

EVALUATOR: _____ LICENSE NO. (if applicable): _____ NAME: _____ STREET ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____ TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS: _____	FOR COURT USE ONLY CONFIDENTIAL
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: _____ MAILING ADDRESS: _____ CITY AND ZIP CODE: _____ BRANCH NAME: _____	
PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/PARTY: _____	
CONFIDENTIAL CHILD CUSTODY EVALUATION REPORT	CASE NUMBER: _____

NOTE: (1) This form must be used for a child custody evaluation, investigation, or assessment based on a serious allegation of child sexual abuse or an allegation of child abuse under Family Code section 3118. (2) Notice Regarding Confidentiality of Child Custody Evaluation Report (form FL-328) must be attached as the cover page of this report.

1. The *Order Appointing Child Custody Evaluator* (form FL-327) filed on (date) _____ is attached (see Attachment 1).

2. The names and dates of birth of each child are (specify): Additional children are listed on Attachment 2.

Child's name	Date of birth
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3. Dependency court orders

a. There are no dependency court orders that might affect child custody.

b. There are dependency court orders that might affect child custody, as follows:

(1) <u>Court (county, state)</u>	<u>Case number</u>	<input checked="" type="checkbox"/> See Attachment 3b(1). <u>Date order filed</u>
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(2) Any dependency court orders or findings that might have a bearing on the child custody dispute in family court are summarized (specify): Below: See Attachment 3b(2).

4. Summary of child welfare agency investigations and recommendations

a. The children listed in 2 and the children's parents are or have been the subject of a child abuse investigation (specify):
 Yes No (Skip b through f; go to item 5.)

b. I consulted with the agencies providing child welfare services about the serious allegation of child sexual abuse or the allegation of child abuse, reviewed the child welfare agencies' files, and obtained recommendations from social workers about each child's safety and need for protection. (You must not photocopy any document contained in the child welfare services agency file.)

c. The status or disposition of the investigation about the safety of each child is (specify): Below: See Attachment 4c.

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- d. The contact information for each social worker is *(specify)*: See Attachment 4d.
- | | |
|--------------------|--------------------|
| Name: | Name: |
| Telephone No.: | Telephone No.: |
| Mailing Address: | Mailing Address: |
| City and Zip Code: | City and Zip Code: |
| Email address: | Email address: |
- e. A summary of all child welfare agency investigations about the safety of each child (including statements made by each child and the parents, information about child abuse, domestic violence, or substance abuse, and recommendations made or anticipated to be made regarding safety of each child) are *(specify)*: Below: See Attachment 4e.

- f. Recommendations made or anticipated to be made by each social worker to the juvenile court about the safety and need for protection of each child are *(specify)*: Not applicable to this case. Below: See Attachment 4f.

5. Summary of law enforcement investigation and recommendations

- a. I consulted with law enforcement about the serious allegation of child sexual abuse or the allegation of child abuse and obtained recommendations from these professionals about each child's safety and need for protection.
- b. Recommendations from each law enforcement professional about each child's safety and need for protection are summarized *(specify)*: Below: See Attachment 5b.
- c. I obtained from a law enforcement investigator all available information obtained from criminal background checks of *(specify)*: the parents any suspected perpetrator that is not a parent including information about child abuse, domestic violence, or substance abuse.
- d. A summary of the information obtained from each law enforcement investigator is *(specify)*: Below: See Attachment 5d.

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6. **Multidisciplinary and forensic examinations; interview of the child**

a. **Multidisciplinary interview team (MDIT) interviews**

- (1) I reviewed the results of the MDIT interview.
- (2) I requested an MDIT interview because *(select one)*:
 - (a) There was no MDIT interview of the child.
 - (b) I believe that the MDIT interview was inadequate for purposes of this investigation.
- (3) I interviewed each child because *(select one)*:
 - (a) There was no MDIT interview of the child.
 - (b) I believe that the MDIT interview was inadequate for purposes of this investigation.
- (4) Whenever possible, I avoided repeated interviews of the child.
- (5) A summary of the MDIT my interview of each child is: Below: See Attachment 6a(5).

