

CUSTODY AND VISITATION SAFETY QUESTIONS

1. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN INVESTIGATED BY DSS OR ANY SIMILAR AGENCY OF ANOTHER STATE OR COUNTRY, FOR ABUSE OR NEGLECT OF A CHILD? IF YES, GIVE A DESCRIPTION OF THE OUTCOME OF THE INVESTIGATION.

NO YES

2. DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD HAVE A CRIMINAL RECORD? IF YES, GIVE DETAILS AND PROVIDE THE DATE OF BIRTH AND SOCIAL SECURITY NUMBER.

NO YES

3. DO YOU OR ANY MEMBER OF YOUR HOUSEHOLD HAVE A PROBLEM WITH ALCOHOL OR DRUGS? IF YES, PLEASE GIVE DETAILS.

NO YES

4. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER BEEN INVOLVED IN ANY INCIDENT OR EPISODE OF DOMESTIC VIOLENCE? IF YES, GIVE DETAILS.

NO YES

5. HAVE YOU OR ANY MEMBER OF YOUR HOUSEHOLD EVER HAD YOUR PARENTAL RIGHTS TERMINATED AS TO A CHILD FOR ANY REASON? IF YES, GIVE DETAILS.

NO YES

6. HAVE EITHER OF YOU BEEN TREATED OR HOSPITALIZED WITHIN THE PAST 3 YEARS FOR ANY PHYSICAL ILLNESS THAT MIGHT NEGATIVELY AFFECT YOUR ABILITY TO CARE FOR A CHILD OR ANY MENTAL ILLNESS OR DRUG/ALCOHOL PROBLEM?

NO YES
