

*California Family Advocacy*

**Intake Form No. 1**

**Section 1 - Personal Information**

Date: \_\_.\_\_.\_\_\_\_\_.

In take No. \_\_\_\_\_

Name of Participant No. 1: \_\_\_\_\_

Name of Participant No. 2: \_\_\_\_\_

Date Participate No. 1 was born: \_\_\_\_/\_\_\_\_/\_\_\_\_. Where born? \_\_\_\_\_

Date Participate No. 2 was born: \_\_\_\_/\_\_\_\_/\_\_\_\_. Where born? \_\_\_\_\_

Social Security No. of Participant No. 1: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_.

Social Security No. of Participant No. 2: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_.

List Previous address 1: \_\_\_\_\_

List Previous address 2: \_\_\_\_\_

List Previous address 3: \_\_\_\_\_

List Previous address 4: \_\_\_\_\_

List Previous address 5: \_\_\_\_\_

Telephone Number No. of Participant No. 1: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Telephone Number No. of Participant No. 2: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Cellular Telephone No. of Participant No. 1: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Cellular Telephone No. of Participant No. 2: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

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Driver License No. of Participant No. 1: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Driver License No. of Participant No. 1: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Email Address of Participant No. 1: \_\_\_\_\_

Email Address of Participant No. 2: \_\_\_\_\_

Do you have Skype, Zoom, or any other Social media Account, Websites ? If yes, please furnish the requested information:

\_\_\_\_\_  
\_\_\_\_\_

Do you own any real estate or interests in property? If yes, please list each property you own, or partly take ownership in. If participants own separate properties, please identify to whom each belongs:

Address of Property No. 1: \_\_\_\_\_

Address of Property No. 2: \_\_\_\_\_

Address of Property No. 3: \_\_\_\_\_

Address of Property No. 4: \_\_\_\_\_

Address of Property No. 5: \_\_\_\_\_

Address of Property No. 6: \_\_\_\_\_

Address of Property No. 7: \_\_\_\_\_

Address of Property No. 8: \_\_\_\_\_

Do you own any other type of property, such as vehicles, tools, investments, airplanes, boats, business interests, etc? If yes, please state the type and where said property is located:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed? Yes [  ] No [  ]. Or, are you self-employed [  ] Yes [  ] No.

Salary \$\_\_\_\_\_. [  ] Weekly [  ] Be-weekly [  ] Monthly [  ] Yearly

Where are you employed? \_\_\_\_\_.

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How long have you been employed? \_\_\_\_\_.

**Section 2 - Questionnaire for Participants**

1. (a). Do you have a pending or past case in which one or more of your children was taken away from you? Yes [\_\_\_] No [\_\_\_]

(b). Are you interested in potentially becoming part of a lawsuit against government entities (e.g. DCFS, CFS, etc.) responsible for taking children?

2. What state and county is / was your case in? State \_\_\_\_\_ County \_\_\_\_\_

3. Please list the case number/incident number: \_\_\_\_\_

4. Name(s) of the agencies involved: \_\_\_\_\_

5. Please identify the persons who were involved in the incident(s): \_\_\_\_\_

Person No. 1: \_\_\_\_\_ Serial No. \_\_\_\_\_

Person No. 2: \_\_\_\_\_ Serial No. \_\_\_\_\_

Person No. 3: \_\_\_\_\_ Serial No. \_\_\_\_\_

Person No. 4: \_\_\_\_\_ Serial No. \_\_\_\_\_

Person No. 5: \_\_\_\_\_ Serial No. \_\_\_\_\_

If there are more persons, please attach a separate paper to this Questionnaire !

6. How many children are involved in your case? Please indicate how many? \_\_\_\_\_

7. Identify each child taken by name below:

Child No. 1: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: [\_\_\_] M [\_\_\_]

Child No. 2: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: [\_\_\_] M [\_\_\_]

Child No. 3: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: [\_\_\_] M [\_\_\_]

Child No. 4: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: [\_\_\_] M [\_\_\_]

Child No. 5: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: [\_\_\_] M [\_\_\_]

8. When was/were the child(ren) taken? Month / year?

Child No. 1: Date Taken: \_\_\_/\_\_\_/\_\_\_\_\_

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Child No. 2: Date Taken: \_\_\_/\_\_\_/\_\_\_\_\_

Child No. 3: Date Taken: \_\_\_/\_\_\_/\_\_\_\_\_

Child No. 4: Date Taken: \_\_\_/\_\_\_/\_\_\_\_\_

Child No. 5: Date Taken: \_\_\_/\_\_\_/\_\_\_\_\_

9. Please identify Who actually took the child(ren)?

Check all that apply:

Social Worker ; County Sheriff ; City Police ; Other  : \_\_\_\_\_

10. Where were the children at the time they were taken? Home  School  Other

\_\_\_\_\_

11. What were the allegation(s) against you?

Check all those that apply, and for each, indicate whether the allegation was true or false:

Physical Abuse: T  F

Emotional Abuse: : T  F

Alcohol / Substance abuse: T  F

Child Endangerment: T  F

Unsanitary Living Conditions: T  F

Failure To Provide Education: T  F

Any other allegation(s) (briefly state the allegation)? \_\_\_\_\_

\_\_\_\_\_ T  F

12. Do you know who made the allegations against you? Yes  No . If Yes, who? \_\_\_\_\_

13. List who has had custody of the children since being taken, from month-year to month-year.

Custodian of Child No.1: \_\_\_\_\_ Date Taken: \_\_\_/\_\_\_/\_\_\_\_\_

Address Where Child No. 1 is in Custody: \_\_\_\_\_

Custodian of Child No.2: \_\_\_\_\_ Date Taken: \_\_\_/\_\_\_/\_\_\_\_\_

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Address Where Child No. 2 is in Custody: \_\_\_\_\_

