VISITATION VERIFICATION
DCSS 0053 (08/21/2016)

CSE Case Number:

Name of person completing form:

I am the ☐ Custodial Party ☐ Noncustodial Parent

PART 1. ACTUAL VISITATION BY THE NONCUSTODIAL PARENT

INSTRUCTIONS:

Complete the visitation history by filling in the last 12 months and number of hours for each month the noncustodial parent visited with the child(ren). If visitation is different for each child(ren), please complete one form for each child.

Example: *If the last 12 months are June 2014 through May of 2015, you will complete June through December on the left side of the chart below. You would put 2014 for the year. Then you would complete the right side of the chart with January through May and put 2015 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:**

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PART 2. SHARED CUSTODY/VISITATION

CHECK ONE: ☐ Shared Custody ☐ Visitation Only ☐ Neither

VISITATION HOURS:

Regular Visitation:

From (specify day of the week)   at (specify time)   (Circle one)
                                                                 a.m./p.m.

To (specify day of the week)   at (specify time)   (Circle one)
                                                               a.m./p.m.

Vacation Visitation: ☐ Yes   ☐ No
If Yes, please specify dates/times:

Summer Visitation: ☐ Yes   ☐ No
If Yes, please specify dates/times:

Holiday Visitation: ☐ Yes   ☐ No
If Yes, please specify dates/times:

Overnight Visitation: ☐ Yes   ☐ No
If Yes, please specify dates/times:

Court-ordered custody/visitation arrangement: ☐ Yes   ☐ No

Additional Information:

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   SIGNATURE   DATE