



SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO

2220 Tulare Street, Suite 1111

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FAMILY COURT SERVICES REFERRAL FORM

COURT USE ONLY

FL / FS Case Number: _____

FCS Case Number: _____

Case Name: _____

Previous Mediation with Family Court Services? Yes No

Current Domestic Violence or Restraining Order in place at this time? Yes No

Interpreter Needed? Yes No

Language: _____

Filing Party: Petitioner Respondent Claimant

Petitioner: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Phone: (H) _____ (W) _____
Personal Service: Attorney: _____

Respondent: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Phone: (H) _____ (W) _____
Personal Service: Attorney: _____

Claimant: _____
Home Address: _____
City: _____ State: _____ Zip: _____ Phone: (H) _____ (W) _____
Personal Service: Attorney: _____

Children of this Relationship:	Children 5 years old and older (number):			
	Child's Name	Date of Birth	Age	Lives with

FOR INTERNAL OFFICE USE ONLY

Orientation Date: _____ Time: _____ Date Mailed: _____
Mediation Date: _____ Time: _____
Court Date: _____ Time: _____ Department: _____
Previous Counselor: _____
Current Counselor: _____