

P.I.

Enclosed is your Guardian *ad litem* packet. Please take the time to complete all the forms provided to you, and have them ready for Mr. Imbrogno to review at the time of your initial appointment. Enclosed you will find the following:

1. Your initial appointment letter- this letter will have your initial appointment (date and time)
2. The Guardian ad litem questionnaire/information sheet
3. The Virginia Department of Social Services Information form- **Please fill out this form for each person who is over the age of 18 years old and living in your home.** Upon completing this form, **please attach the appropriate fee and mail the form and fee directly to the appropriate agency.** It is your responsibility to pay any fee as requested on the form and be sure that I receive this information.
4. A print-out of the website/form- Please go to the web link provided, and complete this form - **(<https://vspapps.vsp.virginia.gov/catspublic/public/publicHome.html>)** for the Virginia State Police Criminal History Record Name Search Request-**please complete this form for each person who is over the age of 18 years old and living in your home. Please bring the completed form to your initial appointment to be notarized.**
5. Attorney's form- this form is to be completed by your attorney (if applicable) and returned to our office on the day of your initial appointment.
6. An Authorization to Furnish Medical Information- please complete this form if you have any mental health history and return said form to my office along with the G.A.L. package at the time of your initial appointment.

**NOTE:**

Please have all forms provided to you in this packet, completed and ready for review at the time of your initial appointment.

**INFORMATION SHEET:**

YOUR FULL NAME:

DATE:

ADDRESS:

AGE:

DOB:

SOCIAL SECURITY NUMBER:

HOME #:

EMAIL ADDRESS:

WORK #:

NAME, ADDRESS AND PHONE NUMBER OF YOUR ATTORNEY:

NAME, ADDRESS AND PHONE NUMBER OF THE GUARDIAN AD LITEM:

IF YOU HAVE ANY SOCIAL NETWORKING SITES, SUCH AS MYSPACE, FACEBOOK, TWITTER...ETC. IF SO PLEASE LIST THE URL ADDRESSES:

PLEASE INDICATE IF OTHER PARTY AND/OR CHILD HAS ANY SOCIAL NETWORKING SITES & PROVIDE THE URL IF AVAILABLE.

**RESIDENCE:**

What neighborhood do you reside in?

With whom do you reside? Please include their name, date of birth & relationship to you.

Do you rent or own your residence?

How long have you lived at your present address?

How long do you expect to live at your address?

Where did you reside the past two years? Please list.

Is there an issue relating to the opposing party's residence? If so, describe.

**FAMILY BACKGROUND**

Where were you born?

Parents' names and addresses:

Name, age, location and present status of siblings (i.e. attend school, raise children, employment, etc.):

Briefly describe your family history:

What is your present relationship with your family?

What do you consider to be your hometown? Why?

If military, what is your home of record?

How do your family members get along with the opposing party and his/her family?

Please describe contact your family members have with the children:

Please describe contact the opposing party's family has with the children (to the best of your knowledge).

How do your family members talk about the opposing party and/or his/her family in front of the children or when the children are nearby?

Do you have any concerns about the opposing party and/or his/her family (friends) talk about you and/or your family in front of the children? Please describe.

What role has your family played in the upbringing and care of the children?

What role has the opposing party's family played in the upbringing and care of the children?

### EDUCATIONAL BACKGROUND

What was your highest grade completed in high school?

Have you obtained a GED or equivalent?

Please describe any trade you have been trained in. Did you complete training and obtain work in that trade?

List any other schools attended and what was studied? Did you receive a degree?

EMPLOYMENT STATUS

What is your present occupation?

Name and Address of employer:

How long have you been employed there?

Are you self-employed? Do you own a business? If so, please explain.

What is your weekly work schedule?

How flexible is your weekly work schedule?

How much vacation so you get per year, including holidays?

Does the opposing party have any concerns regarding your work schedule, time off or type of occupation? If these concerns affect the raising/upbringing of the children, please describe.

Do you have any concerns regarding the work schedule, time off or type of occupation of the opposing party? If these concerns affect the raising/upbringing of the children, please describe.

Are medical benefits offered at your employment? If so, please describe.

Name and Addresses of your employers for the past two years:

Do you anticipate any change of employment or transfer in the near future?

Please describe if you are receiving income from any other source (i.e. AFDC, SSI, etc.)

Have you ever been fired from employment?

Have you ever been fired from work for a substance abuse problem? If so, describe.

**IF MILITARY:**

Rank:

Are you on sea duty or shore duty?

Do you anticipate a change of station in the near future?

When do you anticipate leaving the military (through retirement, enlistment being up, etc.)?

Please provide your most recent Military Evaluation.

Have you ever been disciplined by the military? If so, give details.

Please describe any other present employment, in addition to military.

**CRIMINAL / TRAFFIC RECORD**

Do you presently have a driver's license?

Have you ever been arrested for any criminal offense? If so, please give details of each arrest.

Are there any criminal offenses pending against you? If so, please describe. Give the name of the city in which the charges are pending.

Have you ever been arrested for a traffic offense other than speeding? If so, please give details of each arrest.

Have you ever been convicted of a misdemeanor? If so, please give details of each conviction.

Have you ever been convicted of a felon? If so, please give details of each conviction.

Have you ever been on probation, sentenced to active penitentiary or jail time, placed in a community diversion program, or ordered to be of good behavior by any court?

Have you ever been ordered into a substance abuse program, ASAP program, domestic abuse program or counseling?

To the best of your knowledge, would the opposing party answer "yes" to any of the above questions? If so, please give details.

## MEDICAL BACKGROUND

Are you presently taking any prescribed medication? If so, please provide the name of the medication, why you are on it, and how long you have been on it.

Have you ever seen a counselor, therapist, licensed social worker, or psychiatrist? If so, please give details.

Have you ever been diagnosed with a mental or emotional disorder? If so, please describe.

Have you ever been tested positive for any illegal drugs during a drug screening? If so, please give details.

Have you ever attended drug counseling, AA, or NA?

What, if any contact, have you had with Comprehensive Mental Health Program, Comprehensive Substance Abuse Program, Navy Family Advocacy, Dept. of Social Services, or any similar organization or agency?

To the best of your knowledge, would the opposing party answer "yes" to any of the above questions? If so, please give details.

Do you have any physical disability, condition or disease? If so, please describe.

What, if any, health insurance coverage do you have for yourself?

## RELATIONSHIP HISTORY

Please describe the history of your relationship with opposing party.



How long have you known one another?

If you were married, what was the date of your marriage?

When did you separate? Why?

Has the final decree been entered?

If so, when and where?

If not, is there a divorce pending?

Is there any history of abuse in your relationship? If so, give details.

### CHILDREN

Full name, Age, Date of Birth, Grade in School, Name of School, Name of Teacher:

What time does each of the children have to be in school and what time to they arrive?

What activities are the children participating in school?

What extracurricular activities are the children involved in?

Please provide:

If the children are in daycare, please provide the name, address and phone number of the day care providers.

What is the cost of the daycare? Provide documentation.

How often are the children in daycare and what are the times the children arrive to and leave from daycare?

What activities are provided at the daycare provider for the children?

Please describe the children's daily schedule.

Give a physical description of the children. (Height, weight, hair color)

What, if any physical limitations do the children have?

What is the name and phone # of the children's pediatrician. How often do the children see the doctor?

Have the children received all their baby shots?

