

**SUPERIOR COURT OF THE STATE OF CALIFORNIA, COUNTY OF PLACER
CONFIDENTIAL FAMILY COURT SERVICES REFERRAL INFORMATION SHEET**

Date: _____

Case Number: _____

PARENT Name (Please print) _____ Date of Birth _____

OTHR PARENT Name (Please print) _____ Date of Birth _____

Mailing Address _____

Mailing Address _____

City, State, Zip Code _____

City, State, Zip Code _____

Telephone Number (where a message may be left): _____

Telephone Number (where a message may be left) _____

Email Address _____

Email Address _____

Confirm Email Address _____

Confirm Email Address _____

Attorney's Name _____ State Bar # _____

Attorney's Name _____ State Bar # _____

Attorney's Full Address _____

Attorney's Full Address _____

Attorney's Telephone Number _____

Attorney's Telephone Number _____

Attorney's Email Address _____

Attorney's Email Address _____

Full Names of Minor Children	Age	Birthdate	Primary Residence(s)	Name of School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

(To list additional children, use back of this form)

Please list any other child custody cases involving the child(ren) filed in Placer County or any other Court, including Domestic Violence, Guardianship and/or Juvenile matters. You may also list criminal cases or other court cases that you feel are important for Family Court Services to know.

Case no. _____ Title of case: _____

Case no. _____ Title of case: _____

Case no. _____ Title of case: _____

(Continue on the other side to list any additional cases)

Please answer the following questions:

- Has there been any domestic/family violence or abuse by or with the other parent? Yes No Not Sure
- Is there a restraining order in place right now? Yes No Not Sure
- Do you wish to meet separately from the other parent? Yes No Not Sure