



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF MERCED**
www.merced.courts.ca.gov

MSC-FL-044

AMANDA TOSTE
COURT EXECUTIVE OFFICER
and
JURY COMMISSIONER

627 W. 21st Street Merced, CA 95340
Phone: (209) 725-4100

Merced County Superior Family Law Court: Custody Evaluation Scope Form

Date:	Case Name:	Case Number:
<input type="checkbox"/> Partial Evaluation <input type="checkbox"/> Full Evaluation <input type="checkbox"/> 3118 Evaluation		

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

CUSTODY/VISITATION ISSUES

Requested by

	Best Interest of Child(ren) in a Custodial Schedule: REQUIRED	NA	NA	NA
<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, summer, and/or off-track schedule (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/>	Holiday and/or school break 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 and/or exchange by parent or third party (circle and specify)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/>	Move away/relocation (requires a full evaluation)	<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 of the evaluation. Cost is determined by the appointed Custody Evaluator.

ALLEGATIONS REGARDING PARENTAL BEHAVIOR/CONDUCT

Requested by

<input type="checkbox"/>	Domestic violence/interpersonal violence by parent and/or within a parent's relationship (circle)	<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 (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 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"/>	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"/>	Prescription 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 impairment affecting ability to care (specify)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/>	Medical issues affecting ability to care (specify)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/>	Poor parenting and/or discipline (circle)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/>	Poor or impaired judgment/decision making	<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 risk/danger to others and/or suicide risk/danger to 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"/>	Services for parents and/or third parties (circle & specify party)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC

SPECIFIC REQUESTS REGARDING CHILDREN

Requested by

<input checked="" type="checkbox"/>	Children Interview: Standard within most evaluation services	NA	NA	NA
<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
<input type="checkbox"/>	Services for child(ren) (specify)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC

OTHER REQUESTS NOT LISTED ABOVE

Requested by

<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