What, if any medical issues do the children face?

What, if any dental or orthodontic issues are the children facing?

Are there any issues involving the children's behavior at home, school, or at daycare?

What methods of discipline do you use raising the children?

Are there any educational issues facing any of the children? (Failing school, special education, absenteeism, etc.)

How flexible is the custodial parent in allowing the other parent to see the child in addition to the ordered child custody?

How active is the non-custodial parent in raising the children while the other parties where living together?

How much involvement does the custodial parent allow the non-custodial parent to participate?

What, if any problems do you have with the other party following through with the court ordered visitation?

How much involvement in the children's lives should the other party have?

What is your greatest strength in raising the children?

What is your worst weakness in raising the children?

What is the other party's greatest strength in raising the children?

What is their worst weakness in raising the children?

Do you have a pet? Please include brief description of each pet, name, type, etc.

What are the children's greatest needs at this time in their life?

What are the children's weaknesses?

What are the children's strengths?

Have you attended any parenting classes or seminars regarding dealing with children, or dealing with children of divorced families?

### CURRENT RELATIONSHIPS

Spouse/Boy/Girlfriend's name:

His/Her Date of Birth:

His/Her SSN:

Date of marriage/Length of Relationship:

Does your spouse/paramour have any criminal record? If so please list dates and offenses.

Names and Dates of Birth for any stepchildren or other children in the relationship:

Please give a brief description of your current relationship including, but not limited to, how you met.

**Search Fee \$10.00**

## **INSTRUCTIONS**

**Purpose:** The Virginia Child Abuse and Neglect Central Registry is mandated by the Virginia Child Protective Law and contains the names of individuals identified as an abuser or neglector in founded child abuse and/or neglect investigations conducted in the state of Virginia. The findings are made by Child Protective Services staff in local departments of social services and are maintained by the Virginia Department of Social Services. Legal mandates for the Virginia Department of Social Services to provide a Central Registry and a mechanism for conducting searches of the registry are found in § 63.2-1515 of the Code Virginia.

**Read all instructions before completing the form:  
(Incomplete forms will be returned) THE NOTARY REQUIREMENT HAS BEEN  
REMOVED AND IS NO LONGER NEEDED.**

Answer all questions completely and accurately by printing clearly in black ink or typing your answers. Failure to complete the form or to print legibly will result in a failed submission. The Office of Background Investigations will not accept request forms that appear to have been altered in any manner. Forms that contain strike outs, correction tape or white-out will result in a failed submission. All failed submissions will be returned to the requester.

- The applicants **current** legal first, middle and last name should be entered on the form; all these fields are mandatory.
- If a middle name is an initial, indicate in writing "initial only" otherwise, enter a full middle name given at birth. If there is no middle name, enter NMN. Middle name is a mandatory field.
- Maiden name is required and for all is the last name at birth.
- For "other names used" list all other names used, (ie. previous married names, nick name or any legal name or gender change - provide explanation on a separate sheet of paper and attach to your search request submission). Circle the appropriate title description in this space on the form.
- If the applicant has been married, divorced and/or widowed more than once, all spouse information should be entered.
- Date of Birth (DOB) is a mandatory field for applicant, spouse, children.
- If the answer to any question is none, write "N/A".
- Sign the Central Registry Release of Information Form. Only original signatures will be accepted on the request form. No copies of the form will be accepted.
- A \$10.00 fee is required for each search. Payment must accompany search forms. Only money orders, company/business checks, or cashier checks will be accepted. (If multiple requests are mailed together, one payment may be made for the total. All money orders, company/business checks, or cashier checks should be made payable to: Virginia Department of Social Services. Personal checks and cash will not be accepted. A \$50 fee will be charged by OBI for all returned checks.)
- OBI no longer issues or accepts billed account codes for the purpose of billing. Payment is required with every search form unless your agency/facility or program meets an exception as defined in the Code of Va. No out of state submissions are exempt from payment.
- Page 2 contains additional space for spouse and/or children. Utilize this space if needed.
- Search results are not transferable and are not considered official beyond the requesting agency or individual.

**MAIL THE COMPLETED, SIGNED SEARCH REQUEST FORM AND PAYMENT TO:**

Virginia Department of Social Services  
Office of Background Investigations, 2nd Floor  
5600 Cox Road  
Glen Allen, VA 23060

If you have questions about the Office of Background Investigations, Central Registry Search Unit please submit an email to [crs\\_operations@dss.virginia.gov](mailto:crs_operations@dss.virginia.gov).

**Search Fee \$10.00**

REQUIRED: Purpose of Search  Adam Walsh Law  Adoptive Parent  Babysitter/Family Day Care  
 CASA  Children's Residential Facility  Custody Evaluation  Day Care Center  Foster Parent  
 Institutional Employee  Other Employment  School Personnel  Volunteer

**MAIL SEARCH RESULTS TO: Agency, Individual or Authorized Agent Requesting Search**

Name	Account Code/FIPS Code Use only an E, U, B, or T CODE:
Address	
City State Zip	
Contact Name Tel.# Ext	
REQUIRED: Contact E-Mail	Mandatory if agency code has been assigned

**PART I: DETAILS OF INDIVIDUAL WHOSE NAME MUST BE SEARCHED**

*Legal Last Name:	*Legal First Name:	*Middle Name At Birth: (If middle name is an initial, indicate "Initial Only" below)	
*Maiden Name: (Last name at birth)	*Gender: If other, write in OTHER <input type="checkbox"/> Male <input type="checkbox"/> Female	*Date of Birth (MM/DD/YYYY)	Race:
Driver's License Number or ID #:	*Social Security Number:	Other name: previous married name/nickname/name change (refer to instruction page)	
*Current Address: (Include house # and street name, Apt # if applicable)	*City:	*State:	*Zip Code:

**\*Applicant's Prior Addresses: All Addresses**

*(Include house # and street name, Apt # if applicable)	*City	*State	*Zip	*Start Date (MM/YY)	*End Date (MM/YY)

Marital Status  Single  Married  Divorced  Widowed  Partner

List current spouse or partner. If divorced or widowed, list all previous spouses. If never married, write 'N/A'.

*Legal Last Name:	*Legal First Name:	*Middle Name (given at birth)	*Maiden Name: (Last name at birth)	Race:	*Gender: If other, write in OTHER <input type="checkbox"/> Male <input type="checkbox"/> Female	*Date of Birth: (MM/DD/YYYY)
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	
					<input type="checkbox"/> Male <input type="checkbox"/> Female	

List all of your children. If you have none, write 'N/A'. Include all adult children, step and foster children not living with you.

*Legal Last Name:	*Legal First Name:	*Middle Name: (given at birth)	*Relationship:	*Gender: If other, write in OTHER Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	*Date of Birth: (MM/DD/YYYY)
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	



Add additional spouse/children here:

<u>*Legal Last Name:</u>	<u>*Legal First Name:</u>	<u>*Middle Name: (given at birth)</u>	<u>*Maiden Name: (If listing additional Spouse)</u>	<u>*Relationship:</u>	<u>*DOB: (mm/dd/yyyy)</u>
--------------------------	---------------------------	---	---	-----------------------	-------------------------------

**PART II: CERTIFICATION AND CONSENT FOR RELEASE OF INFORMATION  
REQUIRED**

I hereby certify that the information contained on this form is true, correct and complete to the best of my knowledge. Pursuant to Section 2.2-3806 of the Code of Virginia, I authorize the release of personal information regarding me which has been maintained by either the Virginia Department of Social Services or any local department of social services which is related to any disposition of founded child abuse/neglect in which I am identified as responsible for such abuse/neglect.

