

Superior Court of California,  
County of Placer

Attachment 1  
Local Court Forms

**Revision: January 1, 2019**

[www.placer.courts.ca.gov](http://www.placer.courts.ca.gov)

## QUICK REFERENCE GUIDE TO UPDATED LOCAL COURT FORMS

The following form(s) have been updated since the last revision. The effective date for all of these updates is January 1, 2019.

<b>FORM #</b>	<b>FORM</b>
PL-FCS007	Petition for Confidential Child Custody Mediation (New)
PL-FL013	Notice of Court Hearing for Emergency Request and Order Shortening Time (Modified)

For a complete set of Local Forms, visit the Court's website at [www.placer.courts.ca.gov](http://www.placer.courts.ca.gov).

**SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER**

ATTORNEY, OR PARTY IF NO ATTORNEY: <i>(Name and Address):</i>	<b>FOR COURT USE ONLY</b>
TELEPHONE NO.:	
<b>Superior Court of California, County of Placer</b> <input type="checkbox"/> 10820 Justice Center Drive <input type="checkbox"/> 2501 N. Lake Blvd. P. O. Box 619072                              P.O. Box 5669 Roseville, CA 95661-9072                  Tahoe City, CA 96145	
Petitioner:	
Respondent:	
<b>PETITION FOR CONFIDENTIAL CHILD CUSTODY MEDIATION</b>	CASE NUMBER:

We, the petitioner and respondent (or other party), do not agree on issues of legal custody (decision making) and/or parenting time but we do agree to participate in mediation. We request child custody mediation for the issues described below:

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**Petitioner**

**Respondent**

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number / Message Number

\_\_\_\_\_  
Telephone Number / Message Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Attorney's Name

\_\_\_\_\_  
Attorney's Name

\_\_\_\_\_  
Attorney's Full Address

\_\_\_\_\_  
Attorney's Full Address

\_\_\_\_\_  
Attorney's Telephone Number

\_\_\_\_\_  
Attorney's Telephone Number

\_\_\_\_\_  
Attorney's Email Address

\_\_\_\_\_  
Attorney's Email Address

\_\_\_\_\_  
**Petitioner's Signature**

\_\_\_\_\_  
**Respondent's Signature**

\_\_\_\_\_  
**Signature of Counsel for Petitioner**

\_\_\_\_\_  
**Signature of Counsel for Respondent**

**SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER**

ATTORNEY OR UNREPRESENTED PARTY <i>(Name, State Bar Number, and Address):</i>  TELEPHONE NO.:  EMAIL ADDRESS <i>(Optional)</i> :  ATTORNEY FOR <i>(Name)</i> :	<b>FOR COURT USE ONLY</b>
<b>Superior Court of California, County of Placer</b> <input type="checkbox"/> 10820 Justice Center Drive <input type="checkbox"/> 2501 N. Lake Blvd P. O. Box 619072                              P.O. Box 5669 Roseville, CA 95661-9072                  Tahoe City, CA 96145	
Petitioner:  Respondent:	
<p align="center"><b>NOTICE OF HEARING FOR:</b></p> <input type="checkbox"/> EMERGENCY REQUEST <input type="checkbox"/> ORDER SHORTENING TIME (EXPEDITED HEARING)	CASE NUMBER:

A hearing has been scheduled. At that hearing, I will be asking the judge to make the following order:

Grant an order Shortening Time and set an Expedited Hearing to consider the orders

requested in the attached papers; or

Grant the Emergency Orders that are requested in the attached papers.

If you disagree with what I am asking for, you must go to court at the date and time shown below. At that time, you can tell the judge why you disagree.

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

\_\_\_\_\_  
Type or Print Name

\_\_\_\_\_  
Signature

**For Court Use Only**

**Date and time of Hearing:** \_\_\_\_\_ at \_\_\_\_\_

**Place of Hearing:** Department \_\_\_\_\_

- Santucci Justice Center, 10820 Justice Center Drive, Roseville, CA 95678
- Historic Courthouse, 101 Maple Street, Auburn, CA 95603
- 2501 N. Lake Blvd, Tahoe City, CA 96145