Custodian of Child No.3: \_\_\_\_\_ Date Taken: \_\_\_ / \_\_\_ / \_\_\_\_\_

Address Where Child No. 3 is in Custody: \_\_\_\_\_

Custodian of Child No.4: \_\_\_\_\_ Date Taken: \_\_\_ / \_\_\_ / \_\_\_\_\_

Address Where Child No. 4 is in Custody: \_\_\_\_\_

Custodian of Child No.5: \_\_\_\_\_ Date Taken: \_\_\_ / \_\_\_ / \_\_\_\_\_

Address Where Child No. 5 is in Custody: \_\_\_\_\_

14. As best as you understand, please identify and list every order, ruling, or judgment that a judge has made. Please state what the order says, and when it was issued (Month / year)

1st Order: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

What did the order require or prohibit? \_\_\_\_\_

2nd Order: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

What did the order require or prohibit? \_\_\_\_\_

3rd Order: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

What did the order require or prohibit? \_\_\_\_\_

4th Order: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

What did the order require or prohibit? \_\_\_\_\_

5th Order: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

What did the order require or prohibit? \_\_\_\_\_

6th Order: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

What did the order require or prohibit? \_\_\_\_\_

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7th Order: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

What did the order require or prohibit? \_\_\_\_\_

8th Order: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

What did the order require or prohibit? \_\_\_\_\_

9th Order: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

What did the order require or prohibit? \_\_\_\_\_

10th Order: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

What did the order require or prohibit? \_\_\_\_\_

15. Do you believe you were denied fair motion hearings? Yes [\_\_\_] No [\_\_\_] If yes, please state the order and date of the order. If yes, please state the order and reason(s) why you it was not fair, such as. "I was not given notice of the hearing," "I did not understand what was going on," "Was not allowed to see the evidence," "I Was not allowed to question witnesses," "I did not have a lawyer," "The Judge accepted false testimony," "My lawyer was not on my side," or any other reason.

Order: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Reason: \_\_\_\_\_

Order: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Reason: \_\_\_\_\_

Order: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Reason: \_\_\_\_\_

Order: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Reason: \_\_\_\_\_

Order: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Reason: \_\_\_\_\_

16. Do you believe you had a fair trial? Yes [\_\_\_] No [\_\_\_] If yes, please state the order and date of the order. If yes, please state the order and your reason why you believe the trial was not fair, such as. "I

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was not given notice of the hearing," "I did not understand what was going on," "Was not allowed to see the evidence," "I Was not allowed to question witnesses," "I did not have a lawyer," "The Judge accepted false testimony," "My lawyer was not on my side," or any other reason.

Reason No. 1: \_\_\_\_\_

Reason No. 2: \_\_\_\_\_

Reason No. 3: \_\_\_\_\_

Reason No. 4: \_\_\_\_\_

Reason No. 5: \_\_\_\_\_

Other Reason: \_\_\_\_\_

17. Were any of your children returned to you? If yes, state which child:

Child No. 1: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Child No. 2: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Child No. 3: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Child No. 4: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Child No. 5: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

18. Is your case still pending? Yes / no. If so, what is the next hearing date: Date: \_\_\_/\_\_\_/\_\_\_\_\_

19. What is at issue at the next hearing? \_\_\_\_\_

20. Have you filed your Notice of Appeal: Yes [ ] No [ ] Date: \_\_\_/\_\_\_/\_\_\_\_\_

21. Have you filed your Designation of the record: Yes [ ] No [ ] Date: \_\_\_/\_\_\_/\_\_\_\_\_

22. Have you filed your Request for Trial Transcript: Yes [ ] No [ ] Date: \_\_\_/\_\_\_/\_\_\_\_\_

23. Do you understand that this is a preliminary intake form only, and no promises, representations are made to you, that we'll take your case: ? Yes [ ] No [ ]

24. Are you willing to financially contribute to funding FCLU, its projects? Yes [ ] No [ ]. If so,

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how much per month? \_\_\_\_\_ [ ] semi-annually, [ ] yearly? \_\_\_\_\_

25. Are you willing to financially fund your own case? Yes [ ] No [ ]. If yes, how much per month?

\$ \_\_\_\_\_ [ ] per month, [ ] semi annually, [ ] yearly !

DISCLAIMER: California Family Advocacy is a private group of citizens that are concerned about injustice in the family court and child welfare systems. Toward that goal, we have created this intake form to gather information from people who believe that their civil rights may have been violated, and to help you navigate the corrupted family court "system." Your information will be kept strictly confidential.

IMPORTANT: No promises are made to you, other than that we are exploring the possibility of commencing lawsuit(s) with your participation.

*CONFIDENTIALITY NOTICE This e-mail and any files transmitted with it are confidential and are intended solely for the use of the individual or entity to whom they are addressed. This communication may contain material protected by the sender. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication, or any of its contents, is strictly prohibited. If you have received this communication in error, please reply to the sender and delete the original message and any copy of it from your computer or facsimile system.*

I/we declare under penalty of perjury, that the above information provided herein 25 questions (ten pages) are true, correct and not misleading in any shape or fashion.

Eligible Participant No. 1 Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Print name of No. 1 Participant: \_\_\_\_\_; and,

Eligible Participant No. 1 Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_

Print name of No. 1 Participant: \_\_\_\_\_.

When completed, please print, fill-out, scan to Acrobat or .pdf file at 300 dpi and email this file to [Get Started](#) right away !

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