\_\_\_\_\_  
Signature of person whose  
name is being searched

Date:

\_\_\_\_\_  
Parent or Guardian signature  
(Required for minor children under the age of 18)

Date:



To fill this form out, please go to:

<https://vspapps.vsp.virginia.gov/catspublic/public/publicHome.html>

Virginia State Police Non-Criminal


---

Click New Criminal History Background Search

Form: **SP-167 Criminal History & Sex Offender and Crimes Against Minors Name Search**

Please note, the SP-167 form requires a **NOTARIAL** signature of the individual being searched and a notarial signature of the agency/individual running the MAIL STATISTIC TO section.

Individuals requesting and receiving their CRIM Results have the option for Remote Online Electronic Authentication through NotaryCam for an additional \$15.00 fee. You may need to create pop up windows to proceed in NotaryCam.

 **NotaryCam**  
Get your SP-167 notarized in minutes with NotaryCam. Get Started

Request Type: **Criminal History and Sex Offender Search - \$30.00**      Purpose: **OTHER**

Specify Purpose: **CUSTOM VISITATION**

Last Name:       First Name:

Middle Name:       Middle Name:

Gender: **Male**      Age: **30**

Sex: **Male**      Date of Birth:

DOB:       Non-profit volunteer:

---

Name/Agency: **PETER IMBROGNO & AS**      Attention: **Imbrogno** *← Peter*

Address Line 1: **1005 FORDWOOD DRIVE**      Address Line 2:

City: **SMITHSBURG**      State: **VIRGINIA**


Country: **UNITED STATES OF AMERICA**      Zip Code: **23142**

Phone Number: **(757) 333-2800**      Email Address: **imbrogno@imbrogno.com**

(757) 333-2800      (757) 333-2800

Once you have input the information requested above;  
Click, **"Confirm"**;  
The below pictured, will appear at the top of your screen-

Confirm New Background Search

 **Please confirm your entry, this data has not been saved yet.**

Form: **SP-167 Criminal History Name & Sex Offender and Crimes Against Minors Name Search**

At the bottom of the screen you will see **"Generate"** and **"Cancel"**;

**Generate Cancel**

Please click **"Generate"**;

A printable application will begin to download in a PDF format;

Please print this form;

**PLEASE NOTE:**

**Mr. Imbrogno's signature is required on this form where it states "Person requesting information". Further; please bring this form with you at the time for your first initial appointment that is included in your Guardian ad litem letter.**



Name: \_\_\_\_\_

Case Name: \_\_\_\_\_

Have you retained an attorney pursuant to this matter: (Please circle yes or no)

Yes/No

Attorney's Name: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_

Attorney's Phone #: \_\_\_\_\_

**\*\*FOR COMPLETION BY YOUR ATTORNEY, PRIOR TO YOUR\*\***  
**\*\*INITIAL MEETING.\*\***

Please indicate, which of the following is true prior to my appointment with your client:

I, \_\_\_\_\_, do/do not give you permission to meet with my client, \_\_\_\_\_.

If permission is given, I, \_\_\_\_\_, give you permission to meet with my client, \_\_\_\_\_, with/without me being present.

\_\_\_\_\_  
Signature-Attorney

\_\_\_\_\_  
Date

**AUTHORIZATION TO FURNISH MEDICAL INFORMATION**

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_  
Herby authorize any agent of \_\_\_\_\_, any physician, psychiatrist, psychologist, social worker, therapist, nurse, or other medical personnel and any insurance company, hospital, medical facility, detention center, jail, prison, and any other organization providing medical or psychiatric care, treatment, services or supplies to furnish to any representative of Peter Imbrogno and Associates, P.C., Attorney-at-Law, 4099 Foxwood, Suite 106, Virginia Beach, VA 23462, any and all records, information and evidence in their possession, custody or control concerning the care, treatment, services or supplies furnished to me.

"Records" for purpose of this authorization shall include but not be limited to bills, medical charts, office record, records relating to any and all worker's compensation to or from any person, entity or organization, all hospital records regularly maintained concerning me, all laboratory reports, all x-rays and reports thereof, and all medical records furnished routinely or specially to any person, organization or entity including me, any representative, or any insurance company.

This release specifically authorizes you to release information in which would otherwise be confidential under section 333 of the Comprehensive Alcohol Abuse and Alcoholism prevention Treatment and Rehabilitation Act of 1970 as amended, and the regulations promulgated thereunder (42 CFR Ch. 1).

Upon representation of this authorization or an exact reproduction thereof, you are directed to permit the persona review or reproduction of such record, information and evidence by any representative of Peter Imbrogno and Associates, P.C., Attorney-at-Law, and if requested by said law office, to copy such records, information and evidence and transmit same to said law offices, at the cost of said law offices, or to discuss those records with a representative of the law offices.

I am aware that information released pursuant to this authorization is subject to re-disclosure by the recipient and may no longer be protected by HIPAA. I am also aware that I have the right to revoke this authorization at any time as long as such revocation is submitted in writing to 4099 Foxwood Drive, Suite 106, Virginia Beach, VA 23462, except that no authorization may be revoked to the extent it has already been relied upon. I am also aware that the provider to whom this authorization is directed may not condition treatment on whether this release is signed.

This authorization shall expire one year from the date shown below or at the completion of the matter for which it is granted, whichever first occurs, unless authorization is sooner revoked.

SS#: \_\_\_\_\_

\_\_\_\_\_  
Client signature

DOB: \_\_\_\_\_

\_\_\_\_\_  
Print name

Date: \_\_\_\_\_

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public



## B. OTHER CONTACT INFORMATION

Please provide the name, address and phone number for:

- 1) Name(s) of child(ren)'s school, grade and teacher(s)
  
- 2) Current daycare provider(s) for the child(ren) and all daycare providers used within last year
  
- 3) Child(ren)'s Primary Care Physician(s)
  
- 4) Any other medical care provider(s) seen by the child(ren) within the last year

## C. QUESTIONS FOR PARENTS/ GUARDIANS

1. What is the current custody and visitation schedule? How have you arrived at this schedule? Please attach all court orders and/or written agreements that address the custody/visitation schedule.
  
  
  
  
  
  
  
  
  
  
2. What custody and visitation schedule/arrangement do you believe would serve the best interest of your children? Why? What are the issues that have brought you to Court (why is the current arrangement not working)?

3. Please state what you believe are your strengths and weaknesses as a parent.
  
4. Please state what you believe are the other parent's strengths and weaknesses as a parent.
  
5. Are there any other individuals living in your home (parents, siblings, girlfriend/boyfriend, roommates, etc.)? If yes, please list all names, ages and occupations of those living in your home. If applicable, state how the persons are related to you.
  
6. Are you currently married? If so, please provide the full name of the significant other, date of marriage, and city and state of marriage.
  
7. Do you or your current spouse have any children other than the children in this case? If so, give their names, dates of birth, and the custody/visitation arrangements for any minor children.
  
8. Is child support an issue in this case? If so, please explain.
  
9. What is your current work schedule? How many hours per week do you presently work? Do you travel for work, and, if so, give details of the travel.





