

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE

BLYTHE 265 N. Broadway, Blythe, CA 92225
 INDIO 46-200 Oasis St., Indio, CA 92201

MENIFEE 27401 Menifee Center Dr., Menifee, CA 92584
 RIVERSIDE 4175 Main St., Riverside, CA 92501

RI-FL006

CHILD CUSTODY EVALUATOR (Name and Address)		FOR COURT USE ONLY
TELEPHONE NO.: _____ FAX NO. (Optional): _____		
E-MAIL ADDRESS (Optional): _____		
PETITIONER:		CASE NUMBER:
RESPONDENT:		
HEARING DATE:	TIME:	DEPARTMENT:
CHILD CUSTODY EVALUATOR REPORT		

Attorney for Petitioner: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

Attorney for Respondent: _____
 Address: _____
 City: _____
 State: _____ Zip: _____

On _____ the _____ ordered a _____ Evaluation pursuant to Family Code §
 The focus of the evaluation was _____

<u>Child(ren)'s Full Name</u>	<u>Date of birth</u>	<u>Current age</u>	<u>Gender</u>

Declaration Regarding the Process Followed

On _____, the court ordered evaluation process was explained to, _____ the mother,
 and _____, the father.

Information Obtained from the Following Sources

- 1.
- 2.
- 3.

Summary of Current Orders

PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
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New Developments

INTERVIEWS AND INVESTIGATION:

Parents Preference Regarding Child Custody and Visitation

Alienation

Home Visit and Observations

Interview(s) with Child(ren)

Collateral Reports

Evaluator's Assessment

Proposed Recommendations

Respectfully submitted on _____ :
Name _____ Credentials/Title _____

I declare under penalty of perjury under the laws of the State of California that the information above is true and correct

Date: _____

(TYPE OR PRINT NAME OF PARTY MAKING DECLARATION)

▶ _____
(SIGNATURE)