

**SUPERIOR COURT OF CALIFORNIA
COUNTY OF SAN DIEGO**

**DOMESTIC VIOLENCE –
RESTRAINING ORDER
WITH CHILDREN PACKET**



FORMS INCLUDED IN THIS PACKET

Child Custody, Visitation, and Support Request (Domestic Violence Prevention)	Judicial Council Form #DV-105
Child Custody and Visitation Order (Domestic Violence Prevention)	Judicial Council Form #DV-140
Supervised Visitation Order (Domestic Violence Prevention)	Judicial Council Form #DV-150
Request for Order: No Travel With Children (Domestic Violence Prevention)	Judicial Council Form #DV-108
Order: No Travel With Children (Domestic Violence Prevention)	Judicial Council Form #DV-145
Family Court Services Screening Form	SDSC Form #FCS-046

[X] This form is attached to DV-100, Item 9.

1 Your name: _____ [] Mom [] Dad [] Other

2 Other parent's name: _____ [] Mom [] Dad [] Other

3 Change of Current Court Orders

[] I want to change a current child custody or visitation court order.

Explain your current order and why you want a change. Then skip to 5 and finish the form. If you do not want a change, skip to 4 and finish the form.

4 [] I want to keep my current child custody court order without any changes. If there are no court orders for custody, you cannot check this box. If you check this box, skip the rest of this form. If you have a copy of the current court order, attach it.

5 Child Custody

I ask the court for custody as follows:

Legal Custody to: (Person who makes decisions about health, education, etc. Check at least one.) Physical Custody to: (Person the child lives with. Check at least one.)

Table with columns: Child's Name, Date of Birth, Mom, Dad, Other*, Mom, Dad, Other*. Rows a, b, c.

[] If more children, check here. Attach a sheet of paper and write "DV-105, Item 5 — Child Custody" by your request.

*If Other, specify relationship to child and name of person: _____

6 Child's Address

Where has the child in 5a lived for the last 5 years? Give each address unless it is private. Start with where the child lives now and work backwards in time.

Child 5a's addresses:

Child 5a lived with:

Table with columns: Mom, Dad, Other*, Dates lived there: to present, to, to, to.

*If Other, specify relationship to child and name of person: _____

7 Other Children's Addresses

[] Check here if the other child's (or children's) address information is the same as listed in 6.

[] If it is different, check here. Attach a sheet of paper and write "DV-105, Item 7 — Other Children's Addresses" by your list. List other children's address information, including dates, and name of person child lived with.

This is not a Court Order.



Your name: _____

8 Other custody case?

Were you involved in, or do you know of, any other custody case for any child listed in this form?

 No Yes *If yes, fill out below:*

- a. Name of each child in other custody case: _____

- b. Type of case: Divorce Guardianship Adoption Juvenile Other (*specify*): _____
- c. I was a Witness Party Other (*specify*): _____
- d. Court (*name*): _____
Address: _____ City: _____ State: _____
- e. Date of court order: _____

9 Other people claim to have custody?Do you know of anyone who is not involved in this case who has or claims to have custody or visitation rights with any child listed on this form? No Yes *If yes, fill out below:*Name and address of that person:

_____ Has custody Claims custody rights Claims visitation rightsFor these children (*name of each child*):

_____ Check here if you need more space. Attach a sheet of paper and write "DV-105, Item 9" by your statement.**10 Visitation**I ask the court to order that the person in **2** have the following temporary visitation rights:*(Check all that apply)*

- a. No visitation until the hearing
- b. No visitation after the hearing
- c. The following visitation until the hearing after the hearing

