

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

I, \_\_\_\_\_, have declared I am /have been a victim of  
 (Print your Name)  
 Domestic Violence, or have a protective order. I have been informed and I understand that I have the option to meet with the mediator separately from the other parent and at separate times. I decline that option and wish to be seen together with the other parent.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_, have completed the differential Domestic Violence Assessment and have met with the parents separately.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_