15. Please list any sports, clubs, or extracurricular activities in which your children have been involved in the past 12 months, and provide the schedule of those activities, if they are ongoing.
  
16. Do you or anyone living in your current home have any history with Child Protective Services? If yes, please explain the history and attach any relevant documents.
  
17. Have you or anyone living in your home been convicted of any criminal offense within the past 10 years? This includes traffic citations, misdemeanor, and felony convictions. Please also include any criminal or traffic offense in which you were given a "deferred finding," a "first offender status," or "probation," even if the charge was ultimately dismissed. List and explain each charge/conviction.
  
18. Have you and the other parent ever attempted mediation, co-parenting counseling, or family therapy? If so, list the dates, location, and name of mediator, counselor, or therapist.
  
19. Have you been under the care of any medical health professional(s), including psychiatrists or psychologists, at any time in the last 12 months? If yes, please provide the name of each doctor, dates of treatment, and details of symptoms, diagnosis and treatment, including a list of any prescription medications you have taken within the last 12 months.

20. Do your children have any medical conditions that you are aware of? Do the children take any prescription medication? Please explain.

21. Please fill out the following information by identifying up to five (5) people you believe will be helpful for me to interview to support your position and/or give me information about the child(ren) that will help me to understand the issues in this case.

First and Last Name & Relationship to Child, if any	Mailing Address	Telephone Number(s) and Email Address
(1)		
(2)		
(3)		
(4)		
(5)		

*Also, if available to you, please also provide a recent photograph (no more than 4" x 6") of each of the children in this case, such as a school photograph or other snapshot. A digital photograph may be provided by e-mail to [beth@ekb-law.com](mailto:beth@ekb-law.com). This photograph will be made part of your child(ren)'s file with my office and will not be returned to you at the conclusion of the case.*

Custody and Visitation Evaluation / Questionnaire

Weaver Law Services  
P.O. Box 6710  
Virginia Beach, VA 23456  
Telephone: (757) 390-3332

---

Please complete this questionnaire as soon as possible, preferably prior to your initial appointment in our office.

**Please attach a photo of each child. Photos will be provided to the Court as a part of any report submitted by the Guardian *ad Litem*.**

Documents Needed to be Completed and Returned:

1. Guardian *ad litem* questionnaire
2. Child Protective Services Registry records authorization
3. Virginia State Police Criminal History Record authorization
4. Release of Information

---

You will also be scheduled for a home visit / evaluation. Please note for the home visit the following information:

1. This is not an all day event - the visit will last between 1 and 2 hours. If you have not been scheduled for a home visit as of today's date, please contact our office to do so.
2. The child(ren) must be present for the home visit. Each party **must** coordinate with the other to ensure the children are available for the both home visits.
3. The date provided is tentative, but every effort will be made to avoid rescheduling. **There are unforeseen circumstances that do arise (inclement weather, emergency court dates, illness, etc.), so in some instances rescheduling may be necessary.**

---

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



7. List the street address where you have lived for the last five years and the dates you lived at each address.

Address	From / To Dates
_____	_____
_____	_____
_____	_____

8. Child(ren) involved in the present court action:

Name / Age	Where the child(ren) are currently residing
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

9. Other child(ren) or adults in your home:

Name	Gender	DOB	Relationship to You	School attended or Place of employment
a. _____	_____	_____	_____	_____
b. _____	_____	_____	_____	_____
c. _____	_____	_____	_____	_____
d. _____	_____	_____	_____	_____

10. Name(s) of any child(ren) not living with you.

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

11. Describe your relationship with each child not living with you, and note the days and times you have visitation with that child(ren):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. Please check which best describes the type of home in which you reside.

- Single Family Home       Condominium       Duplex  
 Townhouse       Apartment       \_\_\_\_\_

Number of bedrooms: \_\_\_\_\_ Number of bathrooms: \_\_\_\_\_

Do you rent?  Yes  No      Do you own?  Yes  No

If you do not rent or own, please describe your current living arrangement.

\_\_\_\_\_

14. Please describe the child(ren)'s sleeping arrangements (ie: own room, type of bed, etc.).

\_\_\_\_\_

\_\_\_\_\_

15. Do you own any firearms?  Yes  No

If yes, where are they stored? \_\_\_\_\_

If yes, what safety precautions are in place? \_\_\_\_\_

Does the opposing party own any firearms?  Yes  No

### **II. Prior Custody Litigation**

1. Have you been involved in a previous dispute that resulted in a court hearing regarding the children who are the subject of litigation?

\_\_\_\_\_

2. If the answer is yes, state the name and location of the Court that heard the case:

\_\_\_\_\_

If the answer is 'yes', attach a copy of the Court's Order in that case.

### **III. Prior Social Services Investigations**

1. Has the Department of Social Services or similar agency of authority ever contacted you, your current spouse, the other parent or any party to this litigation regarding an investigation for allegations of abuse or neglect of a child?  Yes  No

\_\_\_\_\_

\_\_\_\_\_

2. If the answer is yes, state the name of the Department, the City/County and State where the investigation took place.

\_\_\_\_\_

3. If the answer is yes, state what the investigation concluded as to whether the case was founded or unfounded, i.e. what was the outcome of the investigation?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Have any of the children been in foster care?  Yes  No

5. If yes, state the name of the child, the dates and the child was in foster care and the Department of Social Services agency which had custody.

Name of child	Dates in DSS care	DSS Agency
---------------	-------------------	------------

a.	_____	_____
----	-------	-------

b.	_____	_____
----	-------	-------

c.	_____	_____
----	-------	-------

d.	_____	_____
----	-------	-------

#### IV. Employment History

1. Your employer:

Employer	Address	Telephone #	Date of Hire
----------	---------	-------------	--------------

2. What is your job position / title? \_\_\_\_\_

3. What are your work hours? \_\_\_\_\_

4. What time do you leave home for work and what time do you return home each day?

\_\_\_\_\_

\_\_\_\_\_

5. Do you work weekends?  Yes  No If so, how often? \_\_\_\_\_

6. Do you work nights?  Yes  No If so, how many? \_\_\_\_\_

7. Do you travel on your job or are you on call in the evenings? \_\_\_\_\_  
If so, how often? \_\_\_\_\_

8. State the names, addresses and telephone numbers of your employers for the past five years:

Name	Dates of employment	Address	Telephone #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. What is your annual income? \_\_\_\_\_

What was your annual income for the calendar year preceding this litigation?  
\_\_\_\_\_

10. Describe your education background, *i.e.* high school, technical college, college.  
\_\_\_\_\_

11. State your current job title / occupation and describe your job skills, including a brief description of the types of work you are capable of doing:  
\_\_\_\_\_  
\_\_\_\_\_

12. Have you served in the U.S. Military? \_\_\_\_\_  
Branch \_\_\_\_\_  
Dates of Service \_\_\_\_\_  
Rate / Rank at discharge \_\_\_\_\_  
Type of discharge \_\_\_\_\_  
What type of work did you do with the military? \_\_\_\_\_

**V. Criminal and Traffic Record**

1. Have you ever been convicted of a crime including a traffic offense?  Yes  No  
If yes, state the crime:  
\_\_\_\_\_  
\_\_\_\_\_

If yes, state the name of the Court and City / County and State where you were convicted:  
\_\_\_\_\_  
\_\_\_\_\_