(1) **Weekends** (*starting*): _____ (*The 1st weekend of the month is the 1st weekend with a Saturday.*) 1st 2nd 3rd 4th 5th weekend of monthfrom _____ at _____ a.m. p.m. to _____ at _____ a.m. p.m.
(*day of week*) (*time*) (*day of week*) (*time*)(2) **Weekdays** (*starting*): _____from: _____ at _____ a.m. p.m. to _____ at _____ a.m. p.m.
(*day of week*) (*time*) (*day of week*) (*time*)(3) **Other Visitation***Attach a sheet of paper with other visitation days and times, like holidays, birthdays, sports events. List dates and times. Write "DV-105, Item 10 — Visitation" by your statement.***This is not a Court Order.**

Case Number: _____

Your name: _____

11 **Supervised Visitation**

- a. I ask that the visitation in **10** be supervised by *(write name and telephone number)*:

- b. I ask that any costs for supervision be paid as follows:
Mom _____ % Dad _____ % Other *(name)* _____ %

12 **Responsibility for Transportation for Visitation**

“Responsibility for transportation” means the parent will take or pick up the child or make arrangements for someone else to do so.

- a. Mom Dad Other *(name)*: _____ **to** the visits.
- b. Mom Dad Other *(name)*: _____ **from** the visits.
- c. Drop-off / pick-up of children will be at *(address)*: _____

13 **Travel With Children**

Mom Dad Other *(name)*: _____ **MUST** have written permission from the other parent, or a court order, to take the children outside of:

- a. The State of California.
- b. Other place(s) *(list)*: _____

14 **Child Abduction**

I believe that there is a risk the other parent will take our child out of California without my permission.
If you check this box you must fill out and attach form DV-108.

15 **Child Support**

- a. I ask the court for child support. *You must fill out and file FL-150 or FL-155 before your hearing.*
- b. I now receive or have applied for TANF, Welfare, CalWORKS, or Medi-Cal.
- c. I already have a child support order, but I want it changed.

16 **Important!**

You must tell the court if you find out any other information about a custody case in any court for the children listed on this form.

This is not a Court Order.

This form is attached to (check one): DV-110 DV-130

1 Protected person's name: _____ Mom Dad Other

2 Other parent's name: _____ Mom Dad Other

The Court Orders:

3 Child Custody is ordered as follows: Legal Custody to: (Person who makes decisions about health, education, etc. Check at least one.) Physical Custody to: (Person the child lives with. Check at least one.)

Table with columns: Child's Name, Date of Birth, Mom, Dad, Other*, Mom, Dad, Other*. Rows a, b, c.

If more children, check here. Attach a sheet of paper and write "DV-140, Item 3 — Child Custody" at the top.

* If Other, specify relationship to child and name of person: _____

4 Child Visitation is ordered as follows:

a. No visitation to Mom Dad Other (name): _____

b. See the attached _____ - page document, dated: _____

c. The parties must go to mediation at: _____

d. Until the next court order, visitation for Mom Dad Other _____ will be:

(1) Weekends (starting): _____ (The 1st weekend of the month is the 1st weekend with a Saturday.)
 1st 2nd 3rd 4th 5th weekend of month
from _____ at _____ a.m. p.m. to _____ at _____ a.m. p.m.

(2) Weekdays (starting): _____
from _____ at _____ a.m. p.m. to _____ at _____ a.m. p.m.

(3) Other Visitation
Check here and attach a sheet of paper if there are other visitation days and times, like holidays, birthdays, sports events. List dates and times. Write "DV-140, Item 4 — Visitation" at the top.

5 Supervised Visitation — Follow orders on attached Form DV-150.

6 Responsibility for Transportation for Visitation
"Responsibility for transportation" means the parent will take or pick up the child or make arrangements for someone else to do so.

a. Mom Dad Other (name): _____ to the visits.

b. Mom Dad Other (name): _____ from the visits.

c. Drop-off / pick-up of children will be at (address): _____

This is a Court Order.

