

ATTORNEY, OR PARTY IF NO ATTORNEY: _____ State Bar No.: _____ Name: _____ Address: _____ City/State/Zip _____ TELEPHONE NO.: _____ ATTORNEY FOR: (Name) _____	For Court Use Only
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: Same CITY, STATE, AND ZIP CODE: Sacramento, CA 95826	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ CLAIMANT: _____	
PETITION FOR PRIVATE CHILD CUSTODY RECOMMENDING COUNSELING	Case No.: _____

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

2. Have you been to mediation before? Yes No
 If yes, mediation was provided by Family Court Services, and/or a
 Private Child Custody Recommending Counselor.
 What is the date of your most recent mediation? _____.

3. Do you currently have an appointment with Family Court Services? Yes No
 If so, what is the date and time? _____ at _____.

4. List the full names and ages of the children for whom you are seeking custody and/or visitation:

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 FL/E/FR-411) 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 that the foregoing information is true and correct.

Dated: ____/____/____ Signature of Declarant: _____

Type or Print Name: _____

STIPULATION RE: PRIVATE CHILD CUSTODY RECOMMENDING COUNSELING

Parties agree that issues concerning custody and/or visitation of the child(ren) identified in Section 4 of the Petition on page 1, shall be mediated by:

_____ (Private Child Custody Recommending Counselor)

Parties stipulate to allocate all fees as follows:

_____ % payable by Petitioner and _____ % payable by Respondent.

Dated: ____/____/____

Signature of Petitioner: _____

Type or Print Name: _____

Dated: ____/____/____

Signature of Respondent: _____

Type or Print Name: _____

Dated: ____/____/____

Signature of Attorney for Petitioner: _____

Type or Print Name: _____

Dated: ____/____/____

Signature of Attorney for Respondent _____

Type or Print Name: _____