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If the space provided is not sufficient for you to answer a question fully, write in the most important part of your answer and mark that question with a star (*). Please do not attach extra sheets or write in the margins.

Your Name _____ DOB _____
Address _____
City _____ State _____ Zip _____
Occupation _____ Employer _____
Home Phone _____ Work Phone _____

Other Parent's Name _____ DOB _____
Address _____
City _____ State _____ Zip _____
Occupation _____ Employer _____
Home Phone _____ Work Phone _____

Date of marriage _____ separation _____ divorce _____
Father's attorney: _____ Phone _____
Mother's attorney: _____ Phone _____
Return Court Date _____ Case Number _____

Children: Name	DOB	School/Grade	Current living arrangements
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Others living in your home	Age	Relationship/status
1. _____		
2. _____		

Previous mediations? Yes ___ No ___ If yes, please provide dates and copies of reports.
Dates: _____

Summarize what you believe are the most important CONCERNS to be considered:

Summarize what you believe are the most important GOALS to be considered:

Describe your child(ren); their personalities, interests, activities, functioning in school and with peers, and any special problems of concern to you now.

Briefly describe the issues to be addressed and why they are important now.

Is there a current Court Order for child custody? If so, what is it?

Is your current parenting plan different from the Court Order, how?

SOLE LEGAL CUSTODY means that one parent has the right and responsibility to make the major decisions relating to the health, education and welfare of the child. JOINT LEGAL CUSTODY means both parents share the right and responsibility to make these major decisions.

Do you favor _____ SOLE LEGAL CUSTODY, or _____ JOINT LEGAL CUSTODY? Why?

SOLE PHYSICAL CUSTODY means that a child lives with and is under the supervision of one parent, subject to the power of the Court to order visitation. JOINT PHYSICAL CUSTODY means each of the parents has significant periods of physical custody and that they share custody in a way that assures the child of frequent and continuous contact with both parents.

Do you favor _____ SOLE PHYSICAL CUSTODY, or _____ JOINT PHYSICAL CUSTODY? Why?

Describe your relationship with your child(ren). Include caretaking, activities, and discipline.

Describe the other parent's relationship with your child(ren). Include caretaking, activities, and discipline.

Describe how you and the other parent have divided and accomplished parenting tasks and responsibilities. How was this division decided? How did this pattern develop and evolve over time?

What are your child(ren)'s developmental needs? How do you see yourself helping with those needs?

How far do you live from the other parent?

Have you or the other parent, ever been arrested and/or locked up? If so, please furnish dates and details.

Have you, or the other parent, ever been hospitalized for psychiatric or substance abuse problems? If so, please furnish dates and names of hospitals and doctors.

Have you, the other parent, the child(ren), or anyone living with you ever had counseling from a mental health professional? If so, please furnish the following information for the MHP seen:

Name	Address	Phone	Family member seen

Does your child(ren) have physical problems requiring medical care? If so, please furnish the following information:

Doctor	Address	Phone	Child	Nature of problem

Please furnish the following information for your minor child(ren):

Child	School	Address	Phone	Teacher

Describe what you believe to be the best parenting, visitation, or residence schedule and arrangement for your children. Indicate in the schedule the days and the hours that each of the children would be in your care and in the care of the other parent during regular non-holiday and non-special occasion time.

Describe the schedule you think best for the following three school vacations:

Winter Vacation (including Christmas Eve/day and New Year's Eve/day):

Spring Vacation (including Easter Sunday):

Summer Vacation (including July 4 and Labor Day):

Describe the yearly schedule you think would be best for each of the following occasions:

	With You	With Other Parent	Alternate Yearly	No Special Schedule	Other Specify
M. L. King's birthday					
Washington's Birthday					
Valentine's Day					
Memorial Day					
Halloween					
Thanksgiving weekend					
Children's birthdays					
Your birthday					
Other parent's birthday					
Mother's Day					
Father's Day					
Religious holidays					

Please add any other information about events, incidents, decisions, judgments, patterns of behavior, or anything else you consider to be important that you have not already mentioned. **Attach your child's SCHOOL CALENDAR showing holidays and vacations.**

Please list name, telephone, and relationship of professionals, or others, you think can contribute information important to this process.