

**THE SUPERIOR COURT**  
**COUNTY OF EL DORADO**  
**OFFICE OF FAMILY MEDIATION**

Father's Name: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_

Case Number \_\_\_\_\_  
Mediation Date \_\_\_\_\_  
Court Date \_\_\_\_\_

**MEDIATION QUESTIONNAIRE**

**\*\*THIS FORM MUST BE COMPLETED BY THE PARENTS AND SUBMITTED TO THE MEDIATION DEPARTMENT PRIOR TO THE MEDIATION DATE**

**FATHER** \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Schedule \_\_\_\_\_  
Work Address \_\_\_\_\_  
SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_  
Attorney \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**MOTHER** \_\_\_\_\_ Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Work Schedule \_\_\_\_\_  
Work Address \_\_\_\_\_  
SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_ Birth Place \_\_\_\_\_  
Attorney \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

Date of Marriage or Cohabitation \_\_\_\_\_ Date of Separation \_\_\_\_\_  
If dissolution filed, when? \_\_\_\_\_ By Whom? \_\_\_\_\_

**PLEASE INITIAL HERE IF YOU ARE REQUESTING YOUR ADDRESS AND PHONE  
NUMBER REMAIN CONFIDENTIAL \_\_\_\_\_.**

**\*\*IF YOU ARE BEING PROTECTED BY A RESTRAINING ORDER OR IF YOU ALLEGE DOMESTIC VIOLENCE, YOU HAVE THE RIGHT TO BE SEEN SEPARATELY. If you desire separate mediation, please advise the Family Law Clerk when you set the appointment and advise the mediator at your appointment time.**

**INFORMATION REGARDING THE CHILDREN:**

<u>Child's full name</u>	<u>Date of Birth</u>	<u>Parent child resides with</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____



4. Describe each of your children's temperament, personality and special problems as an infant.

5. Describe each of your children's temperament, personality and special problems at the present time.

6. Describe each of your children's major interests, activities and school performance at the present time.

**7. Briefly describe some of the positive qualities that attracted you to the other parent.**

**8. Has there been a history of domestic violence? Yes \_\_\_\_ No \_\_\_\_  
Please describe and include evidence in the form of police report, medical reports, etc.**

**9. Since your separation, with whom have your children resided? Please give names, addresses, approximate dates, and length of time.**

**10. Since the separation, how much time have your children spent with the other parent? Be specific, state frequency and length of time.**

**11. Is there an existing child custody order? If so, what is it?**

**12. Briefly describe the events that led to this custody dispute.**

**LEGAL CUSTODY - Legal Custody defines the decision-making rights and responsibilities relative to your children.**

- A. **Sole Legal Custody means that one parent shall have the right and responsibility to make the major decisions relating to the health, education, and welfare of a child.**
- B. **Joint Legal Custody means that both parents shall share the rights and responsibility to make the major decisions relating to the health, education, and welfare of a child.**

**Considering the above definitions, which do you favor?**

**Sole Legal Custody \_\_\_\_ or Joint Legal Custody \_\_\_\_ . Explain briefly.**

**PHYSICAL CUSTODY - Physical Custody defines the amount of time children will spend with each parent.**

- A. **Sole Physical Custody means that a child shall reside with and under the supervision of one parent, subject to the power of the Court to order visitation.**
- B. **Joint Physical Custody means that each of the parents shall have significant periods of physical. Joint Physical Custody shall be shared by the parents in such a way as to assure a child of frequent and continuing contact with both parents.**

**Which do you favor?**

**Sole Physical Custody \_\_\_\_ or Joint Physical Custody \_\_\_\_ . Explain briefly.**

**TIME SHARING - A few examples of possible time sharing plans:**

- **Weekdays with one parent; weekends with the other parent; alternate holidays.**
- **Summer with one parent; school year with other parent.**
- **Alternating weeks, months, etc.**
- **Alternating weekends with additional time during the week.**

**13. Describe the current timesharing arrangement.**

**14. Describe the timesharing arrangement you think the other parent wants.**

**15. Describe the timesharing arrangement you want.**

**16. Submit two timesharing plans you think would be workable.**

**A.**

**B.**

**17. Describe your relationship with your children.**

**18. Describe the activities you share with each of your children.**

**19. What are the positive and negative results of your children spending time with you?**

**20. What are the positive and negative results for your children of spending time with the other parent?**

**21. Approximately how far do you reside from the other parent?**

**22. Describe your plans for transporting your child/ren between each parent's home.**

**23. What is your greatest fear regarding the custody and/or welfare of your children? What can be done to eliminate or minimize this fear?**

**24. Have you or the other parent ever been arrested and/or put in jail or prison? If so, please furnish dates and details.**

**A. Information regarding self (and present spouse).**

**B. Information regarding other parent(s).**

**C. Name and phone number of Probation/Parole Officer for self or other parent(s).**

**25. Have you or the other parent been hospitalized for emotional or drug related problems? If so, please furnish dates, name of hospital and primary doctor.**

26. Have you, the other parent, the children, or anyone residing with you ever received counseling from a psychiatrist, psychologist, or other counselor? If so, furnish the following information:

Name (Psychiatrist, Psychologist or Counselor): \_\_\_\_\_

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

Phone No.: \_\_\_\_\_

Name (Family Member or Members): \_\_\_\_\_

\_\_\_\_\_

27. Are you presently under the care of a doctor? If so, please furnish the doctor's name, address, phone number and nature of problem.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

28. Please furnish the following information for all of your minor children:

<u>Child's</u> <u>Name</u>	<u>School</u> <u>Name</u>	<u>Teacher's</u> <u>Name</u>	<u>School</u> <u>Address</u>	<u>Phone</u> <u>Number</u>
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29. What could you do to encourage a cooperative and acceptable resolution of the custody dispute?

30. What could the other person do to encourage a cooperative and acceptable resolution to the custody dispute? Please be specific, positive and realistic.

31. Is there anything else we should know about this case?

**IMPORTANT:** Should you move or change your telephone number prior to your mediation appointment, **please notify this office immediately.**

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Date

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Signature