	CONFIDENTIAL	
ATTORN	EY OR PARTY WITHOUT ATTORNEY (Name, State bar number, and address):	FOR COURT USE ONLY
Sally	Smith	
	Main Street	
	ajon, CA 92020	
Т	ELEPHONE NO.: 619-440-4444 FAX NO. (Optional):	
	MAIL ADDRESS:	
	EY FOR (Name): Self-Represented Litigant	_
_	RIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO ENTRAL DIVISION, CENTRAL COURTHOUSE, 1100 UNION ST., SAN DIEGO, CA 92101	
	AST COUNTY DIVISION, 250 E. MAIN ST., EL CAJON, CA 92020	
	ORTH COUNTY DIVISION, 325 S. MELROSE DR., SUITE 340, VISTA, CA 92081	
	OUTH COUNTY DIVISION, 500 3RD AVE., CHULA VISTA, CA 91910	
PETITI	ONER(S) Sally Smith	
RESPO	DNDENT(S) John Smith	
	FAMILY COURT SERVICES SCREENING FORM	CASE NUMBER
	(CONFIDENTIAL)	
	<u>FATHER</u>	
Name:	John Smith	
Addres	s: 500 First Avenue, San Diego, CA	
Daytime Telephone Number (8:00 a.m. to 5:00 p.m.): 619-555-555		
Attorne	y:	Telephone Number:
	<u>MOTHER</u>	
Name: Sally Smith		
Address: 123 Main Street, El Cajon, CA 92020		
Daytime Telephone Number (8:00 a.m. to 5:00 p.m.): 619-440-4444		
Attorne	y:	Telephone Number:
NOTE:	TE: THIS SCREENING FORM IS FOR FAMILY COURT SERVICES (FCS) USE ONLY. THIS INFORMATION WILL BE KEPT CONFIDENTIAL.	
	CHILDREN MAY NOT ACCOMPANY PARTIES TO THE FAMILY COURT SERVICES APPOINTMENT UNLESS ORDERED BY THE COURT OR SPECIFICALLY REQUESTED BY A FAMILY COURT SERVICES COUNSELOR.	
	FAILURE TO APPEAR OR FAILURE TO CANCEL THE FAMILY COURT SERVICES APPOINTMENT AT LEAST 24 HOURS PRIOR TO THE APPOINTMENT TIME MAY RESULT IN SANCTIONS IMPOSED BY THE COURT OF UP TO \$1500 TO ONE OF BOTH PARTIES PURSUANT TO CODE CIV. PROC. § 177.5 AND SAN DIEGO SUPERIOR COURT LOCAL RULES.	
1. 2. 3. 4. 5.	Do you or the other party allege domestic violence?  Is there a domestic violence restraining order?  Do you or the other party require a Spanish-speaking counselor?  Do you or the other party live outside of the County of San Diego and need a telephone FCS session?  Is a third party requesting custody or visitation?	
	Other:	
۸۳	Name and relationship to child(ren)  nswer #1 through 5 above as they apply to you	
Date: Date signed		
Date. I	Date signed	Signature of Filing Party/Attorney
		5 J. J. Landy