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CALIC LMFT 7778

Court-Involved Child Custody Intake Form – Parent Instructions

Please Read This before You Begin

You are being asked to complete this intake packet as part of a court-ordered child custody matter. This packet helps the evaluator or court-appointed neutral understand relevant family background, current concerns, and your perspective on your child(ren)'s needs.

Use of Information

- This form is **not** a legal filing, declaration, or place to argue your case.
- Your responses inform interviews, record review, and the evaluator's analysis.
- Information you provide may be summarized or quoted in a report to the Court and shared with counsel, as permitted by law and Court order.

Instructions

- Each parent must complete and submit a separate form.
- Do not consult with the other parent.
- Answer only the questions asked.
- Do not use this form to respond to the other parent or assign blame.
- Focus on facts, observations, and your child(ren)'s needs.

Word Limits

Each section has a stated word limit. Responses that exceed limits may be shortened, returned for revision, or not considered.

Important Notes

- This form is for information-gathering only and is not testimony.
- The evaluator or neutral does not determine who is right or wrong.
- Recommendations or outcomes are based on the information obtained and may differ from either parent's requests.
- The evaluation is time-limited and based on self-report and available records.
- Attachments should be included only if specifically requested.

COURT-INVOLVED CHILD CUSTODY INTAKE FORM

For court-involved child custody matters, including evaluations, Child Custody Recommending Counseling (CCRC), Parenting Plan Coordination (PPC), and Special Master matters.

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Forensic Family Services

1. CASE INFORMATION (Administrative)

- Case name: _____
- Court number: _____
- County / Department: _____
- Date of appointment order: _____
- Return court date / hearing (if known): _____
- Name of parent completing this form: _____
- Relationship to child(ren):
 Mother Father Other (specify): _____
- Attorney name (if represented): _____
- Attorney phone/email: _____
- Type of proceeding (check all that apply):
 Mediation
 Private CCRC
 Parenting Plan Coordinator (PPC)
 Child Custody Evaluation (CCE)
 Other (specify): _____

Prior mediation / CCRC / PPC / evaluations (dates and providers, if any):

2. CURRENT COURT ORDER

Describe the current legal custody and parenting-time order **as you understand it**. If there is disagreement or uncertainty, state that clearly.

- I have attached the most recent court order
- I do not have a copy of the order

3. PARENTING PLAN AS CURRENTLY PRACTICED

Describe what **occurs in practice**, including any deviations from the order, informal agreements, refusals, or workarounds.

4. BACKGROUND INFORMATION / HISTORY

Please respond using **brief factual statements**.

- Date relationship began: _____
- Date of marriage (if applicable): _____
- Date of separation: _____
- Children (names and DOBs): _____

- Current residence and household members (include name, age, and relationship to child): _____

- Employment and work schedule: _____

- Prior legal, mediation, or CCRC involvement: _____

- Additional information: _____

5. ISSUES TO BE ADDRESSED IN THIS MATTER

From your perspective, what are the primary issues that need to be addressed at this time, and why is it important to address them now?

- Substance use history (if any): _____

- Medical issues affecting parenting (if any): _____

None to report

8. DESCRIPTION OF THE CHILDREN AND YOUR RELATIONSHIP

For **each child**, please also provide

- Name and DOB
- School name and grade
- Teacher or school contact (if known)

Then describe

- Strengths and interests
- Emotional or behavioral concerns
- School functioning
- Your relationship with the child
- Child's relationship with the other parent

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

9. TRANSITIONS, PREFERENCES, OR REFUSALS

Describe how the child experiences transitions between homes, including any expressed preferences, resistance, or refusals, and how those are handled.

Child 1: _____

Child 2: _____

Child 3: _____

Child 4: _____

10. COLLATERAL CONTACTS

List professionals and other individuals **with direct, first-hand involvement** with the child(ren).

*Note: Non-professional collaterals (e.g., relatives, caregivers, coaches) are asked to complete and return the **Parenting Reference Questionnaire** available on my website, rather than being listed here.*

- Name:

- Role (teacher, therapist, physician, etc.):
- Contact information:
- Dates of involvement:

Signed releases attached

11. LEGAL HISTORY (FACTUAL DISCLOSURE ONLY)

Have you ever been arrested, charged, or convicted of a criminal offense (including but not limited to DUI, domestic violence, restraining order violations, probation or parole matters)?

No

Yes (if yes, list **dates, charges, and outcomes only**)

Provide factual information only. Do not argue, explain, or characterize.

15. ACKNOWLEDGMENTS

By signing below, I acknowledge that

- This matter is time-limited and based on self-report and available records.
- The evaluator does not make legal findings of abuse or domestic violence.
- Recommendations may not align with my requests or position.

I declare under penalty of perjury under the laws of the State of California that the information I have provided in this intake packet is true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____

After completing this form, please save your changes and send a copy to contact@jacklove.com