



STEPHANIE M. HANSEL
COURT EXECUTIVE OFFICER

SUPERIOR COURT OF CALIFORNIA COUNTY OF SUTTER

1175 Civic Center Boulevard, Yuba City, CA 95993

PARTIAL CHILD CUSTODY INVESTIGATION QUESTIONNAIRE

This questionnaire is for the Court Investigator's use only and will not be shared with any outside party.

Please make sure it is complete and neat.

Please *immediately* return this completed questionnaire to:

Sutter County Superior Court
1175 Civic Center Boulevard
Yuba City, CA 95993

Mediation is available throughout the investigation period. If you believe an agreement can be reached, please make use of these services.

If you have any questions, please contact the investigators at (530) 822-3332.



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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, specifically authorize any public agency, private person, employer or past employer, medical doctor, psychologist, treating therapist or hospital possessing information about me or my children (listed below), including psychiatric information, confidential or otherwise, to release same (including copies) to the Superior Court through its duly appointed Court Investigator, such information to be used as the Court may deem fit and proper.

A copy of this release shall be as valid as the original.

This release shall remain in effect for one year from the date of my signature, unless otherwise revoked.

Child's Full Name	Date of Birth

(Use back of this form for additional space, if needed)

_____ Date

_____ Authorizing Signature

_____ Date

_____ Court Investigator

Today's Date: _____

Court Case Number: _____

Your Attorney's Name: _____

Telephone Number: _____

You are the: Mother _____

Father _____

Your Full Name: _____

Other Names Used (Include Maiden Name): _____

Current Address: _____

Telephone Numbers: Home: _____

Work: _____

Cell or Message: _____

Fax: _____

Email Address: _____

Date of Birth: _____

Social Security Number: _____

Driver's License Number: _____

CHILD CUSTODY INVESTIGATION QUESTIONNAIRE - PARTIAL

List All of the Children Involved in this Matter

1. Child's Full Name: _____

Date of Birth: _____ Age: _____

School and Grade: _____

2. Child's Full Name: _____

Date of Birth: _____ Age: _____

School and Grade: _____

3. Child's Full Name: _____

Date of Birth: _____ Age: _____

School and Grade: _____

4. Child's Full Name: _____

Date of Birth: _____ Age: _____

School and Grade: _____

Please provide additional information that will aid the investigator in collecting the information requested by the court. For example, if the court requested that the investigator contact the child's therapist, provide the name and telephone number of the therapist or if the court requested that the investigator obtain the criminal history of an adult in your home, please provide that individual's complete name, date of birth, Social Security number and driver's license number:

