

**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 8 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 4 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 rights

For 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 month  
from \_\_\_\_\_ 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.**

[X] 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?

No Not sure Yes, (specify tribe): \_\_\_\_\_

Attorney for Minor(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Street Apt. City State Zip Code

II. (PROPOSED) GUARDIAN(S):

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: \_\_\_\_\_ Maternal Paternal

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: \_\_\_\_\_ Maternal Paternal

Attorney for Proposed Guardian(s):

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ 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.)*

<b>Name and Title</b>	<b>Date of Last</b>	<b>Address</b>	<b>Phone Number</b>

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