- (6) Written documentation of the MDIT my interview of each child is attached (see Attachment 6a(6)).
- (7) I obtained information about the presence of domestic violence or substance abuse in the family from *(specify)*:
 the MDIT interview my interview with each child. A summary of the information is *(specify)*:
 Below: See Attachment 6a(7).

b. **Forensic examination of the child**

- (1) I reviewed the forensic medical examinations of each child.
- (2) No forensic medical examination of the child or children was conducted, and *(select (a) or (b))*:
 - (a) I requested a forensic medical examination of each child.
 - (b) I did not request a forensic medication examination. The examination is not needed because *(explain)*:
 Below: See Attachment 6b(2)(B).

- (3) A summary of the forensic medical examination of each child is *(specify)*: Below: See Attachment 6b(3).

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(4) I obtained information about the presence of domestic violence or substance abuse in the family from this source.
 A summary of the information is (specify): Below: See Attachment 6b(4).

(5) A copy of all written forensic medical reports is included with this report. See Attachment 6b(5).

7. Documentation of other material interviews; relevant background material

a. I interviewed the parents.
 (1) A summary of each interview is (specify): Below: See Attachment 7a(1).

(2) Written documentation of each interview is attached (see Attachment 7a(2)).

(3) I obtained information about the presence of domestic violence or substance abuse in the family from this source.
 A summary of the information is (specify): Below: See Attachment 7a(3).

b. Prior or currently treating therapists

(1) I interviewed each child's current therapist prior therapist treating for suspected child abuse.
 A summary of each interview (excluding any privileged communication) is Below: See Attachment 7b(1).

(2) I reviewed I obtained written reports from therapists treating each child for suspected child abuse.
 A summary of each report (excluding any privileged communication) is: Below: See Attachment 7b(2).

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- (3) All written reports from the therapists (excluding privileged communication) are attached (see Attachment 7b(3).)
- (4) I obtained information about the presence of domestic violence or substance abuse in the family from this source.
 A summary (excluding privileged communication) is (specify): Below: See Attachment 7b(4).

c. Medical personnel; other medical examinations

- (1) I interviewed other medical personnel who provided relevant information (specify in summary).
- (2) I reviewed I obtained all written results from other medical examinations or treatments that could help establish or disprove whether each child has been the victim of sexual abuse or other child abuse under Family Code section 3118.
- (3) A summary of each interview examination result is: Below: See Attachment 7c(3).

- (4) All written reports from the above medical examinations are attached (see Attachment 7c(4)).
- (5) I obtained information about the presence of domestic violence or substance abuse in the family from this source.
 A summary of the information is (specify): Below: See Attachment 7c(5).

d. Other professionals

- (1) I interviewed other professionals who provided relevant information (specify in summary).
- (2) I reviewed I obtained all written results from other professionals that could help establish or disprove whether the child has been the victim of sexual abuse or other child abuse under Family Code section 3118.
- (3) A summary of each interview examination result is: Below: See Attachment 7d(3).

- (4) All written reports from other professionals are attached (see Attachment 7d(4)).

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(5) I obtained information about the presence of domestic violence or substance abuse in the family from these sources.
 A summary of the information is *(specify)*: Below: See Attachment 7d(5).

e. Other witnesses

(1) I interviewed other witnesses who provided relevant information *(specify in summary)*.
 (2) A summary of each interview is *(specify)*: Below: See Attachment 7e(2).

(3) Written documentation of each witness interviewed is attached (see Attachment 7e(3)).
 (4) I obtained information about the presence of domestic violence or substance abuse in the family from these sources.
 A summary of the information is *(specify)*: Below: See Attachment 7e(4).

8. Victims of Crime Program

List which, if any, family members are known to have been deemed eligible for assistance from the Victims of Crime Program due to child abuse or domestic violence *(specify)*: Below: See Attachment 8.

9. Limitations in the evaluation

Describe any limitations in the evaluation that result from unobtainable information, failure of a party to cooperate, or the circumstances of particular interviews. Below: See Attachment 9.

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10. **Other**

Additional information that I believe would be helpful to the court in determining the best interests of the child under Family Code section 3011 (*specify*):

Below: See Attachment 10.

11. **My recommendations** regarding the therapeutic needs of each child and how to ensure the safety of each child are (*specify*):

Below: See Attachment 11.

12. **Summary of procedures**

I have summarized the data-gathering procedures, information sources, and time spent, and present all relevant information, including information that does not support the conclusions reached.

Below: See Attachment 12.

13. Number of pages attached: _____

Date:



(NAME OF EVALUATOR)

SIGNATURE OF EVALUATOR