

ADVISEMENT: The number/type of issues marked by a parent can affect percentage of cost allocated to a parent/sole cost to a parent.

Merced County Superior Family Law Court: Custody Evaluation Scope Form				
Date:	Case Name:	Case Number:		
<input type="checkbox"/> Mini-Evaluation Service	<input type="checkbox"/> Partial Evaluation	<input type="checkbox"/> Full Evaluation	<input type="checkbox"/> Move Away/relocation	<input type="checkbox"/> 3118 Evaluation

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

CUSTODY/VISITATION ISSUES		Requested by		
<input type="checkbox"/>	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 schedule	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/>	Holiday, summer, and/or off-track 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"/>	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 or within a parent's relationship (circle) <u>*NOTICE*: Screening for DV/IPV is standard for evaluations. If evaluator finds possible DV/IPV within a case, then DV/IPV shall be included in the scope regardless if not marked by either parent.</u>	<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 separate from DV/IPV (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, marijuana, illegal, and/or 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"/>	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/>	Mental health and/ or medical issues affecting ability to care (specify)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC
<input type="checkbox"/>	Poor parenting, discipline, and/or decision making (circle)	<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/suicide and/ or danger to others/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"/>	Other (specify)	<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> CCRC

SPECIFIC REQUESTS REGARDING CHILDREN		Requested by		
<input 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

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



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

AMANDA TOSTE
COURT EXECUTIVE
OFFICER

**Standard Orders When Private Evaluations
Are Ordered by The Court**

1. The following Standard Orders shall apply when the Court orders a partial or full scope evaluation unless otherwise specifically ordered by the Court. These orders are in addition to the specific orders contained in the Order Appointing Child Custody Evaluator (form FL-327). For more information on evaluation services, review the “Child Custody Evaluation Information Sheet” (FL-329), discuss the service with the CCRC, or consult with your family law attorney.
 - A. After the hearing, the Court will direct the parties regarding choosing the private custody evaluator. Once an evaluation is appointed by the Court, the Family Court Services Director will prepare the necessary order appointing evaluator (FL-327).
 - B. After the Evaluator has been appointed, the parties are to contact the appointed Evaluator to make the necessary arrangements for the services to commence. The parties are to make arrangements to pay their share of the service as ordered by the Court. Unless otherwise specified by the Court, each party is responsible for half of the cost(s) of the evaluation service. The cost for the service is determined by the private Evaluator.
 - C. Both parties are ordered to attend all scheduled appointments to conduct the partial-scope or full custody evaluation services and to make the child(ren) available for any appointment with the Evaluator. The parties are further ordered to provide any documentation requested by the Evaluator and sign any releases of information requested by the Evaluator. Office procedures regarding scheduling of appointments, cancellations, and no shows for appointments and the cost for any late cancellations or no shows is determined by the individual Evaluators in accordance with his/her private practice policies and procedures.
 - D. Once the evaluation is completed, the parties will be mailed a copy of the recommended custody order, the evaluation report and objection paperwork. Copies will be mailed to the parties’ last address on file with the Court. Parties and their attorneys are responsible to ensure that there are no unwarranted disclosures of the report. Such unwarranted disclosures occur when it is “done either recklessly or maliciously and is not in the best interest of the child.” For further information regarding dissemination of the report, unwarranted disclosures, and potential consequences for violations please refer to form FL-328, “Notice Regarding Confidentiality of Child Custody Evaluation Report.” Each party will have twenty (20) days (plus 5 days for mailing) from the date the Family Law Court Clerks’ office mails out the recommended order to file an objection with the Court. If no objections are filed within the above time allowances, the Court shall adopt the recommendation. If either party files an objection, the Family Law Court Clerks’ office shall set the matter for hearing on the objection and notify the parties of the time and date of the Court hearing by mail at their last address on file with the Court.