

**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?: \_\_\_\_\_

\_\_\_\_\_