Protected person's name: _____

7 **Travel With Children** Mom Dad Other (*name*): _____ *must* have written permission from the other parent, or a court order, to take the children outside of:a. The State of Californiab. Other place(s) (*list*): _____**8** **Child Abduction**

There is a risk that one of the parents will take the children out of California without the other parent's permission. The orders in Form DV-145 are attached and must be obeyed. (*Fill out and attach DV-145 to this form.*)

9 **Other Orders**

Check here and attach any other orders to this form. Write "DV-140, Item 9 — Other Orders" on the orders.

10 **Jurisdiction**

This court has jurisdiction to make child custody orders in this case under the Uniform Child Custody Jurisdiction and Enforcement Act (part 3 of the California Family Code starting with section 3400).

11 **Notice and Opportunity to Be Heard**

The responding party was given notice and an opportunity to be heard as provided by the laws of the State of California.

12 **Country of Habitual Residence**

The country of habitual residence of the child or children in this case is the United States of America or other (*specify*): _____.

13 **Penalties for Violating This Order**

If you violate this order, you may be subject to civil or criminal penalties, or both.

This is a Court Order.

This form is attached to Child Custody and Visitation Order (DV-140).

1 Protected person's name: _____ Mom Dad Other

2 Other parent's name: _____ Mom Dad Other

The Court Orders:

3 Parent to be supervised is: Mom Dad Other (*name*): _____

4 **Type of Visitation**

- a. Supervised visitation
- b. Supervised exchange only
- c. Therapeutic visitation (licensed mental health professional)

5 **Type of Provider**

- a. Professional (individual or supervised visitation center)
- b. Nonprofessional

6 **Provider's Information**

Name: _____

Address: _____

Phone #: _____

7 **Schedule of Visits** — see Form DV-140 or 10 below.

8 **Costs will be paid as follows:**

- Mom to pay: _____ %
- Dad to pay: _____ %
- Other: _____

9 **Contact With Provider**

- Mom to contact provider before (*date*): _____
- Dad to contact provider before (*date*): _____
- Other: _____

10 **The court also orders (*specify*):** _____

This is a Court Order.

This form is attached to DV-105, *Child Custody, Visitation, and Support Request*.

1 Your name: _____ Mom Dad Other*

2 Other parent's name: _____ Mom Dad Other*

* If "Other," specify relationship with child: _____

3 Do you think the other parent might take the children without your permission to:

a. Another county in California? Yes No If "yes," what county? _____

b. Another state? Yes No If "yes," what state? _____

c. A foreign country? Yes No If "yes," what country? _____

If "Yes," is the other parent a citizen of that country? Yes No

If "Yes," does the other parent have family or emotional ties to that country? Yes No

Explain:

4 Why do you think the other parent may take the children without your permission?

The other parent: (*Check all that apply*)

a. Has violated — or threatened to violate — a custody or visitation order in the past.

b. Does not have strong ties to California

c. Has done things recently that make it easy for him or her to take the children without permission. He or she has: (*Check all that apply*)

Quit his or her job

Sold his or her home

Closed a bank account

Ended a lease

Sold or gotten rid of assets

Hidden or destroyed documents

Applied for a passport, birth certificate, or school or medical records

d. Has a history of: (*Check all that apply*)

Domestic violence

Child abuse

Not cooperating with me in parenting

Taking the children without my permission

e. Has a criminal record

f. Please explain your answers to a–e:

This is not a Court Order.

Your name: _____

What orders do you want? Check the boxes that apply to your case.

