



SUPERIOR COURT OF CALIFORNIA COUNTY OF MONTEREY

1200 Aguajito Road • Monterey, California • 93940
Tel (831) 647-5891 Fax (831)647-5899
www.monterey.courts.ca.gov

INSTRUCTIONS

The attached **FACT-BASED INQUIRY** questionnaire form must be completed and delivered to Family Court Services of the Monterey County Superior Court by either 1) close of court business today; or 2) no later than next day from receipt of this form, unless otherwise ordered by the Court.

Failure to complete and submit the questionnaire form will result in a delay of your court proceedings and may subject you to be sanctioned for monetary penalties for not complying with the court order.

Please complete and return the questionnaire form:

By Fax at 831-647-5899
By Email at fcs@monterey.courts.ca.gov
At the Courthouse drop box or Family Court Services Office
Monterey County Superior Court
Family Court Services, 3rd Floor, Room 303
1200 Aguajito Road, Monterey, CA

and make payment(s) payable to Monterey County Superior Court at:

Monterey County Superior Court
Clerk's Office, 1st Floor
1200 Aguajito Road, Monterey, CA

The purpose of the referral is to assist the parties in fact gathering related to the parties' request for parenting time and to provide the Court with relevant information regarding disputed facts which will enable the Court to make findings and to determine the custodial or parenting plan which will be in the best interest of the child[ren], and to ensure that the Court's decision is not based on hunches, assumptions, or guesswork.

The Family Court Services Liaison will prepare and submit a report to the Court. Copies of the report will be provided to you and your attorney prior to the next court hearing. It is important for you to discuss any written report with your attorney, if you are represented.

The report should never be discussed with or copies provided to your child[ren] or with others. The report is a **confidential document** and should be treated as such.

It is the mission of the Monterey County Superior Court to serve the public in a respectful, courteous and efficient manner promoting trust and confidence in the legal system by providing fair, equal and open access to justice.

QUESTIONNAIRE FORM

Superior Court of California, County of Monterey
Family Court Services

For Court Use Only

Note: Please print clearly or type. This form must be accurately and thoroughly completed. All information must be current and failure to provide all information will delay your court proceedings and may result in court sanctions against you.

Personal Information

Court Case Number(s): _____

Full Legal Name: _____

Other Name(s) Used: _____

Driver's License Number: _____ Date of Birth: _____

Home Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

E-Mail Address: _____

Telephone Numbers

Cell: (____) _____ Home: (____) _____ Work: (____) _____

Employment Information

Name of Employer: _____ Job Title _____

Address/Work location: _____
Street City State Zip

Your work hours/days: _____

Attorney Information

Do you have an attorney? Yes No Name of Attorney: _____

Phone Number (____) _____ E-Mail Address: _____

Minor Children: For each of your children, please provide the following information and list the children of this case **FIRST**. You may use a second page if needed:

1. Does child live with you? Yes No

Is the child part of this case? Yes No

Name of Child _____

Date of Birth _____

Name & Telephone Number of School Child Attends _____

Grade _____

Name of Teacher _____

Name of Daycare Provider _____

Address _____

Phone Number _____

Name of Healthcare Provider (includes doctor, dentist or counselor) _____

Phone Number _____

2. Does child live with you? Yes No

Is the child part of this case? Yes No

Name of Child _____

Date of Birth _____

Name & Telephone Number of School Child Attends _____

Grade _____

Name of Teacher _____

Name of Daycare Provider _____

Address _____

Phone Number _____

Name of Healthcare Provider (includes doctor, dentist or counselor) _____

Phone Number _____

3. Does child live with you? Yes No

Is the child part of this case? Yes No

Name of Child _____

Date of Birth _____

Name & Telephone Number of School Child Attends _____

Grade _____

Name of Teacher _____

Name of Daycare Provider _____

Address _____

Phone Number _____

Name of Healthcare Provider (includes doctor, dentist or counselor) _____

Phone Number _____

4. Does child live with you? Yes No

Is the child part of this case? Yes No

Name of Child _____

Date of Birth _____

Name & Telephone Number of School Child Attends _____

Grade _____

Name of Teacher _____

Name of Daycare Provider _____

Address _____

Phone Number _____

Name of Healthcare Provider (includes doctor, dentist or counselor) _____

Phone Number _____

After School Activities:

Are the children involved in any after school activities? If yes, please list the individual child's name, type of activity, activity director or coach's name, address and telephone number.