2. Have you ever had your driver's license suspended?  Yes  No  
If yes, state the date and reason for the suspension:



3. Have the police ever been called to your residence?  Yes  No  
 If yes, state the date and the reason for police involvement:

---



---

4. Have you ever completed any Court Ordered programs such as ASAP, anger management, or parenting classes?  Yes  No  
 If yes, state the date of completion for these courses:

---



---

**VI. Physical Health History**

Question	
Identify current illnesses or medical problems	
List the name and address, phone number of your current primary care physician	
If you or anyone in your immediate family has ever experienced any of the following, please state the relationship of the person to you	
Alcoholism	
Substance Abuse	
Cancer (what type)	
HIV	
Heart disease	
Diabetes	
Emotional / mental illness – list all diagnosis for any psychology or medical health conditions	
Please list the name, address and phone number of all mental	

health providers you have received treatment from	
List all surgeries and hospitalizations (include psychiatric hospitalizations)	
Please describe your drug and / or alcohol use	

1. Describe the current health condition of the children who are involved in this litigation.

---



---

2. List the **name, address and phone number** of the children's present and former school.

---



---

3. Please list the full name of the child(ren)'s current teacher(s) for both the current school and former school year.

---



---

4. Has the child(ren) had any disciplinary problems at school?

---

5. Please list the **school club / organization / extra curricular activities** that your child(ren) participate in. Please list the **name and address and phone number** of the director, instructor or parent that is involved with the activity.

---



---



---

6. Please list any sports involvement that your child(ren) currently is enrolled in this year. Please list the name and address and phone number of the coach that is involved in the sport.

---



---



---

7. Has the other parent or party been involved the child(ren)'s extracurricular activity or sport involvement?

---

---

8. Please describe the child(ren)'s daily schedule.

---

---

---

9. Please list the name, address and phone number of the child(ren)'s current pediatrician or current primary care physician.

---

---

10. Please list the name, address and phone number of any other physicians, therapists, counselors, hospitals, clinics or other medical providers that have treated the child(ren) for any physical or mental condition (including any current therapist or psychiatrist).

---

---

---

11. Please list any medical or psychological illness that the child(ren) have been diagnosed with, and the name of the physician or counselor that rendered this diagnosis.

---

---

---

12. Please list the child(ren)'s current medications.

---

---

---

13. Have any of the child(ren) who are the subject of this litigation ever been hospitalized for mental health problem, including a drug or alcohol problem?  Yes  No  
If yes, state when and where the hospitalization occurred:

---

---

14. Have you ever met with the child(ren)'s doctors or taken the child(ren) to their doctors for regular checkups or treatment for illness?  Yes  No If no, why?  
\_\_\_\_\_
15. Do you believe the child(ren) have received adequate health care and routine wellness visits?  Yes  No If not, what are the deficiencies?  
\_\_\_\_\_
16. Who has been the person primarily responsible for taking the child(ren) to the doctor and dentist in the past?  
\_\_\_\_\_
17. Do you claim that the physical health of a parent or child is an issue in this litigation?  
 Yes  No If yes, explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
18. Does the child(ren) have health insurance? \_\_\_\_\_  
Who maintains / pays for the health insurance? \_\_\_\_\_

### VII. Mental Health History

1. Describe your **current** mental health condition, including drug and alcohol abuse:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Are you currently, or have ever been treated by a psychologist, psychiatrist, or mental health provider for a mental health problem or drug or alcohol problem? \_\_\_\_\_  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_
3. If yes, state the name and address of the person providing treatment:
- | Provider | Address | Telephone # |
|----------|---------|-------------|
| _____    | _____   | _____       |
| _____    | _____   | _____       |
4. State the dates of your treatment: \_\_\_\_\_  
State diagnosis given: \_\_\_\_\_

State the medicines you were prescribed: \_\_\_\_\_  
\_\_\_\_\_

5. Are you currently taking any type of medication?  Yes  No If yes, what type:

\_\_\_\_\_

6. Have you ever been hospitalized for a mental health problem, including drug or alcohol problem?  Yes  No If yes, state when and where you were hospitalized:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Has anyone ever suggested or referred you for an evaluation on treatment for alcohol or drug problems? \_\_\_\_\_

If so, did you have such an evaluation? \_\_\_\_\_

Did you complete such an evaluation treatment? \_\_\_\_\_

Did you decline such an evaluation? \_\_\_\_\_

If so, why? \_\_\_\_\_

8. Describe the mental health condition of the other party to this litigation, including drug and alcohol abuse.

\_\_\_\_\_

\_\_\_\_\_

9. Has the other party to this litigation ever been treated by a psychologist, psychiatrist, or mental health practitioner for a mental health problem or a drug or alcohol problem?  
 Yes  No If yes, state the name and address of the person providing treatment:

\_\_\_\_\_

\_\_\_\_\_

10. State the dates of treatment rendered to the other party: \_\_\_\_\_

11. State any diagnosis given to the other party in this litigation: \_\_\_\_\_

12. State the medications prescribed to the other party in this litigation, if known to you:

\_\_\_\_\_

16. Has the other party to this litigation ever been hospitalized for a mental health problem, including drug or alcohol problem?  Yes  No If yes, state where the hospitalization and when it occurred:

\_\_\_\_\_

17. State the usage of alcohol, prescription and nonprescription drugs by the other party to this litigation:

---

---

### VIII. Family History

1. Please indicate if you or your family were exposed to any of the following situations listed below during your childhood:

- Parents or guardians were violent toward one another.
- Parents or guardians drank alcohol excessively.
- Parents or guardians used illegal drugs.
- Parents or guardians used physical punishment or any unusual form of punishment.
- Parents or guardians were incarcerated for any period of time.
- Parents or guardians were diagnosed with a mental or emotion disorder.
- You or your siblings were removed from the care of your parents or guardians by local human services or social services agency.
- You or your siblings were the victim of child abuse.
- You or your siblings were the victim of child sexual abuse.

If you checked the boxes above, please explain the circumstances below:

---

---

---

---

### IX. Marital History

1. Present marriage:

Date of Marriage	Date of Separation	Reason for Separation	Date of Divorce
------------------	--------------------	-----------------------	-----------------

2. Name of present spouse:

Name	Maiden Name	DOB
------	-------------	-----

3. Do you and your current spouse live together?  Yes  No

If not, explain briefly the reasons for the separation:

---

---

---

5. Have you ever been married before?  Yes  No

11. If not currently married, do you have a new romantic interest?  Yes  No  
 If so, please give the name and explain how long you have been together.

---



---

12. How do the child(ren) interact with this person?

---



---

13. How often is this person over and is this person there when the children go to bed at night?  
 If so, explain why.

---



---

14. Does the other parent or party have a new romantic interest?  Yes  No.

15. How do the child(ren) interact with this person?

---



---

16. The following behavioral problems often appear in troubled relationships. Please check whether you feel this problem was yours, your spouse's (significant other or other party) or both. You may indicate a brief comment on the major problems listed.

