

Custody and Visitation Evaluation / Questionnaire

Lisa Broccoletti, Esquire
6663 Stoney Point South
Norfolk, VA 23502
Telephone: (757) 466-0750

Ways to return this questionnaire

1. Scan and/or email to Kate@zbnlaw.com
2. Mail to the address above
3. Facsimile to (757) 466-5026

Please attach a photo of each child. Photos will be provided to the Court as a part of any report submitted by the Guardian *ad Litem*.

Documents needed to be completed and returned:

1. Guardian *ad litem* questionnaire
 2. Child Protective Services Registry records authorization
 3. Virginia State Police Criminal History Record Authorization
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Name of Child: _____ DOB: _____ / _____ / _____

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I. General Background

1. Your Name: _____
FirstMiddleLast

Date of Birth: _____

Relationship to child(ren): _____

2. Address: _____
Street AddressCityState / Zip

Length of time at address: _____

3. Is this the place where the child(ren) live / visit with you? _____

4. If the answer to Question 3 is no, state the residence address where the child would live / visit with you and stat why it is different than where you currently reside.

5. Telephone numbers: _____ (Home) _____ (Work)
_____ (Cell)

E-mail address:

Do you have any social network sites that you are a part of? Yes No

If so, please list the name of the site and your user name:

6. List the street address where you have lived for the last five years and the dates you lived at each address.

Address

From / To Dates

7. Other child(ren) or adults in your home:

Name	Gender	DOB	Relationship to You	School attended or Place of employment
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a. _____

b. _____

c. _____

d. _____

8. Name(s) of any child(ren) not living with you.

a. _____

b. _____

c. _____

d. _____

9. Describe your relationship with each child not living with you, and note the days and times you have visitation with that child(ren):

II. Prior Custody Litigation

1. Have you been involved in a previous dispute that resulted in a court hearing regarding the children who are the subject of litigation?

2. If the answer is yes, state the name and location of the Court that heard the case:

If the answer is 'yes', attach a copy of the Court's Order in that case.

III. Prior Social Services Investigations

1. Has the Department of Social Services or similar agency of authority ever contacted you, your current spouse, the other parent or any party to this litigation regarding an investigation for allegations of abuse or neglect of a child? Yes No

2. If the answer is yes, state the name of the Department, the City/County and State where the investigation took place.

3. If the answer is yes, state what the investigation concluded as to whether the case was founded or unfounded, i.e. what was the outcome of the investigation?

4. Have any of the children been in foster care? Yes No

5. If yes, state the name of the child, the dates and the child was in foster care and the Department of Social Services agency which had custody.

Name of child

Dates in DSS care

DSS Agency

- a. _____
- b. _____
- c. _____
- d. _____

IV. Employment History

1. Your employer:

Employer	Address	Telephone #	Date of Hire
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2. What is your job position / title? _____

3. What are your work hours? _____

4. What time do you leave home for work and what time do you return home each day?

5. Do you work weekends? Yes No If so, how often?

6. Do you work nights? Yes No If so, how many?

7. Do you travel on your job or are you on call in the evenings? _____
 If so, how often? _____

8. State the names, addresses and telephone numbers of your employers for the past five years:

Name	Dates of employment	Address	Telephone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. What is your annual income? _____

What was your annual income for the calendar year preceding this litigation?

10. Describe your education background, *i.e.* high school, technical college, college.

11. State your current job title / occupation and describe your job skills, including a brief description of the types of work you are capable of doing:

12. Have you served in the U.S. Military? _____

Branch _____

Dates of Service _____

Rate / Rank at discharge _____

Type of discharge _____

What type of work did you do with the military? _____

V. Criminal and Traffic Record

1. Have you ever been convicted of a crime including a traffic offense? Yes No

If yes, state the crime:

If yes, state the name of the Court and City / County and State where you were convicted:

2. Have you ever had your driver's license suspended? Yes No

If yes, state the date and reason for the suspension:

3. Have the police ever been called to your residence? Yes No

If yes, state the date and the reason for police involvement:

4. Have you ever completed any Court Ordered programs such as ASAP, anger management, or parenting classes? Yes No

If yes, state the date of completion for these courses:

