

SHORT FORM CHILD CUSTODY/VISITATION EVALUATION REPORT

(The examples in this form are for illustrative purposes and are not designed to limit findings and opinions of the mental health professional)

To: Court and All Attorneys of Record

1) This examiner has had the following contacts with the parties and the children in this matter and has administered the following tests:

Party 1 - Name _____; Relationship to child _____

_____ individual session(s)

_____ joint session(s) with _____

Other type contact: _____

Types of Test(s) Administered:

Test 1 _____; valid profile: Y or N (circle one)

Test 2 _____; valid profile: Y or N

Test 3 _____; valid profile: Y or N

Party 2 - Name _____; Relationship to child _____

_____ individual session(s)

_____ joint sessions with _____

Other type contact: _____

Types of Test(s) Administered:

Test 1 _____; valid profile: Y or N (circle one)

Test 2 _____; valid profile: Y or N

Test 3 _____; valid profile: Y or N

Child 1 - Name _____

_____ individual session(s)

_____ joint sessions with _____

Other type contact: _____

Types of Test(s) Administered:

Test 1 _____; valid profile: Y or N (circle one)

Test 2 _____; valid profile: Y or N

Test 3 _____; valid profile: Y or N

Child 2 - Name _____

_____ individual session(s)

_____ joint sessions with _____

Other type contact: _____

Types of Test(s) Administered:

Test 1 _____; valid profile: Y or N (circle one)

Test 2 _____; valid profile: Y or N

Test 3 _____; valid profile: Y or N

2) Other sources of information:

I have reviewed the following documents (example: report cards, medical records):

I have spoken to the following persons concerning the subjects detailed below:

Name: _____ Subject Matter: _____

Name: _____ Subject Matter: _____

I have been unable to obtain the following information that would be relevant to the issues in this matter:

3) Identify any specific facts or state any specific opinions regarding the parties or the children that may impact the issues before the court.

Party 1: Functioning: _____

Facts: _____

Party 2: Functioning: _____

Facts: _____

Child 1: Functioning: _____

Facts: _____

Child 2: Functioning: _____

Facts: _____

4) Specific recommendations, if any, in light of the opinions or facts set forth in 3.

A. _____

B. _____

C. _____

D. _____

Signed: _____ Date: _____