- 5** **Post a Bond**
I ask the court to order the other parent to post a bond for \$ _____. If the other parent takes the children without my permission, I can use this money to bring the children back.
- 6** **Do Not Move Without My Permission or Court Order**
I ask the court to order the other parent *not* to move with the children without my written permission or a court order.
- 7** **No Travel Without My Permission**
I ask the court to order the other parent *not* to travel with the children outside: (*Check all that apply*)
 This county California The United States Other (*specify*):
- 8** **Notify Other State of Travel Restrictions**
I ask the court to order the other parent to register this order in the state of _____ before the children can travel to that state for visits.
- 9** **Turn In and Do Not Apply for Passports or Other Vital Documents**
I ask the court to order the other parent to turn in and *not* apply for passports or other documents (such as visas or birth certificates) that can be used for travel.
- 10** **Provide Itinerary and Other Travel Documents**
If the other parent is allowed to travel with the children, I ask the court to order the other parent to give me before leaving:
 The children's travel itinerary
 Copies of round-trip airline tickets
 Addresses and telephone numbers where the children can be reached
 An open airline ticket for me in case the children are not returned
 Other (*specify*):
- 11** **Notify Foreign Embassy or Consulate of Passport Restrictions**
I ask the court to order the other parent to notify the embassy or consulate of _____ of this order and to provide the court with proof of that notification within _____ calendar days.
- 12** **Foreign Custody and Visitation Order**
I ask the court to order the other parent to get a custody and visitation order in a foreign country equal to the most recent U.S. order before the children can travel to that country for visits. I understand that foreign orders may be changed or enforced depending on the laws of the country.
- 13** I declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct.

Date: _____

Type or print your name_____
*Sign your name***This is not a Court Order.**

This form is attached to DV-140, *Child Custody and Visitation Order*.

1 Protected person's name: _____ Mom Dad Other*

2 Other parent's name: _____ Mom Dad Other*

* If "Other," specify relationship with child: _____

The Court Finds:

3 There is a risk that (*name of parent*): _____ might take the children without permission because that parent: (*Check all that apply*)

a. Has violated — or threatened to violate — a custody or visitation order in the past

b. Does not have strong ties to California

c. Has done things that make it easy for him or her to take the child without permission. He or she has:

(*Check all that apply*)

Quit his or her job

Sold his or her home

Closed a bank account

Ended a lease

Sold or gotten rid of assets

Hidden or destroyed documents

Applied for a passport, birth certificate, or school or medical records

d. Has a history of: (*Check all that apply*)

Domestic violence

Child abuse

Not cooperating with the other parent in parenting

Taking the children without permission

e. Has a criminal record

f. Has family or emotional ties to another county, state or foreign country

Note: If item "f" is checked, at least one other item in items a-e must be checked also.

The Court Orders:

The Court makes the following orders to prevent the parent in 3 from taking the children without permission.

These orders are valid in other states and any country that has signed The Hague Convention on The Civil Aspects of International Child Abduction.

4 **Post a Bond**
The parent in 3 must post a bond for \$ _____.

5 **Do Not Move Without Permission of the Other Parent or Court Order**
The parent in 3 must *not* move with the children without written permission from the other parent or a court order.

6 **Do Not Travel Without Permission of the Other Parent or Court Order**
The parent in 3 must *not* travel with the children outside: (*Check all that apply*)
 This county California The United States Other (*specify*): _____
without written permission of the other parent or a court order.

7 **Notify Other State of Travel Restrictions**
The parent in 3 must register this order in the state of _____ before the children can travel to that state for visits.

This is a Court Order.

Your name: _____

8 **Turn In and Do Not Apply for Passports or Other Vital Documents**
The parent in **3** must *not* apply for passports or other documents (such as visas or birth certificates) that can be used for travel, and must turn in the following documents:

9 **Provide Itinerary and Other Travel Documents**
The parent in **3** must give the other parent the following before traveling with the children:
 The children’s travel itinerary
 Copies of round-trip airline tickets
 Addresses and telephone numbers where the children can be reached
 An open airline ticket for the other parent in case the children are not returned
 Other (*specify*):

10 **Notify Foreign Embassy or Consulate of Passport Restrictions**
The parent in **3** must notify the embassy or consulate of _____ of this order and provide the court with proof of that notification within _____ calendar days.

11 **Foreign Custody and Visitation Order**
The parent in **3** must get a foreign custody and visitation order equal to the most recent U.S. order before the children can travel to that country for visits. The court recognizes that foreign orders may be changed or enforced depending on the laws of that country.