Problems	Yourself	Spouse / Other Parent	Comments
Immature attitudes			
Selfishness			
Inability to Communicate			
Over-dependence on parents			
Family / parental interference			
Unreliability			
Irresponsible behavior			
Extreme mood swings			
Restlessness			
Frequent change of address			
Extreme nervousness			
Infidelity / sexual disloyalty			
Sexual problems			
Unreasonable distrust			
Unreasonable jealousy			
Emotional abuse			
Verbal abuse			

Physical abuse			
Destruction of property			
Pushing			
Hitting			
Choking			
Kicking			
Sexual abuse			
Use of pornography			
Drug use / abuse			
Alcohol use / abuse			
Excessive gambling			
Excessive gaming			
Excessive spending or misuse of money			
Criminal behavior			
Criminal arrests			
Erratic employment			
Preoccupations outside home, <i>i.e.</i> recreation, workaholic			
History of parental abandonment			
History of parental alcoholism			
History of childhood abuse			
Health problems			
Excessive use of medication			

**X. Needs of Children**

1. State whether any of the child(ren) who are the subject of this litigation have any special needs (reflecting either a physical or emotional need): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
2. State which party of the litigation can better provide for the special needs of the child(ren) and why: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  
3. Have you met with your child's teacher?  Yes  No



4. Describe the needs of each child who is the subject of this litigation and describe other important relationships each child has, including but not limited to the child's relationship with brothers and sisters; friends and peers; and extended family members. State which person as custodian can better meet these needs and why / how?

---

---

---

5. Has your child been referred to the guidance office?  Yes  No  
If yes, how many times has your child been referred to the guidance office and for what reason?

---

---

### **XI. Family Relationships**

1. Describe the relationship between each party and the child subject to this litigation. For example, who is the primary caretaker? Who attends and schedules doctor's appointments, sports events, parent – teacher meetings, etc. Does the non-custodial party visit regularly and have a relationship with the child?

---

---

---

---

---

### **XII. Willingness to Allow Relationship with the Other Party**

1. What type of relationship do you believe the child(ren) should be allowed to have with the other parent or party to this litigation if you are granted custody?
2. What would you be willing to do to encourage a good relationship between the child(ren) and the other parent or party to this litigation?

---

---

---

---

---

---

---

3. What have you done in the past to encourage a good relationship between the child(ren) and the other parent or party to this litigation?

---

---

---

4. If you are granted custody, describe the visitation you believe the other parent or party to this litigation should have?

---

---

5. If you are **not** granted custody, what type of visitation are you requesting? Describe.

---

6. What has the other parent or party to this litigation done in the past to encourage or discourage the child(ren)'s relationship with you?

---

---

7. Describe your ability and the other parent's ability to cooperate in matters affecting the child(ren). Give examples of past conduct.

---

---

---

8. Has the other parent or party ever obstructed contact between the you and the child(ren)?

---

---

---

### **XIII. Awareness of the Proceedings**

1. Is your child(ren) aware of the current Court proceedings?  Yes  No  
If so, how did they become aware of the Court proceedings?

---

---

2. State whether the child(ren) has discussed the issue of custody with you or anyone else to your knowledge?

---

---

#### **XIV. History of Family or Household Member Abuse**

Family or household member abuse is defined in the Virginia Code as any act of violence, including any forceful detention, which results in physical injury or places one in reasonable apprehension of serious bodily injury, between family or household members.

1. Do you have evidence that the other parent or party to this litigation has committed such abuse on a family or household member?  Yes  No  
If so, explain in detail and list the names and addresses of any witnesses:

---

---

---

2. Did the case result in a Court action (criminal charges, protective orders, etc.)?  
 Yes  No If yes, state the nature of the action and the name and address of the Court.

---

\*Attach a copy of any Court Order that resulted from a finding that the person had committed family or household member abuse.

3. Have you ever committed family or household member abuse, or been charged / accused of such?  Yes  No If so, explain:

---

---

---

#### **XV. Parenting and Relationship Skills**

1. The Court is concerned with finding the person who has the temperament, parenting skills and personality which will best meet the needs of the child(ren). Describe your temperament, parenting skills and personality. State how those traits will meet the needs of the child(ren) who are the subject of this litigation.

---

---

---



2. Have you ever allowed your boyfriend or girlfriend spend the night when your children in your home?  Yes  No  
Explain:

---

---

---

3. Has the other parent done so?  Yes  No

Explain:

---

---

---

### **XVIII. Child Care Arrangements**

1. What child care arrangements have you made for the time you are at work?  
\_\_\_\_\_
2. State the name, address and telephone number of the child care center which will be providing this service.  
\_\_\_\_\_  
\_\_\_\_\_
3. State the days of the week and the hours of the day the child(ren) will be in child care.  
\_\_\_\_\_  
\_\_\_\_\_
4. What is the cost of child care? \_\_\_\_\_

### **XIX. Present Court Action**

1. If you have an attorney representing you in this present litigation, state the name and telephone number of your attorney.  
\_\_\_\_\_

List the names, addresses and telephone numbers of the witnesses you plan to present at the custody hearing. Please also list at least three non-witness references, such as family members, neighbors, or co-workers. Please attempt to list at least one or two family members, such as grandparents, that also have contact with the child(ren).

1. \_\_\_\_\_  
Name Address Email address Telephone #

- 2. \_\_\_\_\_  
 Name Address Email address Telephone #
- 3. \_\_\_\_\_  
 Name Address Email address Telephone #
- 4. \_\_\_\_\_  
 Name Address Email address Telephone #
- 5. \_\_\_\_\_  
 Name Address Email address Telephone #

I certify that the above information is correct and true to the best of my knowledge.

\_\_\_\_\_  
 Signature Date

**COMMONWEALTH OF VIRGINIA**  
 CITY OF \_\_\_\_\_, to-wit:

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Notary Public

*My commission expires:* \_\_\_\_\_  
*Notary #:* \_\_\_\_\_



**FINDING OUT YOUR CUSTODY AND/OR  
CRIMINAL CASE IS MIXED UP WITH DHS?**

**NUANCES IN ETHICS, TIMELINES, DISCOVERY, THIRD PARTY PARTICIPANTS, AND MORE**



**SOMETIMES,  
CLIENTS LEAVE  
OUT  
DETAILS....LOTS OF  
DETAILS...**

- I WAS RETAINED FOR A CUSTODY CASE AND NOW I GOT A CPS INVESTIGATOR, SOMEBODY CALLED AN "IN-HOME" WORKER, A CITY ATTORNEY, THE COPS, THE COMMONWEALTH, THE PD, AND SOMEBODY NAMED A CASA ALL CALLING ME!???



# THINK FAST

DO YOU/WHY YOU REPRESENT  
YOUR CLIENT ON *ALL OF THESE*  
MATTERS? WHAT DO YOU NEED TO  
KNOW TO DECIDE THIS QUESTION?  
*WHAT/WHOM* DO YOU NEED TO  
SPEAK AND COORDINATE?

WHAT ISSUES ARE RAISED BY THE  
COMMINGLING OF THESE  
MATTERS? WHAT ABOUT THE FIFTH  
AMENDMENT?

HOW CAN YOU GET MORE  
INFORMATION? IS THERE  
DISCOVERY IN DHS CASES?

WHO AND WHAT IS CASA? DOES  
MY CLIENT HAVE TO TALK TO  
THEM?

WHAT IS A FPM? WHAT IS A FTMP?

WHAT IS THIS TIMELINE ~~EVERYONE~~  
KEEPS TALKING ABOUT AND WHEN  
CAN IT BE *WAIVED*?

# ETHICS AND PRACTICALITY

CAN YOU (SHOULD YOU) REPRESENT CLIENT ON ALL OF THE CASES PENDING?

\*\*\*\* Rules on Competency

\*\*\*\* Already appointed PD?

