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CUSTODY/VISITATION INFORMATION FORM

Dear Client:

Psychological evaluation in custody and visitation matters is often an anxiety provoking, stressful process. Decisions will be made by the court – potentially influenced by the current evaluation – that are crucially important to your child(ren) and yourself. Being well aware of the significance of the task before me, I want to assure you I will do the most thorough job I can in assessing your particular circumstances to develop recommendations that the findings suggest are best for your child(ren). To help in this regard, your input is extremely important. Thus, please answer the following questions.

1. Name/relationship to child(ren): \_\_\_\_\_

2. Names and ages of all who are living in your home: \_\_\_\_\_

\_\_\_\_\_

3. Please give the names and phone numbers of the following:

Child(ren)'s teacher(s): \_\_\_\_\_

\_\_\_\_\_

Child(ren)'s pediatrician(s): \_\_\_\_\_

Child(ren)'s therapist(s): \_\_\_\_\_

\_\_\_\_\_

Other significant individual(s) I should speak with and their relationship to the child(ren): \_\_\_\_\_

4. What is the current custody/visitation structure?

5. How would you like custody/visitation to be structured?

6. If the custody/visitation structure was the way you would want it, how would you assure that your former spouse would play a significant. meaningful role in your child(ren)'s lifes

7. What are your greatest concerns about your former spouse in regards to the children)?

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8. What are your former spouse's strengths regarding the child(ren)?

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9. What can you do to improve the current circumstances with your former spouse?

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10. What else might help the current circumstances?

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Please use the space below and additional pages if you believe there is anything else I should know that would help in the current evaluation.