Household Occupants:

List all persons 18 years of age or older living in YOUR home: includes friends, relatives, or housemates.

Name	Age	Relationship to you	Telephone #
------	-----	---------------------	-------------

Name	Age	Relationship to you	Telephone #
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Name	Age	Relationship to you	Telephone #
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Name	Age	Relationship to you	Telephone #
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Name	Age	Relationship to you	Telephone #
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Name	Age	Relationship to you	Telephone #
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Name	Age	Relationship to you	Telephone #
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List all persons 17 years of age or younger living in the home: includes friends', relatives', or roommates' children.

Name	Age	Whose child?
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Name	Age	Whose child?
------	-----	--------------

Name	Age	Whose child?
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Name	Age	Whose child?
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Name	Age	Whose child?
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Name	Age	Whose child?
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Name	Age	Whose child?
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Domestic Violence:

Have you, the other parent or anyone residing in your home been a victim of or charged with Domestic Violence?

Yes No If yes, please explain: _____

Criminal Record:

Have you, the other parent or anyone residing in your home ever had contact with police?

Yes No If yes, in what county/ies: _____

Please Explain: _____

Drug or Alcohol Abuse:

Have you, the other parent or anyone residing in your home ever experienced abuse with alcohol, prescription drugs or controlled substances?

Yes No If yes, please explain: _____

Mental Health:

Have you, the other parent or anyone residing in your home ever experienced mental health issues, received a mental health diagnosis, or been prescribed medication for mental health?

Yes No If yes, please explain: _____

I declare under penalty of perjury, under the laws of the State of California, that I have completed this document as completely as I could and that everything is true and correct.

Dated: _____ Signed: _____



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INFORMATION RELEASE FORM/FORMULARIO DE DIVULGACIÓN DE INFORMACIÓN

Court Case Number/Numero del Caso: _____

I, _____ authorize any public agency, medical physician, psychologist, treating therapist, drug and/or alcohol treatment program, hospital, law enforcement agency, teacher, counselor or child care provider possessing information about me or my minor child[ren], confidential or otherwise, to release this information, including copies, to the Family Court Services Liaison. I consent to my child[ren] being interviewed by the Family Court Services Liaison and that interviews may take place at the child[ren]'s school if deemed appropriate by the Family Court Services Liaison. I understand this information will be used as the Court may deem fit and proper. This release shall remain valid for one year from the date signed. I understand I may be required to seek from my physician a signed HPPA Authorization form for release of information to the Family Court Services Liaison.

Yo, _____ autorizo a cualquier agencia pública, médico, psicólogo, terapeuta de tratamiento, programa de tratamiento de drogas y/o alcohol, hospital, agencia de cumplimiento de la ley, maestro, consejero o proveedor de cuidado infantil que posea información sobre mí o mis hijos menores, confidencial o de lo contrario, para divulgar esta información, incluidas las copias, al Enlace de Servicios de la Corte Familiar. Doy mi consentimiento para que mi(s) hijo(s) sea entrevistado (a) por el Enlace de Servicios del Tribunal de Familia y que las entrevistas puedan tener lugar en la escuela del niño(a) si el Enlace de Servicios de la Corte Familiar lo considera apropiado. Entiendo que esta información se utilizará como el Tribunal lo considere apropiado. Esta liberación será válida por un año a partir de la fecha de la firma. Entiendo que se me puede solicitar que solicite a mi médico un formulario de Autorización de HPPA firmado para divulgar información al Enlace de Servicios de la Corte Familiar.

Date Signed/Fecha de Firma

Signature/Firma

Date of Birth/Fecha de Nacimiento

Print Name/Imprimir Nombre

Name of Child/Nombre del Niño:

Child's Date of Birth/Fecha de Nacimiento:

