

**ADVISEMENT: The number/type of issues marked by a parent can affect percentage of cost allocated to a parent/sole cost to a parent.**

Merced County Superior Family Law Court: Custody Evaluation Scope Form		
Date:	Case Name:	Case Number:
<input type="checkbox"/> Mini-Evaluation Service <input type="checkbox"/> Partial Evaluation <input type="checkbox"/> Full Evaluation <input type="checkbox"/> Move Away/relocation <input type="checkbox"/> 3118 Evaluation		

**\*PARENTS: If you do not understand what an issue/allegation is please ask the CCRC or consult a Family Law Attorney.**

**CUSTODY/VISITATION ISSUES**

Requested by

	NA	NA	NA
<input type="checkbox"/> Best Interest of child(ren) in a custodial schedule: <b>REQUIRED</b>			
<input type="checkbox"/> Legal and/or physical custody; designation of primary (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Increase or decrease in custody/visitation (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Supervised visitation by third party or agency (circle and specify)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Unsupervised and/or overnight visits (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Transitional and/or progressive schedule (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> School schedule	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Holiday, summer, and/or off-track schedule (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Vacation/extended periods of time clause	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Out of county, state, country travel (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Exchange location and/or exchange guidelines (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Transportation by parent or third party (circle and specify)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Phone, text, video, social media contact with child(ren) (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Communication orders for parents	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC

**\*Parents: Be advised the number/severity of allegations can impact cost. Cost is determined by the appointed Custody Evaluator. \***

**ALLEGATIONS REGARDING PARENTAL BEHAVIOR/CONDUCT**

Requested by

	NA	NA	NA
<input type="checkbox"/> Domestic violence/interpersonal violence or within a parent’s relationship (circle) <b>*NOTICE*: Screening for DV/IPV is standard for evaluations. If evaluator finds possible DV/IPV within a case, then DV/IPV shall be included in the scope regardless if not marked by either parent.</b>	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Anger and/or emotion management (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Harassment, manipulation, stalking behavior separate from DV/IPV (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Child physical or mental/emotional abuse or neglect (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Alcohol, marijuana, illegal, and/or prescription drug abuse by parent, third party, or in parent residence (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Criminal and/or gang affiliation, involvement, or activity (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Mental health and/ or medical issues affecting ability to care (specify)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Poor parenting, discipline, and/or decision making (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Inability to support schooling and/or homework (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Interference with custody and visitation/unhealthy gate keeping (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Coaching of child(ren) by parent and/or third party (circle & specify party)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Homicide/suicide and/or danger to others/self-risk (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Assault/aggression risk by a parent or third party (circle & specify party)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Sexual abuse of child(ren) by parent or third party (requires a 3118 focus)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Child alienation or estrangement (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Flight/abduction risk	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC

**SPECIFIC REQUESTS REGARDING CHILDREN**

Requested by

	NA	NA	NA
<input type="checkbox"/> Children Interview: Standard within most evaluation services			
<input type="checkbox"/> Children observation with a parent or third party (circle & specify party)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Order for therapy services and/or psychotropic medications (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Order for medical issues and/or administration of medications (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Order for child(ren) participation in school, community, private activities	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Parent access to child(ren)’s records/consult with providers (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Order for daycare, babysitting, after school care (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> School of attendance	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Restricted or supervised contact with third party (circle & specify party).	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC

**OTHER REQUESTS NOT LISTED ABOVE**

Requested by

<input type="checkbox"/> Services for parents and/or child(ren) (specify)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC