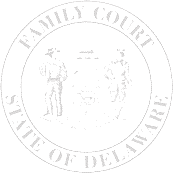
**The Family Court of the State of Delaware**

In and For  New Castle County  Kent County  Sussex County

**CUSTODY, VISITATION, AND GUARDIANSHIP DISCLOSURE REPORT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | |  | File Number: |  |
| Relationship to the child(ren): | |  |  | Petition Number: |  |
| Date of Birth: |  | |  | Home Phone Number: |  |
| Address: |  | |  | Work Phone Number: |  |
|  |  | |  | Cell Phone Number: |  |
|  |  | |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Names and dates of birth of any child(ren) involved in this proceeding: | | | | | | | | | | | | | | | | |
| 1. | |  | | | | | DOB: |  | | |  | 4. |  | | DOB: |  |
| 2. | |  | | | | | DOB: |  | | |  | 5. |  | | DOB: |  |
| 3. | |  | | | | | DOB: |  | | |  | 6. |  | | DOB: |  |
|  | | | | | | | | | | | | | | | | |
| Names and dates of birth of all persons living in your household, and relationship to the child (ren): | | | | | | | | | | | | | | | | |
| 1. | |  | | | | | DOB: |  | | |  | Relationship to Child(ren): | |  | | |
| 2. | |  | | | | | DOB: |  | | |  | Relationship to Child ren): | |  | | |
| 3. | |  | | | | | DOB: |  | | |  | Relationship to Child(ren): | |  | | |
| 4. | |  | | | | | DOB: |  | | |  | Relationship to Child(ren): | |  | | |
| 5. | |  | | | | | DOB: |  | | |  | Relationship to Child(ren): | |  | | |
| 6. | |  | | | | | DOB: |  | | |  | Relationship to Child(ren): | |  | | |
|  | | | | | | | | | | | | | | | | |
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| 1. What contact schedule do you have now with the child(ren) noting how often the child(ren) live(s) with you or visit(s) | | | | | | | | | | | | | | | | |
| with you? | | | |  | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 2. This schedule is by: | | | | |  | court order or | | |  | by agreement | | | | | | |
|  | | | | | | | | | | | | | | | | |
| 3. What contact schedule are you requesting for yourself with the child(ren)? | | | | | | | | | | | | | | | | |
|  |  | | Primary residency, with visitation with the other party **OR** | | | | | | | | | | | | | |
|  |  | | Shared Placement | | | | | | | | | | | | | |
|  |  | | Visitation, with primary residency with the other party | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | If you want primary residency, what visitation schedule do you want the visiting party to have with the child(ren)? | | | | | | | | | | | | | | | |
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|  | If you want shared residency, how would you like to share the time with the other party? | | | | | | | | | | | | | | | |
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|  | If you are seeking visitation or a change in visitation, what visitation schedule are your requesting? | | | | | | | | | | | | | | | |
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| 4. **Legal custody** refers to a parent’s right to make decisions regarding the child, not where the child primarily lives. | | | | | | | | | | | | | | | | | | | | | | |
|  | **Joint legal custody** means that the parents share the duties and responsibilities of raising the child and are | | | | | | | | | | | | | | | | | | | | | |
|  | expected to share information and decide major issues about the child together. **Sole legal custody** means that | | | | | | | | | | | | | | | | | | | | | |
|  | one parent has decision-making authority although both parents have access to the child and the right to request | | | | | | | | | | | | | | | | | | | | | |
|  | information about the child. | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | **Requesting Joint Legal Custody** | | | | | | | | | | | | | | | | | |
|  |  | | | | **Requesting Sole Legal Custody** | | | | | | | | | | | | | | | | | |
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|  | | If you are requesting sole legal custody, explain why. | | | | | | | | | | | | | | | | | | | | |
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| 5. Where do you work and what is your work schedule? | | | | | | | | | | | | | | |  | | | | | | | |
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| 6. How many miles do you live from the other party? | | | | | | | | | | | | | | |  | | | | | | | |
| 7. How many miles do you live from the child(ren)’s school? | | | | | | | | | | | | | | | |  | | | | | | |
| 8. In which school district do you live? | | | | | | | | | | | | |  | | | | | | | | | |
| 9. How many miles does the other party live from the child(ren)’s school? | | | | | | | | | | | | | | | | | | | |  | | |
| 10. In what school district does the other party live? | | | | | | | | | | | | | |  | | | | | | | | |
| 11. Do you have any history of drug or alcohol abuse?  Yes  No | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | If yes, describe: | | |  | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | |
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| 12. Does the other party have any history of drug or alcohol abuse? | | | | | | | | | | | | | | | | | | Yes  No | | | | |
|  | | | | If yes, describe: | | |  | | | | | | | | | | | | | | | |
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| 13. Do you have any concerns about your physical or mental health?  Yes  No | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | If yes, describe concerns: | | | | | |  | | | | | | | | | | | | |
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| 14. Do you have any concerns about the physical or mental health of the child(ren)? | | | | | | | | | | | | | | | | | | | | | | Yes  No |
|  | | | | If yes, describe concerns: | | | | | |  | | | | | | | | | | | | |
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| 15. Do you have any concerns about the physical or mental health of the other party? | | | | | | | | | | | | | | | | | | | | | | Yes  No |
|  | | | | If yes, describe concerns: | | | | | |  | | | | | | | | | | | | |
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| 16. List all of your criminal convictions, including DUIs. The Court is required to check criminal histories of all parties | | | | | | | | | | | | | | | | | | | | | | |
| and members of the household: | | | | | | | | | | |  | | | | | | | | | | | |
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| 17. List all criminal convictions of the other party of which you are aware, including DUIs: | | | | | | | | | | | | | | | | | | | | | | |
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| 18. Has the other party ever purposely injured, threatened to injure, or engaged in cruelty toward your companion | | | | | | | | | | | | | | | | | | | | | | |
| animal or service animal? | | | | | | | | | Yes  No | | | | | | | | | | | | | |
|  | | | If yes, explain: | | |  | | | | | | | | | | | | | | | | |
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| 19. Do you intend to offer evidence of domestic violence at trial? | | | | | | | | | | | | | | | | | Yes  No | | | | | |
|  | | | | If yes, explain: | |  | | | | | | | | | | | | | | | | |
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| 20. Have you or the other party ever been investigated by the Division of Family Services or a child welfare agency in | | | | | | | | | | | | | | | | | | | | | | |
|  | | | another state? | | | | | Yes  No | | | | | | | | | | | | | | |
|  | | | If yes, explain: | | | | |  | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | |
| 21. Do you or the other party have a finding of child abuse or neglect by the Division of Family Services or a child | | | | | | | | | | | | | | | | | | | | | | |
| welfare agency in another state? | | | | | | | | | | | | Yes  No | | | | | | | | | | |
| If yes, explain: | | | | | | | |  | | | | | | | | | | | | | | |
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| 22. Has the child(ren) ever lived with anyone other than you or the other party? | | | | | | | | | | | | | | | | | | | | | Yes  No | |
| If yes, with whom did the child(ren) live and what were the dates: | | | | | | | | | | | | | | | | | | |  | | | |
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| Any other information that you believe is relevant to this proceeding: | | | | | | | | | | | | | | | | | | |  | | | |
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**There is a duty to supplement and/or update this report. As such, parties are free to amend without leave of the Court.**

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|  |  |  | | | |  | |  | | | |
| Date |  | Print Name | | | |  | | Signature | | | |
|  |  |  | | | |  | |  | | | |
|  |  | Attorney Print Name | | | |  | | Attorney Signature | | | |
|  | | | | | | | | | | | | |
| Sworn to and subscribed before me this | | | |  | | | day of | |  | , |  | |
|  | | | | | | |  | | | | | |
|  | | |  | |  | | | | |  |  | |
| Notary / Clerk of Court (Print) | | |  | | Notary / Clerk of Court (Sign) | | | | |  | Date | |

**Affidavit of Exchange**

**This Disclosure Report must be exchanged with the other party.**

**Please check one of the following boxes indicating how this exchange occurred.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | I affirm that this Custody, Visitation, and Guardianship Disclosure Report was filed with my petition and was | | | | | | | | | | | | | | | | | | | | | | |
| therefore, served by the Court upon the other party. | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |
|  | I affirm that this Custody, Visitation, and Guardianship Disclosure Report was filed with the Court after the filing | | | | | | | | | | | | | | | | | | | | | | |
| of the petition. I further affirm that a true and correct copy of this Disclosure Report was placed in the U.S. mail | | | | | | | | | | | | | | | | | | | | | | |
| on the |  | | day of | |  | | | , |  | | | | and sent to the other party or attorney at the | | | | | | | | | |
| address listed on the petition; first class postage pre-paid. | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |
|  | I affirm that this Custody, Visitation, and Guardianship Disclosure Report was brought to the Family Court | | | | | | | | | | | | | | | | | | | | | | |
| mediation conference on the | | | | | |  | day of | | | |  | | | | , |  | with a true and correct copy | | | | |
| given to the other party. | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | |
|  | I have filed with the Court an Affidavit that a Party’s Address is Unknown (Form 241) and have been unable to exchange this Custody, Visitation, and Guardianship Disclosure Report. | | | | | | | | | | | | | | | | | | | | | | |
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| Date | | |  | Print Name | | | | | | |  | | | Signature | | | | | | |
|  | | |  |  | | | | | | |  | | |  | | | | | | |
|  | | |  | Attorney Print Name | | | | | | |  | | | Attorney Signature | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Sworn to and subscribed before me this | | | | | | | |  | | | | | day of | |  | | | | , |  | |
|  | | | | |  | | | |  | | | | | | | | | |  |  | |
| Notary / Clerk of Court (Print) | | | | |  | | | | Notary / Clerk of Court (Sign) | | | | | | | | | |  | Date | |