

**CUSTODY / VISITATION ASSESSMENT PACKAGE**

Enclosed find several forms that must be completed and returned to the Guardian *ad Litem* by the date of your initial interview. Your in office interview has been scheduled for \_\_\_\_\_ at \_\_\_\_\_, and we are able to provide a notary for the required signature pages on that date for your convenience. If you need to reschedule this meeting you must still return the enclosed forms to our office by that date. The answers to these questions will determine the length of time needed to complete a thorough investigation into the child's welfare, so prompt return of this information is critical if the investigation is to be completed prior to the date of the next scheduled hearing. Your home visit is scheduled for \_\_\_\_\_ at \_\_\_\_\_ a.m.

You may return this questionnaire by facsimile or by mail if you are unable to attend the initial interview, however you must sign the certification at the end of the last page of this form.

All forms must be completed and returned no later than \_\_\_\_\_.

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

Enclosures:

1. Guardian *ad litem* questionnaire
2. Child Protective Services Registry records authorization
3. Release of Information

**Name of Child:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SSN:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SSN:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SSN:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **DOB:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SSN:** \_\_\_\_\_

## I. GENERAL BACKGROUND

1. Your Name

\_\_\_\_\_

First                      Middle                      Last

Date of Birth \_\_\_\_\_

Relationship to child \_\_\_\_\_

2. Have you had any prior contact or involvement with Virginia Beach Law Group, PLLC or the Guardian *ad litem*, Lisa Dale Woodward? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

3. Present Spouse (or other adult responsible for children):

\_\_\_\_\_                      First                      Middle                      Last                      DOB \_\_\_\_\_

4. Address

\_\_\_\_\_

Street Address                      City                      State                      Zip

Length of time at address \_\_\_\_\_

5. Is this the place where the child(ren) live/visit with you? \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

7. Telephone numbers \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)

\_\_\_\_\_ (Cell)

8. 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Children involved in the present court action:
- |    | Name/Age | Where children are currently residing |
|----|----------|---------------------------------------|
| a. | _____    | _____                                 |
| b. | _____    | _____                                 |
| c. | _____    | _____                                 |
| d. | _____    | _____                                 |

10. Other children or adults in your home:
- |    | Name  | Sex   | DOB   | Relationship to Petitioner | School attended or Place of Employment |
|----|-------|-------|-------|----------------------------|--|
| a. | _____ | _____ | _____ | _____                      | _____                                  |
| b. | _____ | _____ | _____ | _____                      | _____                                  |
| c. | _____ | _____ | _____ | _____                      | _____                                  |
| d. | _____ | _____ | _____ | _____                      | _____                                  |

11. Names of any children not living with you.
- \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_
  - \_\_\_\_\_

Describe your relationship with each child not living with you, and note the days and times you have visitation with that child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **II. PRIOR CUSTODY LITIGATION**

- Have you been involved in a previous dispute that resulted in a court hearing regarding the children who are the subject of litigation? \_\_\_\_\_
- 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**

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

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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?

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

5. If yes, state the name of the child, the dates 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
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#### **IV. EMPLOYMENT HISTORY**

1. Your employer:

Employer	Address	Telephone #	Date of Hire
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2. What are your work hours? \_\_\_\_\_

3. What time do you leave home for work and what time do you return home each day? \_\_\_\_\_

4. Do you work weekends?  Yes  No If so, how often? \_\_\_\_\_

5. Do you work nights?  Yes  No If so, how many? \_\_\_\_\_

6. Do you travel on your job or are you on call in the evenings? \_\_\_\_\_  
If so, how often? \_\_\_\_\_

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

Name of employer	Address	Telephone	Dates of employment
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8. What is your annual income? \_\_\_\_\_  
 What is your annual income for the calendar year preceding this litigation? \_\_\_\_\_  
 Do you expect any increase or decrease in your income in the near future? \_\_\_\_\_  
 If yes, explain: \_\_\_\_\_
9. Describe your education background, i.e. high school, technical college, college.  
 \_\_\_\_\_  
 \_\_\_\_\_
10. 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:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. 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 suspension: \_\_\_\_\_  
 \_\_\_\_\_
3. Have the police ever been called to your residence?  Yes  No  
 If yes, state the date and 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

<b>Question</b>	
Identify current illnesses or medical problems	
List the name, address and phone number of your current primary care physician	
If you or anyone in your family has ever experienced any of the following, please state the relationship of the person to you:	
Alcoholism	
Substance Abuse	
T.B.	
Epilepsy	
Cancer (what type)	
HIV	
Heart disease	
Diabetes	
Allergies	
Asthma	
Emotional/mental illness – list all diagnoses for any psychological or mental 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.

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

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3. Please list the **name of the children's current teacher**, and/or any teachers that you have had any contact with in the last year.

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4. Please list the **school club / organization** that your child(ren) participates in. Please list the **name and address and phone number** of the teacher and / or coach that is involved with the school club / organization.

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5. Please list the **extracurricular activities** that your child(ren) participates in. Please list the **name and address and phone number** of the director, instructor or parent that is involved with the activity.

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

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7. Please state what your child(ren) wishes to pursue as a career when an adult.

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8. Please list the **name, address and phone number** of the children's current pediatrician or primary care physician.

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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 children for any physical or mental condition.

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

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11. Please list the children's current medications.

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12. Are any of the children who are the subject of this litigation currently being treated by a psychologist, psychiatrist, or mental health practitioner for a mental health problem or a drug or alcohol problem? \_\_\_\_\_

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13. Have you ever met with the children's doctors, or taken the children to their doctors for regular checkups or treatment for illness?  Yes  No If no, why? \_\_\_\_\_

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14. Do you believe the children have received adequate health care and routine wellness visits?  Yes  No  
If not, what are the deficiencies? \_\_\_\_\_



15. Who has been the person primarily responsible for taking the children to the doctor and dentist in the past? \_\_\_\_\_
16. Do you claim that the physical health of a parent or child is an issue in this litigation?  
 Yes  No If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_
17. Do you have health insurance that covers the children? \_\_\_\_\_

**VII. MENTAL HEALTH HISTORY**

1. Describe your **current** mental health condition, including drug or alcohol abuse:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Are you currently, or have you ever been treated by a psychologist, psychiatrist, or mental health practitioner 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 #  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. State the dates of your treatment. \_\_\_\_\_  
\_\_\_\_\_  
State the diagnosis you were 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 a drug or alcohol problem?  Yes  No If yes, state when and where you were hospitalized:

\_\_\_\_\_  
\_\_\_\_\_

7. Has anyone ever suggested or referred you for evaluation on treatment for alcohol or drug problems? \_\_\_\_\_

If so, did you have such an evaluation treatment? \_\_\_\_\_

Did you complete such an evaluation treatment? \_\_\_\_\_

Did you decline such an evaluation treatment? \_\_\_\_\_

8. Have any of the children who are the subject of this litigation ever been hospitalized for a mental health problem, including a drug or alcohol problem:

Yes  No

If yes, state when and where the hospitalization occurred. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

10. 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. \_\_\_\_\_

\_\_\_\_\_

11. State the dates of treatment rendered to the other party in this litigation. \_\_\_\_\_

\_\_\_\_\_

12. State any diagnoses given to the other party in this litigation. \_\_\_\_\_

\_\_\_\_\_

13. State the medications prescribed to the other party in this litigation, if known to you.

\_\_\_\_\_  
\_\_\_\_\_

14. 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 occurred and when it occurred. \_\_\_\_\_

\_\_\_\_\_

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15. State the usage of alcohol, prescription and nonprescription drugs by the other party to this litigation. \_\_\_\_\_

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**VIII. FAMILY HISTORY**

1. Your Parents  
Father:

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First Middle Last

Mother's full name:

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First Middle Last Maiden

2. Your father's address

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Street Address City State Zip

Your mother's address

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Street Address City State Zip

3. If father and mother are deceased, give date and cause. \_\_\_\_\_

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4. What was your father's employment? \_\_\_\_\_

5. What was your mother's employment? \_\_\_\_\_

6. Last grade your father completed. \_\_\_\_\_

7. Last grade your mother completed. \_\_\_\_\_

8. Were your parents ever divorced, separated, remarried? Specify.  
\_\_\_\_\_

9. State the number of siblings you have and their names and ages. \_\_\_\_\_

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Name Age

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Name Age

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Name

Age

10. 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 or bizarre form of punishment.
- Parents or guardians were incarcerated for any period of time.
- Parents or guardians were diagnosed with a mental or emotional disorder.
- You or your siblings were removed from the care of your parents or guardians by a 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 any of the boxes above, please explain the circumstances below:

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**IX. MARITAL HISTORY**

1. Present marriage:

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Date of Marriage	Date of Separation	Reason for Separation	Date of Divorce
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2. Name of Present Spouse:

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Name	Maiden Name	DOB
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3. Do you and your current spouse live together?  Yes  No  
If not, explain briefly the reasons for the separation:

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4. Have you ever been married before?  Yes  No

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

5. Do you have children any children from a previous marriage or relationship?

Yes  No

If so, describe the relationship between your other children and the children whose custody/visitation is before the Court. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Who has custody of the child(ren)? \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. If there has been custody litigation regarding your other children, state the name and address of the Court in this of the litigation took place.

\_\_\_\_\_  
\_\_\_\_\_

9. Please state the amount of any child support obligation you have for all of your children.

Name of child	Amount	Payee	Payee Phone #
_____			
_____			
_____			
_____			

**X. NEEDS OF CHILDREN**

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

\_\_\_\_\_

2. If yes, state which child(ren) and state the exact nature of the special need.

\_\_\_\_\_

\_\_\_\_\_

3. State which party to the litigation can better provide for the special needs of the children and why: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Describe the needs of each child who is the subject of this litigation and describe other important relationships each child has, including but not limited to the child's relationship with brothers and sisters; friends and peers; and extended family members. State which person as custodian can better meet these needs and why/how? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Does the child have any "changing developmental needs" of which the Court should be aware and, if so, what are they and which parent is better able to meet these needs and why? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. What is your child's strongest subject in school and why? \_\_\_\_\_  
\_\_\_\_\_
7. What is your child's weakest subject in school and why? \_\_\_\_\_  
\_\_\_\_\_
8. Have you met with your child's teachers?  Yes  No
9. Has your child been referred to the guidance office?  Yes  No  
If yes, how many times has your child been referred to the guidance office and for  
what reason? \_\_\_\_\_  
\_\_\_\_\_

**XI. FAMILY RELATIONSHIPS**

1. Describe the relationship between you and each of your children who are the subject  
of this litigation.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Describe the relationship between the other parent or party to this litigation and each  
of the children.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. State which of you has a better relationship with the children and why you have  
come to this conclusion.  
\_\_\_\_\_  
\_\_\_\_\_
4. Describe what, if any, positive involvement you have had in each child's life.  
\_\_\_\_\_  
\_\_\_\_\_
5. Describe what, if any, positive involvement the other parent has had in each child's  
life.  
\_\_\_\_\_  
\_\_\_\_\_

6. State which parent is better able to meet the emotional, intellectual and physical needs of each child whose custody is at issue in the proceeding. Give examples of which indicate the reason for your position.

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**XIII. 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?

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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?

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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?

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

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

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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?

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7. Has the other parent or party to this litigation demonstrated a willingness and ability to maintain a close and continuing relationship with the children?  Yes  No  
Explain:

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

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**XIII. AWARENESS OF THE PROCEEDINGS**

1. Are your children aware of the current Court proceedings?  Yes  No

2. How did they become aware of the Court proceedings?

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3. How do you explain the present court action to your children?

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4. State whether the child has discussed the issue of custody with you or with anyone else to your knowledge.

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**XV. HISTORY OF FAMILY OR HOUSEHOLD MEMBER ABUSE**

Family or household member abuse is defined in the Code as any act of violence, including any forceful detention, which results in physical injury or places one in reasonable apprehension of serious bodily injury, as between family or household members.

1. Do you have evidence that the other parent or party to this litigation has committed such abuse on a family or household member?  Yes  No  
If so, explain in detail and list the names and addresses of any witnesses:

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2. Did the case result in a Court action (criminal charges, protective orders, etc.)?  Yes  No  
If yes, state the nature of the action and the name and address of the Court.

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Attach a copy of any Court Order that resulted from a finding that the person had committed family or household member abuse.

3. Have you ever committed family or household member abuse, or been charged / accused of such?  Yes  No  
If so, explain:

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**XVI. PARENTING AND RELATIONSHIP SKILLS**

1. Describe your relationship with your parents as a child.

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2. How did your parents show affection? \_\_\_\_\_

3. How did your parents show anger? \_\_\_\_\_

4. How have your childhood experiences affected the way you are as an adult?  
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\_\_\_\_\_
5. Considering your own upbringing, what would you want to do differently with your own child?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What do children owe their parents?  
\_\_\_\_\_  
\_\_\_\_\_
8. How did you meet your present partner? How long did you date each other before marriage or living together?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Describe current relationships with extended family member (parents, brothers and sisters, etc.).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
10. What do you consider to be your strengths and weaknesses as a parent or custodian?  
Strengths: \_\_\_\_\_  
\_\_\_\_\_  
Weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. What are the strengths and weaknesses of the other parent or party to this litigation?  
Strengths: \_\_\_\_\_  
\_\_\_\_\_  
Weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. The Court is concerned with finding the person who has the temperament, parenting skills and personality which will best meet the needs of the children. Describe your

temperament, parenting skills and personality and state how those traits will meet the needs of the children who are the subject of this litigation.

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13. Describe the temperament, parenting skills and personality of the other parent or party to this litigation and state how those traits will or will not meet the needs of the children.

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14. State whether or not the other parent or party to this litigation has ever abused or neglected the children, either physically or emotionally. If so, explain and give facts and a time reference as to when you allege the abuse or neglect took place.

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15. What educational goals do you have for your children?

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16. What moral and spiritual expectations do you have for the children?

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17. State what you have done to help the children achieve these educational, moral and spiritual goals.

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18. State what extended family members (grandparents, aunts, uncles, cousins) live in the area who could assist you with the care of the children if needed.

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19. Describe the relationship each child has previously had with these family members.

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20. Describe your child's personality and maturity (identify each child by name).

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21. Have you ever experienced any emotional, behavioral or school related problems with your child? If yes, please describe nature of problem and how it was handled.

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22. What are the rules and responsibilities for your children in your home?

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23. How do you discipline your children?

_____ "Time Out"	_____ "Spanking" / Corporal punishment:
_____ Discussion / Correction with Words	_____
_____ Loss of Privileges	_____ Other: _____

Explain:

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24. State what activities you and the children have participated in together in the past. (For example: movies, going to the park and museums; sports; music lessons; church – give a time reference.)

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25. What are the child's feelings about the other parent?

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26. In your opinion, what role should a stepparent play in a child's life?  
 \_\_\_\_\_  
 \_\_\_\_\_
27. Have you ever allowed your boyfriend or girlfriend spend the night when your children were in your home?  Yes  No  
 Explain:  
 \_\_\_\_\_  
 \_\_\_\_\_
28. Has the other parent or party done so?  Yes  No  
 Explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

**XVII. 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 or child care center which will be providing this service.  
 \_\_\_\_\_  
 \_\_\_\_\_
3. State the days of the week and the hours of the day the children will be in child care.  
 \_\_\_\_\_  
 \_\_\_\_\_
4. What is the cost of childcare? \_\_\_\_\_

**XVIII. PRESENT COURT ACTION**

1. If you are asking for a change in custody or visitation from what has previously been Court ordered, state what significant change in circumstances has occurred since the last Court hearing and why you feel a change is in the best interest of the child.  
 \_\_\_\_\_  
 \_\_\_\_\_
2. What steps have you taken to resolve the conflict prior to filing an action with the Court?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. If you have an attorney representing you in this present litigation, state the name and telephone number of your attorney.  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Please identify your concerns for the child's welfare that are relevant to the current custody dispute.

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5. Please state whether you are willing to compromise with the other party in any manner, and on which issues.

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6. What is the most important or most critical issue(s) to you in this case?

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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    Phone #

2. \_\_\_\_\_  
Name    Address    Phone #

3. \_\_\_\_\_  
Name    Address    Phone #

4. \_\_\_\_\_  
Name    Address    Phone #

5. \_\_\_\_\_  
Name    Address    Phone #

6. \_\_\_\_\_  
Name    Address    Phone #

7. \_\_\_\_\_  
Name    Address    Phone #

8. \_\_\_\_\_  
Name    Address    Phone #

9. \_\_\_\_\_  
Name Address Phone #

10. \_\_\_\_\_  
Name Address Phone #

I certify that the above information is correct and true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

COMMONWEALTH OF VIRGINIA  
CITY OF \_\_\_\_\_, to-wit:

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commission expires: \_\_\_\_\_