

ATTORNEY OR PARTY WITHOUT AN ATTORNEY (NAME AND ADDRESS): _____ TELEPHONE NO.: _____	FOR COURT USE ONLY
ATTORNEY FOR (Name): _____	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SANTA CLARA</b> STREET ADDRESS: 201 North First Street, San José, CA 95113 MAILING ADDRESS: 191 North First Street CITY AND ZIP CODE: San José, California 95113 BRANCH NAME: Family Justice Center	
PLAINTIFF/PETITIONER: _____  DEFENDANT/RESPONDENT: _____	
<b>POST MEDIATION HEARING (PMH)/                  JUDICIAL CUSTODY CONFERENCE (JCC)                  STATEMENT                  (Custody / Visitation / Timeshare)</b>	CASE NUMBER: _____  FCS NUMBER: _____ APJ: _____

**DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_ **DEPARTMENT:** \_\_\_\_\_

**NOTICE**

Before the date set for a PMH/JCC, all parties must confer regarding any remaining custody or visitation disputes, **unless** existing restraining orders prohibit such a discussion. This completed form must be served on the opposing party/counsel and the attorney for the minor children, if any and mailed or delivered to the **Superior Court Clerk, 201 North First Street, San Jose, CA 95113, to be filed at least ten (10) calendar days before the date of the PMH/JCC.**

- a. Attorneys and parties representing themselves are to confer to completing this form. If there are restraining orders in place which prevent such communication and both parties are representing themselves, there is no requirement to confer. Each side must prepare and file a separate form.
- b. Bring two filed copies of the completed form to the PMH/JCC.
- c. Please contact the Calendar Clerk immediately if the custody and visitation matters have settled, so that the appointment space may be filled by another case. PMH/JCCs may be continued only once and only for good cause.

**NOTE: ORDERS, INCLUDING MONETARY SANCTIONS, MAY BE ISSUED AGAINST YOU IF YOU FAIL TO APPEAR AT A SCHEDULED PMH/JCC.**

Please answer the following questions:

1. Have all parties conferred regarding the remaining custody or visitation disputes?  Yes  No  
 If yes, how many discussions of settlement have occurred? \_\_\_\_\_  
 If no, please explain: \_\_\_\_\_
2. Has the custody, visitation, or living arrangement of the children changed since mediation or the previous court custody order?  Yes  No  
 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_
3. What are the specific issues or points of disagreement regarding custody or visitation that need to be addressed at the PMH/JCC?  
 \_\_\_\_\_  
 \_\_\_\_\_

PLAINTIFF/PETITIONER (Name):	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

4. Has either parent completed any programs, whether court ordered or otherwise, since mediation or previous court orders for custody? (This would include programs such as parenting classes, substance abuse treatment programs, domestic violence counseling, etc.) If so, please list:

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5. Has any mental health professional assisted the parties or the children with the custody/visitation dispute? Please list the names, addresses, and telephone numbers of the professionals below and include marriage or divorce counseling, private mediation regarding custody, therapy, for the child, special master services. Please do not include individual therapy for a parent unless this was specifically ordered by the Court.

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6. Please check if any of the following have occurred since the time of mediation or the previous court order:

- a.  Police intervention in the family. Date: \_\_\_\_\_
- b.  Child Protective Services referral. Date: \_\_\_\_\_
- c.  Screening at Family Court Services Date: \_\_\_\_\_
- d.  Drug testing of either parent. Date: \_\_\_\_\_
- e.  Arrests or criminal convictions. Date: \_\_\_\_\_

If any of the above have occurred, please explain further:

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7. **PLEASE ATTACH A DETAILED SUMMARY OF THE CURRENT SCHEDULE AND YOUR DETAILED DAY BY DAY PROPOSAL FOR THE CHILD(REN)'S SCHEDULE.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Party or Attorney for Party

\_\_\_\_\_  
Type or Print Name of Party or Attorney