

# INTRODUCTION TO MEDIATION

## SAN BENITO COUNTY FAMILY COURT SERVICES

This CONFIDENTIAL information is for the mediation office only and will not be given to the other parent.

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The purpose of mediation is to develop a plan that ensures that children have a good relationship and lots of time with each parent.

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### Mediation Guidelines:

- Treat all people and topics with respect.
- Each person has a right to speak and be heard.
- Be as honest as you can.

### Steps:

1. The mediator asks each person to talk about the situation and speak directly to the mediator at first.
2. The mediator invites the parents to talk directly with each other.
3. Parents are asked to listen carefully and be able to say back what they heard the other person say.
4. Parents offer ideas to build a plan that will work for the children and for each parent.
5. Parents choose the ideas they agree about.

**Confidentiality:** Everything discussed in mediation is confidential. This means:

- a. No information from mediation is given to the court.
- b. No recording of any kind is allowed.
- c. No other person may be present or able to overhear the conversation.
- d. No communication with the other party or anyone else while we are having the conversation.

*Exceptions:* The Mediator is required to report:

- a. To the other parent: Health risks associated with Covid-19.
- b. To agencies: Child abuse or threats of violence.

I understand and accept the guidelines. I also understand and agree to comply with the confidentiality requirement.

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

PARENT INFORMATION INTAKE  
SAN BENITO COUNTY FAMILY COURT SERVICES

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TODAY'S DATE: \_\_\_\_\_ NEXT COURT DATE: \_\_\_\_\_ YOUR CASE # \_\_\_\_\_

YOUR NAME: \_\_\_\_\_

Petitioner  Respondent

DATE OF BIRTH : \_\_\_\_\_ OTHER LAST NAMES USED: \_\_\_\_\_

PHONE #: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City State Zip

EMPLOYER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

WORK SCHEDULE: \_\_\_\_\_

NAMES OF OTHER ADULTS IN YOUR HOME: RELATIONSHIP TO YOU:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Have you been in mediation regarding care of your child(ren) before? Where (County)? \_\_\_\_\_

When? \_\_\_\_\_

Do you have an attorney? \_\_\_\_\_  
Name Phone number

Other parent's name: \_\_\_\_\_ Last time you lived with them: \_\_\_\_\_

Who are the children (under 18) this mediation will be about?

First and last name	Age	Date of Birth	Sex	School	Time with each parent
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SPECIAL NEEDS OF CHILDREN: medical/dental, educational, counseling:  
\_\_\_\_\_

When was the last time you saw your child(ren)? \_\_\_\_\_

Other children in your home for any length of time:

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 1. Do you plan to move in the next six months? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, when and where? _____  |                          |                          |
| 2. Do you have another case in Family Court Services? .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, name of the other parent /County: _____   |                          |                          |
| 3. Have you ever feared you would not be able to see your children?.....                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have any concerns regarding the use of alcohol and/or drugs by family members?.....               | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have there ever been any physical confrontations between you and the other parent? .....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, give the date of most recent physical confrontation. Please describe the physical confrontation.    |                          |                          |
|   |                          |                          |
| 6. Were the children present or able to see or to hear it? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have there ever been threats of the use of weapons against either of you parents or your children? ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, describe the incident including the names of the people involved.                                   |                          |                          |
|   |                          |                          |
| 8. Have you ever asked for a restraining order against the other parent? .....                              | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, in what state and county? _____   |                          |                          |
| 9. Has the other parent ever been abusive to any other family member?.....                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Has the other parent ever been abusive to a family pet or other animal? .....                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has there ever been a criminal domestic violence case against the other parent? .....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, in what state and county: _____  |                          |                          |
| 12. Do you have any concerns about your own physical safety? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you believe that you are considered an equal partner with the other parent?.....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has any adult ever used physical punishment on your child? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If so, who punished the child ? _____   |                          |                          |
| When did this occur? Please describe the incident(s).   |                          |                          |
|   |                          |                          |
| 15. Has Child Welfare Services investigated abuse of any of your children? .....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| For which children? Please describe.  |                          |                          |

Yes No

16. Have you ever been arrested as an adult? .....

If yes, answer the following:

What State? \_\_\_\_\_ County? \_\_\_\_\_

What charges? \_\_\_\_\_

17. Are there any criminal actions pending against you or any adult in frequent contact with the child(ren)? .....

If yes, answer the following:

Name of the adult \_\_\_\_\_

What State? \_\_\_\_\_ County \_\_\_\_\_

What charges? \_\_\_\_\_

18. Do you have a current PROTECTIVE ORDER of any kind?.....

19. RIGHT TO SEPARATE SESSIONS: If a party alleges domestic violence in a written declaration under penalty of perjury, or a party protected by a protective order so requests, Family Court Services staff must meet with the parties separately at separate times.

DO YOU WISH TO BE SEEN SEPARATELY? .....

20. RIGHT TO A SUPPORT PERSON: If the court has issued a PROTECTIVE ORDER, a support person shall be permitted to accompany protected party during any mediation orientation or mediation session, including separate mediation sessions. It is the function of a support person to provide moral and emotional support. The support person is not present as a legal adviser and shall not give legal advice.

DO YOU WISH TO HAVE A SUPPORT PERSON ACCOMPANY YOU IN MEDIATION? .....

21. Please briefly describe any other safety-related issues affecting any child or adult involved in this case:

I declare that the information on this form is true and correct and that this declaration is executed on the date listed:

Signature \_\_\_\_\_ Date \_\_\_\_\_