VISITATION VERIFICATION

I am t	<u></u>	,	odial Parent	
Part 1.	ACTUAL VISITATION	BY THE NONCUSTODIA	AL PARENT	
	ICTIONS: Complete the oth the noncustodial part			ling in the number of hours
Decemb	per on the left side of the tethe right side of the c	ne chart below. You we	ould put 2000 for the year ugh May and enter 200	
	MONTH	NO. OF HOURS PER MONTH	MONTH	NO. OF HOURS PER MONTH
	January		January	
	February		February	
	March		March	
	April		April	
	Мау		Мау	
	June		June	
	July		July	
	August		August	
	September		September	
	October		October	
	November		November	
	December		December	
	TOTAL		TOTAL	
Part 2.	SHARED CUSTODY/VI	SITATION ARRANGEM	ENTS	
CHECK	ONE: Shared Cu	stody	nly None	
Pleas	se describe custody/visi	tation arrangements:		
Visita	ation Hours: From (spe	cify day of the week)	at (spec	(Circle One) a.m./p.m.
	To (specif	y day of the week) —	at (specify	(Circle One) time) a.m./p.m.
Over	night Visitation?	s No	_	
	custody/visitation arrang		-	
	e to the best of my kno	wledge and belief that	the above information is	true and correct. I am
aw are t	hat this may be provided to provided to provide documental	-	or their verification and t	that either party may be

CSS 2107 (09/01/01) LCSA CASE NO.: