

SUPERIOR COURT OF THE STATE OF CALIFORNIA
Counties of Nevada and Sierra

THOMAS M. ANDERSON
Presiding Judge, Nevada County



JOHN P. KENNELLY
Presiding Judge, Sierra County

YVETTE DURANT
Commissioner
Nevada & Sierra Counties

GRETCHEN SERRATA
Family Law Facilitator
Nevada & Sierra Counties

201 Church Street, Suite #10
Nevada City, CA 95959
530-470-2567
530-478-1946 fax

NEMO _____

FAMILY LAW FACILITATOR'S INTAKE SHEET

DATE: _____

DISCLOSURE

The Family Law Facilitator, Gretchen Serrata is an attorney available to help all parents/parties, who are not represented by attorneys, and who have questions concerning family law matters, such as issues about child support, spousal support, health insurance, paternity and the visitation process, and community resources to help families. The Facilitator can help you in preparing your own forms and can give you general information. The Facilitator cannot go with you to court.

The Facilitator **is not your lawyer**, but is a neutral person who does not represent any parent/party. No Attorney-client relationship is created between the Facilitator and a person using the Facilitator's services. The Facilitator is available to see both parents/parties who have questions concerning family law matters. There is no confidentiality created between the Facilitator and a person using these services. You should consult with your own attorney if you want personalized advice or strategy, to have a confidential conversation, or to be represented by an attorney in court.

The Family Law Facilitator is not responsible for the outcome of your case.
I have read this disclosure or have had it read to me and understand the preceding paragraphs.

SIGNATURE Please sign if you have read & agree to the terms in the disclosure

PRINT NAME

TELEPHONE (Home)

MAILING ADDRESS

TELEPHONE (Work)

CITY, STATE AND ZIP CODE

TELEPHONE (Cellular)

Type of case (CHECK): Dissolution/Divorce _____ Paternity _____ Juvenile _____ DCSS Support Case _____

In what county or counties is your case? _____

Do you represent yourself? (YES) _____ (NO) _____ If no, your attorney's name: _____

If an attorney represents you, has your attorney given you permission to see the Facilitator? _____

Customer Intake

1. What is your gender?

- Male
 Female

2. Where do you live?

- This County
 Another County in California
 Another State
 Another Country

3. What is your race or ethnic group?
 (Single Response Section)

- American Indian/Alaska Native
 Asian
 Black/African American
 Hispanic/Latino
 Native Hawaiian/Other Pacific Islander
 White
 Multiple Response (Go to Question 4)
 Other _____

4. If you selected Multiple Response in Question 3 for Race/Ethnic Group, check all that apply below:

- American Indian/Alaska Native
 Asian
 Black/African American
 Hispanic/Latino
 Native Hawaiian/Other Pacific Islander
 White
 Other _____

5. What is the primary source of your individual income?

- None--No Income
 Employment
 Unemployment Benefits
 Public Assistance, CalWORKS, TANF
 Retirement, Social Security, Pension
 Disability (Non-Retirement)
 Other _____

6. What is your individual monthly income before taxes?

- No Income
 \$1000 or less
 \$1001 to \$2000
 \$2001 to \$3000
 \$3001 to \$4000
 \$4001 to \$5000
 More than \$5000

7. What language do you feel most comfortable speaking?

- | | |
|---------------------------------|-----------------------------------|
| <input type="radio"/> English | <input type="radio"/> Korean |
| <input type="radio"/> Spanish | <input type="radio"/> Mandarin |
| <input type="radio"/> Armenian | <input type="radio"/> Russian |
| <input type="radio"/> Cambodian | <input type="radio"/> Vietnamese |
| <input type="radio"/> Cantonese | <input type="radio"/> Other _____ |
| <input type="radio"/> Hmong | |

Your Date of Birth: _____ Highest Level of School you have completed _____
 Your Occupation: _____ Your Gross Monthly Income (before taxes): _____
 Source of Income (if not employed): _____
 Person you're divorcing or person you're seeking custody of children from: _____
 Address and phone number of other party: _____
 Names, ages and dates of birth of children of this relationship: _____

Names, Ages and Dates of Birth of all other children you are responsible for as a biological or adoptive parent and the children's other parents name: _____

I am seeking help concerning (Please check all that apply):

- | | |
|-------------------------|--------------------------|
| Child Custody _____ | License suspension _____ |
| Child Support _____ | Military Veteran _____ |
| Child Visitation _____ | Paternity _____ |
| Divorce _____ | Spousal Support _____ |
| Domestic Violence _____ | Other _____ |

*Are you or the other party/parent a combat vet? (Check for yes) _____

I was referred by: _____