

CUSTODY AND VISITATION SAFETY QUESTIONS

1. Have you or any member of your household ever been investigated by DSS or any agency like that, anywhere in the world, for abuse or neglect of a child?

No _____ Yes _____ If yes, give outcome of investigation: _____

2. Do you or any member of your household have a criminal record?

No ___ Yes _____ If yes, give details. Also provide date of birth and social security number:

3. Do you or any member of your household have a problem with alcohol or drugs?

No _____ Yes _____ If yes, give details: _____

4. Have you or any member of your household have been involved in any incident or episode of domestic violence?

No ___ Yes _____ If yes, give details: _____

5. Have you or any member of your household ever had your parental rights terminated as to a child for any reason?

No ___ Yes _____ If yes, give details: _____

6. Have either of you been hospitalized for any physical or mental illness, including drug/alcohol treatment, within the past five year?

No ___ Yes ___ If yes, give details: _____

Name #1: _____ Date of Birth: _____

Social Security Number: _____

SWORN to before me this _____
day of _____, 2016.

_____(L.S.)
Notary Public for South Carolina

My Commission Expires: _____