**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: |       |
|  |       |  |  |  |

|  |
| --- |
| 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): |       |
|  |
|  |
| 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)? |
|  |       |
|  |       |
|  |       |
|  |
|  | If you want shared residency, how would you like to share the time with the other party? |
|  |       |
|  |       |
|  |       |
|  |  |
|  | If you are seeking visitation or a change in visitation, what visitation schedule are your requesting? |
|  |       |
|  |       |
|  |       |

|  |
| --- |
| 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** |
|  |
|  | If you are requesting sole legal custody, explain why. |
|  |       |
|  |       |
|  |       |
|  |
| 5. Where do you work and what is your work schedule? |       |
|  |       |
|  |       |
| 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: |       |
|  |       |
|  |
| 12. Does the other party have any history of drug or alcohol abuse? | [ ]  Yes [ ]  No |
|  | If yes, describe: |       |
|  |       |
|  |
| 13. Do you have any concerns about your physical or mental health? [ ]  Yes [ ]  No |
|  | If yes, describe concerns: |       |
|  |       |
|  |
| 14. Do you have any concerns about the physical or mental health of the child(ren)? | [ ]  Yes [ ]  No |
|  | If yes, describe concerns: |       |
|  |       |
|  |
| 15. Do you have any concerns about the physical or mental health of the other party? | [ ]  Yes [ ]  No |
|  | If yes, describe concerns: |       |
|  |       |
|  |
| 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: |       |
|  |       |
|  |
| 17. List all criminal convictions of the other party of which you are aware, including DUIs: |
|  |       |
|  |       |
|  |
| 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: |       |
|  |       |
|  |
| 19. Do you intend to offer evidence of domestic violence at trial? | [ ]  Yes [ ]  No |
|  | If yes, explain: |       |
|  |       |
|  |
|  |
| 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: |       |
|  |       |
|  |
| 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: |       |
|  |       |
|  |
| Any other information that you believe is relevant to this proceeding: |       |
|       |
|       |
|       |

**There is a duty to supplement and/or update this report. As such, parties are free to amend without leave of the Court.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  |       |  |       |
| 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. |
|  |
|       |  |       |  |       |
| 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 |