\*\*\*\*If YOUR CLIENT qualified for PD in criminal case, qualifies for CAC in DHS case-- BTW- HOW IS HE PAYING YOU?

\*\*\*\*No right to counsel in custody case

# RULE 1.1 ~ COMPETENCE

01

A lawyer shall provide competent representation to a client. Competent representation requires the lawyer to have the knowledge, skill, thoroughness and preparation reasonably necessary for the representation.

02

*Have you ever done this? It is very technical and statutory - not a lot of flexibility in the law? Do you have time - flexibility???*

03

*Do you handle criminal cases on a regular basis??*

04

*Should you take one but not the other??*

# WHAT ISSUES ARE RAISED BY THE COMMINGLING OF THESE MATTERS? WHAT ABOUT THE FIFTH AMENDMENT??



## 5<sup>TH</sup> AMENDMENT??

MAY APPLY TO CIVIL AS WELL AS CRIMINAL CASES BUT NOT ALWAYS



## CONTINUANCES??

FOSTER CARE V. PROTECTIVE ORDER



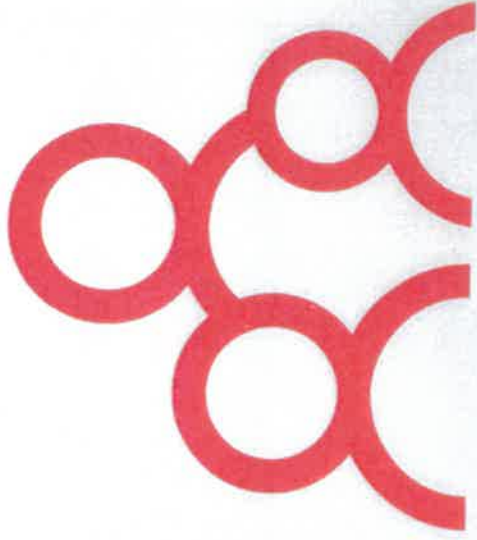
## DISCOVERY??

VA SUP. CT. RULE 8:15(C)

VIRGINIA CODE §63.2-1516.1(B)

# WHO AND WHAT IS CASA? DOES MY CLIENT HAVE TO TALK TO THEM?

- VIRGINIA CODE §9.1-151 ET. SEQ. ESTABLISHED THE VIRGINIA COURT APPOINTED SPECIAL ADVOCATE PROGRAM. IT PROVIDES FUNDING AND RESOURCES FOR VOLUNTEERS TO BE APPOINTED AS ADVOCATES FOR CHILDREN ON THE ABUSE AND NEGLECT DOCKET. THEY ARE AN EXTRA SET OF EYES FOR THE COURT AND WORK TO ENSURE THE SAFETY AND PERMANENCY OF THE CHILDREN INVOLVED. THEY ARE TYPICALLY APPOINTED UNTIL A PERMANENT GOAL IS ACHIEVED OR THE CHILD AGES OUT OF CARE. HOWEVER, A NEW PROGRAM IS BEING ESTABLISHED TO WORK WITH SELECT CHILDREN PAST THE AGE OF 18.



**WHAT IS A FPM?**  
**WHAT IS A FTM?**

• **FPM- FAMILY PARTNERSHIP MEETING**

• **FTM- FAMILY TEAMING MEETING**

- THE "TIMELINE" IS THE TITLE IV-E TIMELINE SET FORTH BY FEDERAL STATUTE BY WHICH COMPLIANCE IS MANDATED FOR THE STATE TO GET REIMBURSED BY THE FEDERAL GOVERNMENT FOR CERTAIN FOSTER CARE SERVICE FEES AND COSTS.

**WHAT IS THIS  
TIMELINE  
EVERYONE  
KEEPS  
TALKING  
ABOUT AND  
WHEN CAN IT  
BE WAIVED?**

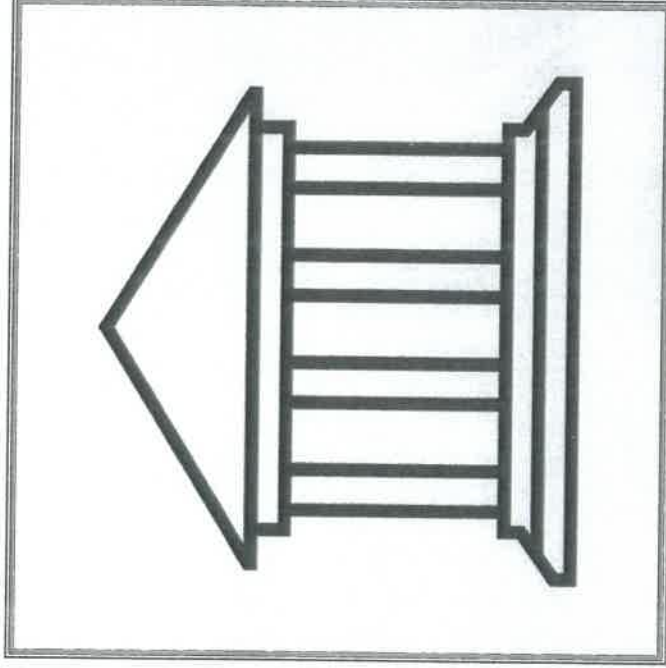
## **FOSTER CASES V. CPO CASES**



- IN CASES WHERE THE CHILD IS IN FOSTER CARE- THE TIMELINE CANNOT BE WAIVED, AND *NUNC PRO TUNC* ORDERS WILL NOT CURE DEFECTS IN THE REQUIREMENT OF TIMELY ENTRY OF ALL ORDERS. NO CONTINUANCES BEYOND THE TIME LIMITS ARE ALLOWED (NOT EVEN FOR INCLEMENT WEATHER OR PANDEMICS ☹).
- IN PPO CASES, THE COURT MAY WAIVE STRICT ADHERENCE TO THE TIMELINE AS FUNDING IS NOT AT ISSUE. HOWEVER, THIS MAY STILL CAUSE THE CASE TO BE FLAGGED BY OES IN THE COURT'S COMPUTER SYSTEM.



- **OK~ so what if I have a custody case and I think or know there was a CPS referral made but CPS has not filed anything in court. I want the records to show that and someone to testify about all that- why won't VBDHS willingly come to court?**



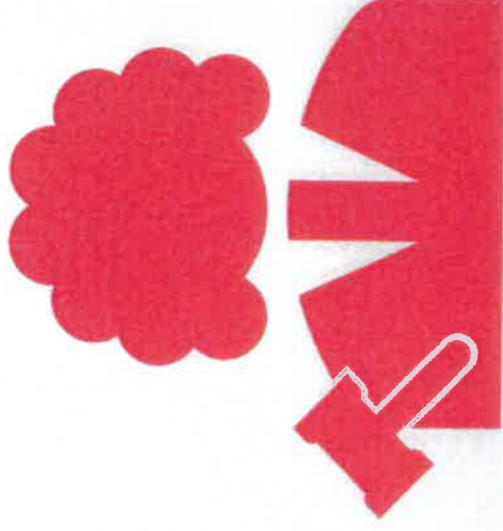
# THINGS TO THINK ABOUT

Pursuant to Virginia Code § 63.2-104, § 63.2-105, and 22 VAC 705-160 the information is confidential and may not be released unless in strict accordance with applicable law.

The information may also be subject to numerous Federal laws for which the Department must comply, including but not limited to 42 CFR P. 2, 45 CFR 205.50, and 7 CFR 272.