VI. Physical Health History

Question	
Identify current illnesses or medical problems	
List the name and address, phone number of your current primary care physician	
If you or anyone in your immediate family has ever experienced any of the following, please state the relationship of the person to you	
Alcoholism	
Substance Abuse	
Cancer (what type)	
HIV	
Heart disease	
Diabetes	
Emotional / mental illness – list all diagnosis for any psychology or medical health conditions	
Please list the name, address and phone number of all mental health providers you have received treatment from	
List all surgeries and hospitalizations (include psychiatric hospitalizations)	
Please describe your drug and / or alcohol use	

1. Describe the current health condition of the children who are involved in this litigation.

2. List the **name, address** and **phone number** of the children's present and former school.

3. Please list the full name of the child(ren)'s current teacher(s) for both the current school and former school year.

4. Has the child(ren) had any disciplinary problems at school?

5. Please list the **school club / organization / extra-curricular activities** that your child(ren) participate in. Please list the **name and address and phone number** of the director, instructor or parent that is involved with the activity.

6. Please list any sports involvement that your child(ren) currently is enrolled in this year. Please list the name and address and phone number of the coach that is involved in the sport.

7. Has the other parent or party been involved the child(ren)'s extracurricular activity or sport involvement?

8. Please list the name, address and phone number of the child(ren)'s current pediatrician or current primary care physician.

9. Please list the name, address and phone number of any other physicians, therapists, counselors, hospitals, clinics or other medical providers that have treated the child(ren) for any physical or mental condition (including any current therapist or psychiatrist).

10. Please list any medical or psychological illness that the child(ren) have been diagnosed with, and the name of the physician or counselor that rendered this diagnosis.

11. Please list the child(ren)'s current medications.
- _____
- _____
- _____
12. Have you ever met with the child(ren)'s doctors or taken the child(ren) to their doctors for regular checkups or treatment for illness? Yes No If no, why?
- _____
13. Do you believe the child(ren) have received adequate health care and routine wellness visits? Yes No If not, what are the deficiencies?
- _____
14. Who has been the person primarily responsible for taking the child(ren) to the doctor and dentist in the past?
- _____
15. Do you claim that the physical health of a parent or child is an issue in this litigation? Yes No If yes, explain:
- _____
- _____
- _____
16. Does the child(ren) have health insurance? _____
Who maintains / pays for the health insurance? _____

VII. Mental Health History

1. Describe your **current** mental health condition, including drug and alcohol abuse:
- _____
- _____
- _____
2. Are you currently, or have ever been treated by a psychologist, psychiatrist, or mental health provider for a mental health problem or drug or alcohol problem? _____
If yes, please explain:
- _____
- _____
- _____
3. If yes, state the name and address of the person providing treatment:

Provider	Address	Telephone #
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4. State the dates of your treatment: _____
State diagnosis given: _____
State the medicines you were prescribed: _____
5. Are you currently taking any type of medication? Yes No If yes, what type:

6. Have you ever been hospitalized for a mental health problem, including drug or alcohol problem? Yes No If yes, state when and where you were hospitalized:

7. Describe the mental health condition of the other party to this litigation, including drug and alcohol abuse.

8. Has the other party to this litigation ever been treated by a psychologist, psychiatrist, or mental health practitioner for a mental health problem or a drug or alcohol problem? Yes No If yes, state the name and address of the person providing treatment:

9. State the dates of treatment rendered to the other party: _____
10. State any diagnosis given to the other party in this litigation: _____
11. State the medications prescribed to the other party in this litigation, if known to you:

12. Has the other party to this litigation ever been hospitalized for a mental health problem, including drug or alcohol problem? Yes No If yes, state where the hospitalization and when it occurred:

13. State the usage of alcohol, prescription and nonprescription drugs by the other party to this litigation:

VIII. Family History

1. Please indicate if you or your family were exposed to any of the following situations listed below during your childhood:

- Parents or guardians were violent toward one another.
- Parents or guardians drank alcohol excessively.
- Parents or guardians used illegal drugs.
- Parents or guardians used physical punishment or any unusual form of punishment.
- Parents or guardians were incarcerated for any period of time.
- Parents or guardians were diagnosed with a mental or emotion disorder.
- You or your siblings were removed from the care of your parents or guardians by local human services or social services agency.
- You or your siblings were the victim of child abuse.
- You or your siblings were the victim of child sexual abuse.

