SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BENITO

OFFICE OF

FAMILY COURT SERVICES

450 Fourth Street

Hollister, CA 95023

(831) 636-4057

CHILD CUSTODY INVESTIGATION WITNESS QUESTIONNAIRE

IMPORTANT – PLEASE READ:

ATTENTION WITNESS: PLEASE READ THIS INFORMATION BEFORE COMPLETING THIS FORM and RETURN TO THE PARENT/GUARDIAN REQUESTING YOUR INPUT.

The court Investigator will incorporate this witness questionnaire form into the child custody report.

If you have any questions regarding this notice, please feel free to contact the assigned Court Investigator.

Name and phone of parent/guardian for whom you are completing the questionnaire:

_____ _____

Name Phone number

INSTRUCTIONS:

As you answer each question below, please keep in mind that it is the responsibility of the Court to safeguard the welfare and future development of the children in the family. You can help the Court in meeting this responsibility by being objective and confining your statements to observations which you have personally made. Answer each question as completely as possible, using additional paper if needed. The investigator may contact you personally to discuss your statement with you. This questionnaire is to be completed immediately and returned to Family Court Services.

Your Name _____ Your Address _____

_____

Your Phone Number _____ _____

Home Work

Your relationship to the parent/guardian above _____

(friend, relative, (mother, father, etc), employer)

How long have you known this parent/guardian above _____

How often do you see him/her _____ Date last seen _____

How long have you known the children in this case _____

How often do you seen them _____ Date last seen _____

Do you know the other parent? _____ _____ If yes, for how long _____

A. PHYSICAL ENVIRONMENT

If you have been in the home of the parent/guardian for whom you are a witness, describe the home including housekeeping standards, who prepares the meals, etc.

B. CARE OF THE CHILDREN

Describe how the parent/guardian for whom you are a witness treats the child(ren) (ie:cleanliness, clothing, discipline, supervision).

What is the relationship between the parent/guardian and the child(ren) from your observation?

Have you ever witnessed physical or emotional abuse of the child(ren) by either parent/guardian (explain and give dates).

C. CHILDREN

State your personal observations of each child. Include any physical or emotional problems known to you.

Have the children expressed their feelings regarding custody/visitation to you?

_____yes _____no If yes, please explain:

D. PARENTS

To your knowledge, does the parent/guardian for whom you are a witness have problems in any of the following areas:

	YES	NO
ABUSE OF ALCOHOL	____	____
ABUSE OF DRUGS/NARCOTICS	____	____
CRIMINAL INVOLVEMENT	____	____

If the answer to any of the above is yes, please give details.

E. CUSTODY

Based on your observations, please state which parent you feel should have custody and explain why.

Do you feel the other parent is unfit to have custody? _____ Yes _____ Yes

If yes, please explain why.

F. ADDITIONAL COMMENTS

I certify under the penalty of perjury that the foregoing is true and correct.

_____
Witness' Signature

_____
Date