

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO
FAMILY COURT SERVICES (FCS) DATA SHEET
(CONFIDENTIAL)

Case Name Smith v. Smith

Case No.

COMPLETE ALL THREE PAGES

FCS Date

Have you previously been to Family Court Services? [X] Yes [] No

Next Court Date

IF YOU ARE BEING PROTECTED BY A RESTRAINING ORDER OR IF YOU ALLEGE DOMESTIC VIOLENCE, YOU MAY BE SEEN SEPARATELY. Are you requesting a separate session? [] Yes [X] No

If you want to be seen separately, advise the Family Court Services Clerk when you check in.

SUPPORT PERSON: If you are being protected by a restraining order, a support person may accompany you during your FCS session. The support person must first sign a Family Court Services Domestic Violence Support Person Agreement (SDSC Form #FCS-038). Advise the Family Court Services Clerk of your support person when you check in.

Are you requesting that your address and telephone number remain confidential? [X] Yes [] No

CHECK ONE [] Father [X] Mother [] Grandparent [] Other (specify relationship):

FULL LEGAL NAME Sally Smith

AKA OR MAIDEN NAME Sally Wilson

ADDRESS 123 Main Street, El Cajon, CA 92020

Number and Street

Apt. #

City

State

Zip Code

HOME TEL. NO. 619-440-4444

WORK TEL. NO. 858-987-6543

EMAIL ADDRESS TO RECEIVE CONFIDENTIAL FCS REPORT:

sally.smith@example.com

WORK SCHEDULE Tuesday - Saturday, 7:00 AM - 4:00 PM

BIRTH DATE 01/17/92

PLACE OF BIRTH Orlando, Florida

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER XXX - XX - 1234

DRIVER LICENSE NUMBER D123456

STATE CA

CURRENTLY VALID [X] Yes [] No

ATTORNEY None

TEL. NO.

ADDRESS

Number and Street

Apt. #

City

State

Zip Code

CHILD(REN)'S ATTORNEY (if any) None

TEL. NO.

ADDRESS

Number and Street

Apt. #

City

State

Zip Code

PARENTS

Date of Marriage N/A

or Date Began Living Together about June 2009

Date of Separation 03/17/22

If dissolution filed, when? N/A

Even if you were never married, you should still fill in the dates you started living together and separated

NAME OF MINOR CHILD(REN)

1. Sammy James Smith

Last

Date of Birth 06/01/10

Place of Birth Orlando, Florida

Parent with whom residing Mother

2. Julie Marie Smith

Date of Birth 08/15/13

Place of Birth San Diego, California

Mother

3.

4.

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MEDICAL AND DENTAL INFORMATION

Child(ren)'s Doctor's Name Anita McKenzie Tel. No. 619-555-4321
 ADDRESS 987 Main St. El Cajon CA 92020
Number and Street Apt. # City State Zip Code

List medical/dental information to be discussed at FCS
Allergy medication

EDUCATION

	Child	Name of School	Teacher/Counselor	Grade
1.	Sammy Smith	El Cajon Elementary	Edwin Blake	5
2.	Julie Smith	El Cajon Elementary	Mrs. Fletcher	2
3.				
4.				

COUNSELING

Is Child(ren) Father Mother in Counseling? Yes No
 Counselor for Father Counselor for
 Counselor's Name Unknown Counselor's Name
 Address Address
 Tel. No. Tel. No.
 When did counseling begin? 2020 When did counseling begin?

CHILD(REN)'S ACTIVITIES AND OTHER SPECIAL NEEDS

(e.g. special classes, team activities, and transportation to and from these activities)
Julie: Soccer. I take them to practice on Wednesdays, and her father and I trade off taking her to games on weekends.

-
- Are there allegations of verbal intimidation or threats? Yes No
 - Has there been physical violence between the parents? Yes No
 If yes, how long ago? 0-6 mos. 6 mos. - 1 yr. 1 yr. or more
 - Has law enforcement been involved? Yes No Provide details:
They talked to us, but I didn't press charges.
 - Have there been allegations of verbal intimidation/threats, physical violence, and/or restraining orders between yourself and your parent current spouse or cohabitant party in dating or engagement relationship other?
 Yes No If yes, check all boxes that apply. Provide details:
In 2019 my sister hit my mother and told the police I did it. The police arrested her anyway.
 - Have there been allegations of abuse against your child(ren) or child(ren) for whom you have provided care?
 Yes No If yes, when:
 Who made the allegations? My sister Who was the alleged abuser? Me and their father
 Has Child Welfare Services (CWS) been involved? Yes No
 CWS worker's name and telephone number Alice Munuz, 619-555-6789

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FAMILY COURT SERVICES (FCS) DATA SHEET

Complete the following questions.

1. Which parent filed the current court action? Sally Smith
2. What is the action regarding?
Child custody and visitation, child support
3. Is there a court order regarding custody and visitation now? Yes No
 - a. If yes, briefly summarize: Describe the current court order even if it's not what you practice anymore.
 - b. When was it issued? 2021
4. If there is no court order or a different schedule is being practiced, summarize your current parenting schedule: Describe when you each actually have the children.
5. What parenting schedule would you like to have?
Describe the kind of schedule you want the court to order.

Date: Date of signing

Signature of Party Filling Out This Form

NO ATTACHMENTS