12 **Enforcing the Order**
The court authorizes any law enforcement officer to enforce this order. In this county, contact the Child Abduction Unit of the Office of the District Attorney at:

13 **Other**

Notice to Authorities in Other States and Countries

This court has jurisdiction to make child custody orders under California’s Uniform Child Custody Jurisdiction and Enforcement Act (California Family Code, part 3, § 3400 et seq.) and The Hague Convention on the Civil Aspects of International Child Abduction (42 U.S.C. § 11601 et seq.). If jurisdiction is based on other factors, they will be listed in item 13 above.

This is a Court Order.



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

- CENTRAL DIVISION, FAMILY COURT, 1555 6TH AVE., SAN DIEGO, CA 92101 (619) 450-7888
 NORTH COUNTY DIVISION, 325 S. MELROSE DR., VISTA, CA 92081 (760) 201-8300

NOTICE TO PETITIONERS IN GUARDIANSHIP MATTERS

When seeking guardianship of a child(ren) to whom you are related, you must file several documents and pay an \$800.00 investigation fee in order for Family Court Services to begin the guardianship investigation. The fee may be waived by the court, reduced or payments arranged in cases of extreme hardship. In order to begin the investigation process, copies of the following filed documents, from your initial guardianship packet, must be submitted to Family Court Services at the corresponding address listed above, prior to scheduling an investigation date:

1. Petition for Appointment of Guardian of Minor(s) (JC Form #GC-210P)
2. Order Directing or Waiving Investigation signed by Judge of the Superior Court (SDSC Form #PR-63)
3. Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA) (JC Form #FL-105/GC-120)
4. Confidential Guardian Screening Form (JC Form #GC-212)
5. Guardianship Questionnaire (SDSC Form #FCS-045) (Provided only to Family Court Services)
6. Receipt from the probate business office for payment of the \$800 investigation fee or an order indicating that the court has waived the FCS investigation fees. Fees must be paid at the Probate Business Office. FCS investigation appointment cannot be scheduled without receipt of payment or an order waiving the fees.

You can avoid delays in processing your guardianship matter by expeditiously returning these documents to Family Court Services. You may mail the information and receipt of to the San Diego office at 1555 6th Avenue, 2nd Floor, San Diego, California 92101 or to the Vista office at 325 S. Melrose Dr., Vista, California 92081. You may also walk-in and drop your paperwork off from 8 a.m. - 12 p.m. and 1 p.m. - 5 p.m. Monday through Friday.

Family Court Services will be seeking information regarding the social history of the proposed guardians, parents and child(ren) as is required by state law. Please complete the seven pages of Guardianship Questionnaire (SDSC Form #FCS-045) in its entirety. Information provided on this questionnaire, in the family interview(s), in other submitted comments and from investigative sources, will be used to prepare a family social history, evaluation and recommendation to the court. This report will then be placed in a sealed court file. Copies will be issued to the proposed guardians, parents and their respective attorneys.

If you have questions regarding the Family Court Services Investigation process, or concerns regarding appointments, you may call the guardianship clerk at the appropriate number listed above.

The proposed guardians are responsible for notifying the parents, if possible, regarding the Family Court Services intake appointment.

The parents do not have to be present unless they are contesting the guardianship or wish to provide information in support of it. Any adult living in the home and acting in a parental role should be present for the interview.

Please do not bring the child(ren). A subsequent appointment will be scheduled should the investigator need to interview the child(ren). Family Court Services cannot guarantee childcare so a caretaker should also accompany the child(ren).



SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

FAMILY COURT SERVICES GUARDIANSHIP QUESTIONNAIRE

THIS FORM IS TO BE COMPLETED AND SUBMITTED TO FAMILY COURT SERVICES BY: _____

Your appointment will not be set until this form has been returned to Family Court Services.

