SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA STREET ADDRESS:	FOR COURT USE ONLY
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
PETITIONER:	
RESPONDENT:	
WAIVER OF RIGHT TO INDIVIDUAL SESSIONS	CASE NUMBER: FCS NUMBER:

(Print your Namo)	, have declared I am /have been a victim of
Domestic Violence, or have a protective orde	er. I have been informed and I understand that I
have the option to meet with the mediator se	eparately from the other parent and at separate
times. I decline that option and wish to be see	en together with the other parent.
Signature:	Date:
I, Violence Assessment and have met with the p	
Signature:	