

Please print a copy.  
Complete and return  
to our office.



## Grandparent Custody | Visitation Request Questionnaire

### OUR CLIENT

Full Legal Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth (country or state): \_\_\_\_\_

*Please mark preferred phone number below.*

Home Phone: \_\_\_\_\_  Cell Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

Full Legal Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth (country or state): \_\_\_\_\_

*Please mark preferred phone number below.*

Home Phone: \_\_\_\_\_  Cell Phone: \_\_\_\_\_  Work Phone: \_\_\_\_\_

Preferred Email: \_\_\_\_\_

### MOTHER'S INFORMATION

Full Legal Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth (country or state): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### FATHER'S INFORMATION

Full Legal Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth (country or state): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- CONTINUED ON NEXT PAGE -

# Grandparent Custody | Visitation Request Questionnaire

## CHILDREN

Child's Name	Date of Birth (MM/DD/YYYY)	Social Security Number	Age	Still Living at Home	Are they of Native American Heritage?
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Present address of children:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name(s) & address(es) of person(s) with whom children have lived for the past six (6) months:

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Has there been litigation concerning custody of the children?  Yes  No

Where (City and State): \_\_\_\_\_ Case No. \_\_\_\_\_

Caption of Case: \_\_\_\_\_ Status: \_\_\_\_\_

Is there anyone else (other than other parent) who has or claims to have a right to physical custody of or visitation rights with the children?

Yes  No If yes, please provide their name(s): \_\_\_\_\_

## PARENTING TIME/GRANDPARENT VISITATION

Who has primary residency? \_\_\_\_\_

## CASE INFORMATION

Case No. \_\_\_\_\_

Mother's Attorney: \_\_\_\_\_

Father's Attorney: \_\_\_\_\_

# Grandparent Custody | Visitation Request Questionnaire

Describe relationship between grandparent(s) and child(ren): \_\_\_\_\_

---

---

Describe reasons why parent has not allowed contact with child(ren): \_\_\_\_\_

---

---

Describe last contact with child(ren): \_\_\_\_\_

---

---

Describe contact with child(ren) historically before contact was stopped by parent: \_\_\_\_\_

---

---

What would you propose regarding grandparent visitation and contact with the child(ren)?: \_\_\_\_\_

---

---

---

---

Describe your home, employment and any other factors that could affect grandparent visitation: \_\_\_\_\_

---

---

---

---

If you have had involvement with the Court system regarding this issue in the past, please describe it in detail: \_\_\_\_\_

---

---

---

---

---

# Grandparent Custody | Visitation Request Questionnaire

## DOMESTIC VIOLENCE/MENTAL HEALTH

Are the children in a relationship in which they have been physically hurt or threatened by either parent?  Yes  No

Has either parent ever threatened or abused the children mentally or physically?  Yes  No

Do you believe either parent/significant other abuses alcohol?  Yes  No

Does either parent/significant other believe you abuse alcohol?  Yes  No

Do you believe you abuse alcohol?  Yes  No

Do you believe either parent/significant other abuses prescription or illegal drugs?  Yes  No

Does either parent/significant other believe you abuse prescription or illegal drugs?  Yes  No

Do you believe you abuse prescription or illegal drugs?  Yes  No

Do you believe either parent/significant other has a mental health problem or issue?  Yes  No

Does either parent/significant other believe you have a mental health problem or issue?  Yes  No

Do you believe you have a mental health problem or issue?  Yes  No

## ADDITIONAL INFORMATION: