

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

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number, and Address):  TELEPHONE NO.:	<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/Plaintiff:  Respondent/Defendant:	
<b>PETITION FOR PRIVATE CHILD CUSTODY RECOMMENDING COUNSELING</b>	CASE NUMBER:

1. A Request for Order re: child custody and/or child visitation is set for hearing on \_\_\_\_\_, at \_\_\_\_\_, in department \_\_\_\_\_.

2. I have been to mediation before:     Yes       No  
 If yes, mediation was provided by  Family Court Services, and/or a  
     Private Child Custody Recommending Counselor.  
 The date of the most recent mediation was \_\_\_\_\_.

3. I currently have an appointment with Family Court Services:     Yes       No  
 If yes, the date and time of the appointment is \_\_\_\_\_ at \_\_\_\_\_.

4. Full names and ages of the children for whom I am seeking custody and/or visitation order:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. I request that one of the following Private Child Custody Recommending Counselors be appointed:  
 \_\_\_\_\_

**NOTICE:** A Declaration of Private Child Custody Recommending Counselor Regarding Qualifications (local form PL-FCS004) must be attached for each recommending counselor proposed.

Declarant shall advance the cost of Private Child Custody Recommending Counseling subject to the court reserving the right to order reimbursement from the other party.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: \_\_\_\_\_ Signature of Declarant: \_\_\_\_\_

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