



STEPHANIE M. HANSEL
COURT EXECUTIVE OFFICER

SUPERIOR COURT OF CALIFORNIA COUNTY OF SUTTER

1175 Civic Center Boulevard, Yuba City, CA 95993

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 return this completed questionnaire to:

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

by _____ *or within seven days.*

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.



SUPERIOR COURT OF CALIFORNIA COUNTY OF SUTTER

1175 Civic Center Boulevard, Yuba City, CA 95993

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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

CHILD CUSTODY INVESTIGATION QUESTIONNAIRE

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: _____

Social Security Number: _____

Driver's License Number: _____

Age: _____ Date of Birth: _____ Place of Birth: _____

Sex: M F Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

How Long Have You Lived In: The United States? _____

California? _____

Sutter County? _____

CHILD CUSTODY INVESTIGATION QUESTIONNAIRE

List All People Who Currently Reside In Your Home:

Full Name (All Names Used)	Date of Birth	Relationship to You	Driver's License and Social Security Number

How Long Have You Lived At Your Current Address? _____

List All of Your Residences in the Last Five Years:

Address	Dates	Reason for Moving

Your High School: _____

Your Date of Graduation: (If not, why?): _____

Your College or Trade School: _____

Your Date of Graduation and Type of Degree: _____

CHILD CUSTODY INVESTIGATION QUESTIONNAIRE

List Your Last Three Employers, Beginning With Present:

Name	Address	Position	Date Started	Date Left/Reason

Current Days and Hours You Work: _____

Amount of Income Per Month: _____

Your Source of Income If You Are Not Employed: _____

List Any Childcare Your Child(ren) Will Attend During Your Parenting Time:

Provider's Name	Address	Telephone Number	Days and Times

Your Military Service: Branch: _____

Rank: _____

Discharge Date: _____

Type of Discharge: _____

CHILD CUSTODY INVESTIGATION QUESTIONNAIRE

Your Current Spouse: _____

Other Names Used (Include Maiden Name): _____

Date and Place of Birth: _____

Driver's License Number: _____

Social Security Number: _____

Date and Place of Marriage: _____

Status of Present Marriage: _____

Employer Name and Address: _____

Occupation: _____

Days and Hours of Work: _____

List All of Your Children's Medical Doctors and Mental Health Counselors/Therapists:

Provider's Name	Telephone Number	Reason for Seeing	Child's Name

CHILD CUSTODY INVESTIGATION QUESTIONNAIRE

List All of Your Children, ***Including Adults***:

1. Child's Full Name: _____

Date and Place of Birth: _____ Age: _____

School and Grade: _____

Other Parent's Name: _____

Custody and Visitation Arrangement: _____

2. Child's Full Name: _____

Date and Place of Birth: _____ Age: _____

School and Grade: _____

Other Parent's Name: _____

Custody and Visitation Arrangement: _____

3. Child's Full Name: _____

Date and Place of Birth: _____ Age: _____

School and Grade: _____

Other Parent's Name: _____

Custody and Visitation Arrangement: _____

4. Child's Full Name: _____

Date and Place of Birth: _____ Age: _____

School and Grade: _____

Other Parent's Name: _____

Custody and Visitation Arrangement: _____

CHILD CUSTODY INVESTIGATION QUESTIONNAIRE

Describe Your Health:

List All Medications You Take:

Name	Dosage	Reason

Describe Your History of Alcohol and/or Illegal Drug Use:

List Your Medical Doctors and Mental Health Counselors/Therapists:

Provider's Name	Telephone Number	Reason for Seeing	Dates of Treatment

Your Criminal History:

Date of Arrest	Arresting Agency	Charge(s)	Disposition

Your Child Protective Services History:

Date of Contact	County	Reason	Result

Describe the relationship between you and the other parent involved in this matter:

Have your children witnessed domestic violence between you and the other parent? Examples are pushing, slapping, hitting, destroying property, yelling.

Please list incidents, dates and contact with law enforcement:

CHILD CUSTODY INVESTIGATION QUESTIONNAIRE

The Legal and Physical Custody definitions below will help you to complete the following questions.

Legal Custody defines the decision-making rights and responsibilities in relation to your child(ren).

Sole Legal Custody means that one parent shall have the rights and responsibilities to make major decisions relating to the health, education and welfare of the child(ren).

Joint Legal Custody means that both parents shall share the rights and responsibilities to make major decisions relating to the health, education and welfare of the child(ren).

Considering these definitions, which do you believe is in the best interest of your child(ren)?

_____ Sole Legal Custody

_____ Joint Legal Custody

Please Explain:

Physical Custody defines the amount of time the child(ren) will spend with each parent.

Sole Physical Custody means that the child(ren) shall reside with and be under the supervision of one parent, subject to the power of the Court to order visitation to the other parent.

Joint Physical Custody means that each parent shall have significant periods of physical custody. Joint Physical Custody shall be shared by parents in such a way to assure the child(ren) of frequent and continuing contact with both parents.

Considering these definitions, which do you believe is in the best interest of your child(ren)?

_____ Sole Physical Custody

_____ Joint Physical Custody

Please Explain:

What is the current custody/visitation plan between you and the other party involved in this matter?

Describe your ideal parenting plan and schedule. Consider what is in the best interests of the child(ren) involved in this matter.

Please prepare a three page or less written statement which explains all specific concerns you have and why you believe your plan is best for the child(ren) involved. The statement will be attached to the Investigation Report for all parties, including the Judge, to review.

By signing below, I swear under penalty of perjury that the foregoing information is true and correct.

Name: _____

Date: _____

CHILD CUSTODY INVESTIGATION QUESTIONNAIRE