COUNSELOR: _____ PROBATE CASE NUMBER: _____

COURT DATE: _____ FCS DATE: _____

I. MINOR CHILD(REN) LISTED ON GUARDIANSHIP PETITION:

Table with 5 columns: Full Legal Name, Birth Date, Social Security Number, School and Grade Level, Person with whom Residing

Is this child(ren) a member of, or eligible for membership in, and Indian tribe recognized by the federal government?

Options: No, Not sure, Yes (specify tribe)

Attorney for Minor(s):

Name: _____ Phone: _____

Address: _____ with sub-labels Street, Apt., City, State, Zip Code

II. (PROPOSED) GUARDIAN(S):

1. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____ with sub-labels Street, Apt., City, State, Zip

Phone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____/____/____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____ Maternal Paternal

2. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____ with sub-labels Street, Apt., City, State, Zip

Phone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____/____/____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____ Maternal Paternal

Attorney for Proposed Guardian(s):

Name: _____ Phone: (____) _____

Address: _____ with sub-labels Street, Apt., City, State, Zip

III. PARENTS OF MINOR(S): (Full legal names) If one of the natural parents has died, please mark "deceased" for that person's address and add the date of death, if known.

1. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip

Phone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____ / ____ / ____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____

Attorney:

Name: _____ Phone: (____) _____

Address: _____
Street Apt. City State Zip

2. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip

Phone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____ / ____ / ____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____

Attorney:

Name: _____ Phone: (____) _____

Address: _____
Street Apt. City State Zip

3. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip

Phone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____ / ____ / ____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____

Attorney:

Name: _____ Phone: (____) _____

Address: _____
Street Apt. City State Zip

4. Full Legal Name: _____ AKA or Maiden Name: _____

Address: _____
Street Apt. City State Zip

Phone Numbers: Home (____) _____ Work (____) _____

Social Security Number: _____ Birth Date: ____ / ____ / ____ Place of Birth: _____

Driver License Number: _____ State: _____ Currently Valid: Yes No

Relationship to Child(ren) on Petition: _____

Attorney:

Name: _____ Phone: (____) _____

Address: _____
Street Apt. City State Zip

IV. HOUSEHOLD COMPOSITION:

A. List other adults 18 or older residing in your home. Indicate if they are acting in a parental role with the child(ren).
***** (Any individuals acting in a parental role will be required to attend the investigation interview).**

1. Full Legal Name: _____ AKA or Maiden Name: _____
 Phone Numbers: Home (____) _____ Work (____) _____
 Birth Date: ____ / ____ / ____ Birth Place: _____ Sex: _____ Social Security Number: _____
 Driver's License Number: _____ State: _____ Currently Valid: Yes No
 Relationship to Applicant: _____ Relationship to child(ren): _____

2. Full Legal Name: _____ AKA or Maiden Name: _____
 Phone Numbers: Home (____) _____ Work (____) _____
 Birth Date: ____ / ____ / ____ Birth Place: _____ Sex: _____ Social Security Number: _____
 Driver's License Number: _____ State: _____ Currently Valid: Yes No
 Relationship to Applicant: _____ Relationship to child(ren): _____

3. Full Legal Name: _____ AKA or Maiden Name: _____
 Phone Numbers: Home (____) _____ Work (____) _____
 Birth Date: ____ / ____ / ____ Birth Place: _____ Sex: _____ Social Security Number: _____
 Driver's License Number: _____ State: _____ Currently Valid: Yes No
 Relationship to Applicant: _____ Relationship to child(ren): _____

4. Full Legal Name: _____ AKA or Maiden Name: _____
 Phone Numbers: Home (____) _____ Work (____) _____
 Birth Date: ____ / ____ / ____ Birth Place: _____ Sex: _____ Social Security Number: _____
 Driver's License Number: _____ State: _____ Currently Valid: Yes No
 Relationship to Applicant: _____ Relationship to child(ren): _____

B. List other child(ren) under age 18 living in your household:

Name	Birth Date	Social Security Number	School

Your Name: _____ Relationship: _____
(Please Print)

V. LAW ENFORCEMENT INFORMATION:

Have charges ever been filed against you for crimes other than minor traffic citations?

