

**CONFIDENTIAL**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  <p align="center">TELEPHONE NO.: _____ FAX NO. (Optional): _____</p> EMAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<i>FOR COURT USE ONLY</i>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO</b> <input type="checkbox"/> CENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., 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)	
OTHER PARENT	
<b>FAMILY COURT SERVICES SCREENING FORM (CONFIDENTIAL)</b>	CASE NUMBER _____

PETITIONER  OTHER PARENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone Number (8:00 a.m. to 5:00 p.m.): \_\_\_\_\_

Attorney: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

RESPONDENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Telephone Number (8:00 a.m. to 5:00 p.m.): \_\_\_\_\_

Attorney: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Additional party(ies) listed on attachment.

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

**CHILDREN MAY NOT ACCOMPANY PARTIES TO THE FAMILY COURT SERVICES APPOINTMENT UNLESS ORDERED BY THE COURT OR SPECIFICALLY REQUESTED BY A FAMILY COURT SERVICES COUNSELOR.**

**FAILURE TO APPEAR OR FAILURE TO CANCEL THE FAMILY COURT SERVICES APPOINTMENT AT LEAST 24 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 OF CIVIL PROCEDURE SECTION 177.5 AND SAN DIEGO SUPERIOR COURT LOCAL RULES.**

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. Have there been any allegations of domestic violence?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is there a current domestic violence 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 live outside of the County of San Diego and need a remote FCS session? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is a third party requesting custody or visitation?                                    | <input type="checkbox"/> | <input type="checkbox"/> |

Grandparent Joinder

Other: \_\_\_\_\_

Name and relationship to child(ren)

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Filing Party/Attorney