

Attorney or Party Without An Attorney (Name, Address, Telephone Number) Attorney for (Name):	
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SONOMA Civil and Family Law Courthouse Family Law Division 3055 Cleveland Avenue Santa Rosa, Ca 95403 Telephone: (707) 521-6500	
Petitioner/Plaintiff: Respondent/Defendant: Other Parent/Claimant:	
FAMILY LAW CHILD CUSTODY/VISITATION QUESTIONNAIRE	Hearing Date: Dept. Number:

Please provide the following information and complete this document in its entirety. Only use the boxes provided to answer the questions.

In the past 90 days, how many times have you spoken with your child(ren)? _____

In the past 90 days, how many times have you visited with your child(ren)? _____

List the date you last visited with your child(ren)? _____

Have you asked to visit with your child(ren) and the other parent said, "No"? Yes No

Do you believe your child(ren) should decide when they will visit the other parent? Yes No

Do both parents have access to the child(ren)'s medical and/or school records? Yes No

Has/Have your child(ren) told you that he/she or they do not want to see you? Yes No

Has your child(ren) told you they do not want to see the other parent? Yes No

Do you believe the child(ren) are not safe with the other parent? Yes No

Instructions: This form is for optional use. If you elect to complete this form it must be filed with the court and served to the other party.