

AMANDA TOSTE  
COURT EXECUTIVE  
OFFICER

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**SUPERIOR COURT OF CALIFORNIA  
COUNTY OF MERCED**  
www.merced.courts.ca.gov

**CONFIDENTIAL INFORMATION FOR CHILD CUSTODY RECOMMENDING COUNSELING**

Date \_\_\_\_\_ CASE NAME \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_  
First Middle Last Other Last Names Used

ADDRESS \_\_\_\_\_  
Address City State ZIP

MAILING (if different from above)

Address City State ZIP

PHONE NUMBERS \_\_\_\_\_  
Home Cell Work Other

DATE OF BIRTH \_\_\_\_\_ EMAIL \_\_\_\_\_

**SCREENING QUESTIONS FOR DOMESTIC VIOLENCE AND CHILD ABUSE** YES NO

1.	Within the past 5 years has there been any violence between you and the other parent, between you and the child(ren), or the other parent and the child(ren)?		
2.	Have you or the other parent been arrested for domestic violence or child abuse?		
3.	Are there any restraining orders (Emergency; Criminal; Domestic Violence) involving you or the other parent?		
4.	If there is a current restraining order, is it being obeyed?		
5.	Are you protected or a restrained person on a separate restraining order?		
6.	Are you or the other parent on probation/parole for domestic violence or child abuse?		
7.	Have you or the other parent attended or completed a treatment program for domestic violence or child abuse?		
8.	Have any of the children been a victim of abuse to include sexual, physical, or mental abuse? If yes type of abuse & name of alleged perpetrator:		
9.	Has there been past or current Child Protective Services involvement regarding any of the children? If yes dates & county of CPS:		
10.	Has law enforcement ever responded for domestic violence or child abuse allegations even if no arrests occurred?		

**INFORMATION ABOUT CHILDREN**

NAME (First, middle, last)	DATE OF BIRTH	SPECIAL NEEDS (ex. medical, mental health)	SCHOOL & GRADE	PRIMARILY RESIDES WITH