Social History for Mediation

Complete this form and submit it prior to your appointment.

Please contact the Court's Self-help department at 209-754-1443, to confirm your appointment status.

APPOINTMENT DATE AND TIME: _____

Case Number: _____

Name: _____ Date of Birth: _____

Mailing Address: _____ City: _____ Zip: _____

Best contact phone #: _____ Work phone #: _____

Employer name: _____Work Schedule: _____

Child(ren)- (related to this mediation only):

Name	Age	Gender (M/F)	Birthdate

Name and Address of your attorney (if you represent yourself, write "none".)_____

_____

Who has physical custody of the child(ren) at the present time?

☐ Both Parents ☐ Mother ☐ Father ☐ Other: _____

What is the current court order regarding the child(ren)'s custody? _____

_____

Are there other court orders? ☐ *Yes ☐ No * If yes, briefly explain: _____

_____

What changes are YOU requesting to the current court order and why? _____

_____

What is the PRIMARY CONCERN that needs to be resolved at this time? _____

_____

When did you separate from the other parent? _____

How much time have you spent with your child(ren) in the past six months? _____

Do any of your children/child have any physical or educational problems, or special needs? ☐ Yes ☐ No

If yes, briefly explain: _____

Do you own or have access to a vehicle suitable for transporting the child(ren)? ☐ Yes ☐ No

How far do you live from the other parent? Approximately _____ miles.

Do you have a valid driver's license? ☐ Yes ☐ No Do you have car insurance? ☐ Yes ☐ No

Have you ever been arrested? ☐ Yes ☐ No If yes, briefly explain: _____

_____

Have you ever been hospitalized for emotional or drug related problems? ☐ Yes ☐ No

If yes, briefly explain: _____

Have you ever received counseling? ☐ Yes ☐ No If yes, briefly explain: _____

_____

Please describe your alcohol use: _____

Please describe your drug use: _____

Has there been domestic violence in your family? ☐ Yes ☐ No If yes, briefly explain:

_____

How frequently does domestic violence occur? _____

When was the last incident of domestic violence? _____

Has the child(ren) witnessed the domestic violence incident(s)? ☐ Yes ☐ No ☐ Unsure

Are there any police or medical reports to substantiate the domestic violence? ☐ Yes ☐No

Is there a domestic violence restraining order in place? ☐ Yes ☐ No Expiration Date: _____

Have you ever been reported to Child Protective Services for child abuse or neglect? ☐ Yes ☐ No

If yes, briefly explain: _____

Is the child(ren) of Indian Heritage? ☐ Yes ☐ No If yes, is he/she registered with a tribe? ☐ Yes ☐ No

Are you a member of the military? ☐ Yes ☐ No Are you a combat veteran? ☐ Yes ☐ No

Are you currently receiving services from the Department of Health and Human Services (HHS) or the Veterans Affairs? ☐ Yes ☐ No If yes, which agency? _____ Please provide your case manager's name and telephone number: _____

Is there anything else we should know about your family situation at this time?

I declare the above information to be true and correct to the best of my knowledge.

Date: _____ Signature: _____