Yes No If yes, please explain:

	<u>Charge</u>	<u>City/State</u>	<u>Date</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Are you on parole or probation? Yes No

Parole or Probation Officer's Name: _____ Phone: (____) _____

Have you or anyone living in your home ever been accused of child abuse or child molestation?

Yes No If yes, please explain: _____

VI. YOUR EDUCATION:

Highest Grade Completed: _____ Graduated High School? Yes No Year: _____

License(s) or Credential(s) Received: _____

College Degree(s) Received: _____

VII. YOUR EMPLOYMENT: *Please bring confirmation of employment, including pay stubs to the investigation interview.*

Employer: _____ Capacity/Job Title: _____

Length of Employment: _____ Salary: _____

Supervisor's Name, Address and Phone Number: _____

VIII. YOUR HEALTH:

Name of Your Health Insurance Plan: _____

Present Health Status: Good Fair Poor

If Your Health is Fair or Poor, Please Explain: _____

Are you taking any medication? Yes No

If yes, what kind and for what reason(s)? _____

Special Health Problems: _____

Have you ever had any problem with the following?

Alcohol: Yes No Drugs: Yes No Mental/Emotional Problems: Yes No

If yes, what is your current condition regarding this problem? *(Bring proof of treatment to investigation interview)*

Professional Practitioners: *(Medical doctors, psychotherapists, counselors who may have treated you within the past two years.)*

Name and Title	Date of Last	Address	Phone Number

Your Name: _____ Relationship: _____
Co -Petitioner (Please Print)

V. LAW ENFORCEMENT INFORMATION:

Have charges ever been filed against you for crimes other than minor traffic citations?

Yes No If yes, please explain:

	<u>Charge</u>	<u>City/State</u>	<u>Date</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Are you on parole or probation? Yes No

Parole or Probation Officer's Name: _____ Phone: (____) _____

Have you or anyone living in your home ever been accused of child abuse or child molestation?

Yes No If yes, please explain: _____

VI. YOUR EDUCATION:

Highest Grade Completed: _____ Graduated High School? Yes No Year: _____

License(s) or Credential(s) Received: _____

College Degree(s) Received: _____

VII. YOUR EMPLOYMENT: *Please bring confirmation of employment, including pay stubs to the investigation interview.*

Employer: _____ Capacity/Job Title: _____

Length of Employment: _____ Salary: _____

Supervisor's Name, Address and Phone Number: _____

VIII. YOUR HEALTH:

Name of Your Health Insurance Plan: _____

Present Health Status: Good Fair Poor

If Your Health is Fair or Poor, Please Explain: _____

Are you taking any medication? Yes No

If yes, what kind and for what reason(s)? _____

Special Health Problems: _____

Have you ever had any problem with the following?

Alcohol: Yes No Drugs: Yes No Mental/Emotional Problems: Yes No

If yes, what is your current condition regarding this problem? *(Bring proof of treatment to investigation interview)*

Professional Practitioners: *(Medical doctors, psychotherapists, counselors who may have treated you within the past two years.)*

Name and Title	Date of Last	Address	Phone Number

IX. FAMILY FINANCES:

Residence: Please provide proof of residence, i.e. rental agreement, at investigation interview.

The home you live in is: owned rented.

How long have you lived there? _____ Monthly Cost: \$_____ Value: \$_____

Number of Bedrooms: _____ Number of Bathrooms: _____ Approximate Size: _____ sq.ft.

Income: Please list source(s) of income and amount(s).

	<u>Income Source</u>	<u>Amount</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

Other Assets: Please list other major assets or real property.

	<u>Asset</u>	<u>Value</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____

X. PLANS FOR CHILD CARE: (If necessary)

Care Provider(s):

Name	Address	Phone Number	Hours	Relationship to Child

