VISITATION VERIFICATION

| DCSS 0053 (08/2905) | CSE Case Number: | | | |
|--|----------------------------|-----------------------|--|--|
| Name of person completing form: | I am the ☐ Custodial Party | ☐ Noncustodial Parent | | |
| PART 1. ACTUAL VISITATION BY THE NONCUSTODIA | L PARENT | | | |
| INSTRUCTIONS: | | | | |

Complete the visitation history for the past 12 months by filling in the last 12 months and number of hours each month the noncustodial parent visited with the child(ren).

Example: If the last 12 months are June 2002 through May of 2003, you will complete June through December on the left side of the chart below. You would put 2002 for the year. Then you would complete the right side of the chart with January through May and put 2003 for the year.

| MONTH/YEAR | NUMBER OF HOURS THE NONCUSTODIAL PARENT VISITED WITH THE CHILD(REN) EACH MONTH | MONTH/YEAR | NUMBER OF HOURS THE NONCUSTODIAL PARENT VISITED WITH THE CHILD(REN) EACH MONTH |
|------------|---|------------|--|
| January/ | | January/ | |
| February/ | | February/ | |
| March/ | | March/ | |
| April/ | | April/ | |
| May/ | | May/ | |
| June/ | | June/ | |
| July/ | | July/ | |
| August/ | | August/ | |
| September/ | | September/ | |
| October/ | | October/ | |
| November/ | | November/ | |
| December/ | | December/ | |
| | TOTAL: | | TOTAL: |

| PART 2. SHARED CUSTODY/VISITATION | | | | | | |
|--|-----------------------------|-------------------|-----------------|---------------------------|--|--|
| CHECK ONE: | ☐ Shared Custody | ☐ Visitation Only | | ☐ Neither | | |
| VISITATION HOUR | S: | | | | | |
| Regular Visitation: | | | | | | |
| From (specify day o | of the week) | at (specify time) | | (Circle one) a.m./p.m. | | |
| To (specify day of the | ne week) | at (specify time) | | (Circle one) a.m./p.m. | | |
| Vacation Visitation: If Yes, please specif | fy dates/times: | ☐ Yes | □ No | | | |
| Summer Visitation: If Yes, please speci | fy dates/times: | ☐ Yes | □No | | | |
| Overnight Visitation If Yes, please speci | | ☐ Yes | ☐ No | | | |
| Court-ordered custo | ody/visitation arrangement: | ☐ Yes | ☐ No | | | |
| Additional Inform a | ition: | | | | | |
| | | | | | | |
| | | | | | | |
| I declare to the best of my knowledge and belief that the above information is true and correct. I am aware that this information may be provided to the other parent for their verification and that either party may be required to provide documentation. | | | | | | |
| PRINT NAME | SIGN | ATURE | DA ⁻ | TE | | |