

WITNESS INFORMATION SHEET
CHILD CUSTODY EVALUATION

YOUR NAME: _____

PHONE: _____

WITNESS FOR: _____

PHONE: _____

BEST TIME TO REACH YOU: _____ (You will be called

YOUR MAILING ADDRESS: _____

DO YOU HAVE CHILDREN?: Y / N THEIR AGES: _____

HIGHEST GRADE COMPLETED?: _____

HOW OFTEN HAVE YOU OBSERVED THE PARTIES?: _____

HOW DO YOU KNOW THE PARTIES?: _____

HAVE YOU SPENT TIME WITH EACH PARENT AND THE CHILD(REN)?: _____

HOW HAVE YOU SPENT TIME WITH THE PARTIES?: _____

WHICH PARENT SEEMS MORE CONCERNED FOR THE CHILD(REN):? _____

WHY?: _____

WHO SPENT AND SPENDS MORE TIME WITH THE CHILDREN?: _____

WHO SEEMS MORE STABLE?: _____ WHY?: _____

ANY OTHER IMPORTANT INFO THE EVALUATOR NEEDS TO KNOW?: _____
