	Zip _____
Home Phone () _____	Work/Cell () _____	Date of birth _____

1. With whom are the child(ren) in this matter now living? _____
2. 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
3. Has either party made sworn allegations of domestic violence against the other? Yes No
 Who made the allegations? _____ Against whom were the allegations made? _____
4. 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? _____
5. 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
6. Are accommodations for a disability required? Yes No Explain: _____

Name of the person completing this form: _____	Date: _____
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Notes