If you checked the boxes above, please explain the circumstances below:

IX. Marital/Relationship History

1. Present marriage/relationship:

Date of Marriage	Date of Separation	Reason for Separation	Date of Divorce
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2. Name of present spouse or partner:

Name	Maiden Name	DOB
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3. Do you and your current spouse/partner live together? Yes No

If not, explain briefly the reasons for the separation:

5. Have you ever been married before? Yes No

Previous Marriages	
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Describe your previous marriage Date of marriage To whom Place Date of divorce / death from this marriage	
Describe your previous marriage Date of marriage To whom Place Date of divorce / death from this marriage	

6. Do you have children from a previous marriage or relationship? Yes No
If so, describe the relationship between your other child(ren) and the child(ren) whose custody / visitation is before the Court.

7. Who has custody of the child(ren)? _____

8. If you do not have custody, explain why.

9. If there has been custody litigation regarding your other child(ren), state the name and address of the Court of this litigation took place.

10. Please stat the amount of any child support obligation you have for all of your children.

Name of child	Amount	Payee	Payee telephone #
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11. If not currently married, do you have a new romantic interest? Yes No
If so, please give the name and explain how long you have been together.

12. How do the child(ren) interact with this person?

13. How often is this person over and is this person there when the children go to bed at night? If so, explain why.

14. Does the other parent or party have a new romantic interest? Yes No.

15. How do the child(ren) interact with this person?

X. Needs of Children

1. State whether any of the child(ren) who are the subject of this litigation have any special needs (reflecting either a physical or emotional need): _____

2. State which party of the litigation can better provide for the special needs of the child(ren) and why: _____

3. Have you met with your child's teacher? Yes No

XI. Family Relationships

1. Describe the relationship between each party and the child subject to this litigation. For example, who is the primary caretaker? Who attends and schedules doctor's appointments, sports events, parent – teacher meetings, etc. Does the non-custodial party visit regularly and have a relationship with the child?

XII. Willingness to Allow Relationship with the Other Party

1. What type of relationship do you believe the child(ren) should be allowed to have with the other parent or party to this litigation if you are granted custody?

2. What would you be willing to do to encourage a good relationship between the child(ren) and the other parent or party to this litigation?

3. What have you done in the past to encourage a good relationship between the child(ren) and the other parent or party to this litigation?

4. If you are granted custody, describe the visitation you believe the other parent or party to this litigation should have?

5. If you are **not** granted custody, what type of visitation are you requesting? Describe.

6. What has the other parent or party to this litigation done in the past to encourage or discourage the child(ren)'s relationship with you?

7. Describe your ability and the other parent's ability to cooperate in matters affecting the child(ren). Give examples of past conduct.

8. Has the other parent or party ever obstructed contact between the you and the child(ren)?

Explain:

XV. Other Relationships with the Children

1. In your opinion, what role should a stepparent play in a child's life?

2. Have you ever allowed your boyfriend or girlfriend spend the night when your children in your home? Yes No

Explain:

3. Has the other parent done so? Yes No

Explain:

XVI. Child Care Arrangements

1. What child care arrangements have you made for the time you are at work?

2. State the name, address and telephone number of the child care center which will be providing this service.

3. State the days of the week and the hours of the day the child(ren) will be in child care.

4. What is the cost of child care? _____

XVII. Present Court Action

1. If you have an attorney representing you in this present litigation, state the name and telephone number of your attorney.

List the names, addresses and telephone numbers of the witnesses you plan to present at the custody hearing. Please also list at least three non-witness references, such as family members, neighbors, or co-workers. Please attempt to list at least one or two family members, such as grandparents, that also have contact with the child(ren).

1. _____
Name Address Telephone #

2. _____
Name Address Telephone #

3. _____
Name Address Telephone #

4. _____
Name Address Telephone #

5. _____
Name Address Telephone #

Signature

Date