# **VBDHS POSITION ON CUSTODY CASES WHERE IT HAS NOT AFFIRMATIVELY FILED AN ACTION IN COURT:**

- THE DEPARTMENT SHOULD NOT BE USED AS AN INVESTIGATIVE ARM IN PRIVATE CIVIL DISPUTES FOR WHICH THE DEPARTMENT IS NOT A PARTY. THE DEPARTMENT'S INFORMATION AND ACTIONS SHOULD NOT BE USED AS A SWORD OR SHIELD IN CUSTODY AND VISITATION CASES; TO DO SO ACTS AS A DETERRENT AGAINST FUTURE CARETAKERS' COMPLIANCE AND COOPERATION WITH DEPARTMENT INVESTIGATIONS.



# CAN I STILL GET THE RECORDS?

- **POSSIBLY- VBDHS WILL GENERALLY AGREE TO ALLOW THE RECORDS TO BE GIVEN TO THE GAL AND/OR TO COUNSEL UNDER A PROTECTIVE ORDER WHERE THE CLIENTS DO NOT HAVE ACCESS TO COPIES OF THE RECORDS AND THE RECORDS DO NOT BECOME PART OF THE CLIENT'S ATTY FILE**
- **WHY???** CPS RECORDS ARE ENDING UP ON THE INTERNET!



# RECORDS REQUESTS TO VBDHS

- DHS USES GOVQA TO MANAGE, TRACK AND REPORT FOIA REQUESTS. FOR QUESTIONS OR CONCERNS, PLEASE REACH OUT TO THE DEPARTMENT'S FREEDOM OF INFORMATION OFFICE UNDER THE CONTINUOUS QUALITY IMPROVEMENT OFFICE BY PHONE AT (757) 385-0642; BY EMAIL TO [DHSFOIA@VBGOV.COM](mailto:DHSFOIA@VBGOV.COM); OR BY WRITING TO FOIA OFFICE; CONTINUOUS QUALITY IMPROVEMENT OFFICE, 256 N. WITCHDUCK RD., SUITE 2F, VIRGINIA BEACH, VA 23462.



**OK SO- I  
REPRESENT THE  
DEFENDANT IN A  
CRIMINAL CASE-  
I KNOW DHS IS  
INVOLVED -- HOW  
DO I GET AND USE  
DHS RECORDS IN  
MY DEFENSE?**

- IN ALL CASES IN WHICH AN ALLEGED ACT OF CHILD ABUSE OR NEGLECT IS ALSO BEING CRIMINALLY INVESTIGATED BY A LAW-ENFORCEMENT AGENCY, AND THE LOCAL DEPARTMENT IS CONDUCTING A JOINT/DUAL INVESTIGATION WITH LAW-ENFORCEMENT IN REGARD TO SUCH AN ALLEGED ACT, NO INFORMATION IN THE POSSESSION OF THE LOCAL DEPARTMENT FROM SUCH JOINT INVESTIGATION SHALL BE RELEASED BY THE LOCAL DEPARTMENT EXCEPT AS AUTHORIZED BY THE INVESTIGATING LAW-ENFORCEMENT OFFICER OR HIS SUPERVISOR OR THE LOCAL ATTORNEY FOR THE COMMONWEALTH. SEE VIRGINIA CODE §63.2-1516.1(B).

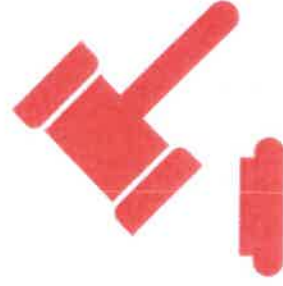
## **RULE 3A:11B2**

- EMPLOYEES OF A LOCAL DEPARTMENT OF SOCIAL SERVICES WHO ARE "INVOLVED IN THE INVESTIGATION OF THE CHILD ABUSE ALLEGATIONS (ARE) AGENTS OF THE COMMONWEALTH FOR PURPOSES OF RULE 3A:11(B)(2)." TUMA V. COMMONWEALTH, 283 VA. APP. 685, 725, S.E.2D. 555 (2012) CITING RAMIREZ V. COMMONWEALTH, 20 VA. APP. 292, 296, 456 S.E.2D 531, 533 (1995). "WHERE AN AGENCY IS INVOLVED IN THE INVESTIGATION OR PROSECUTION OF A PARTICULAR CRIMINAL CASE, AGENCY EMPLOYEES BECOME AGENTS OF THE COMMONWEALTH FOR PURPOSES OF RULE 3A:11 AND MUST BE CONSIDERED A PARTY TO THE ACTION FOR PURPOSES OF VIRGINIA SUPREME COURT RULE 3A:12." ID. AT 296-97, 456 S.E.2D AT 533.

# CRIMINAL DISCOVERY RULES



A subpoena duces tecum issued to the agency is not an appropriate means for which the Defense to procure the agency's records of the subject case.



THE Commonwealth is charged with the responsibility to interview all government personnel involved in a case in order to comply with its discovery obligations.” *Id.* citing *Kahbit v. Commonwealth*, 19 Va. App. 207, 214, 443 S.E.2d 165, 169, 19 Va. Law Rep. 1154 (1994) (quoting *Harrison v. Commonwealth*, 12 Va. App. 581, 585, 463 S.E.2d 854, 857, 7 Va. Law Rep. 2709 (1997)).





## **CONTACT INFORMATION**

**CHRISTIANNA CUNNINGHAM**

**VB ASSOCIATE CITY ATTORNEY**

**[CUNNINGHAMVB.COM](http://CUNNINGHAMVB.COM)**

Code of Virginia  
Title 18.2. Crimes and Offenses Generally  
Chapter 8. Crimes Involving Morals and Decency

**§ 18.2-371.1. Abuse and neglect of children; penalties; abandoned infant.**

A. Any parent, guardian, or other person responsible for the care of a child under the age of 18 who by willful act or willful omission or refusal to provide any necessary care for the child's health causes or permits serious injury to the life or health of such child is guilty of a Class 4 felony. For purposes of this subsection, "serious injury" includes but is not limited to (i) disfigurement, (ii) a fracture, (iii) a severe burn or laceration, (iv) mutilation, (v) maiming, (vi) forced ingestion of dangerous substances, and (vii) life-threatening internal injuries. For purposes of this subsection, "willful act or willful omission" includes operating or engaging in the conduct of a child welfare agency as defined in § 63.2-100 or a child day program or family day system as defined in § 22.1-289.02 without first obtaining a license such person knows is required by Subtitle IV (§ 63.2-1700 et seq.) of Title 63.2 or Article 3 (§ 22.1-289.010 et seq.) of Chapter 14.1 of Title 22.1 or after such license has been revoked or has expired and not been renewed.

B. 1. Any parent, guardian, or other person responsible for the care of a child under the age of 18 whose willful act or omission in the care of such child was so gross, wanton, and culpable as to show a reckless disregard for human life is guilty of a Class 6 felony.

2. If a prosecution under this subsection is based solely on the accused parent having left the child at a hospital or emergency medical services agency, it shall be an affirmative defense to prosecution of a parent under this subsection that such parent safely delivered the child within the first 30 days of the child's life to (i) a hospital that provides 24-hour emergency services, (ii) an attended emergency medical services agency that employs emergency medical services personnel, or (iii) a newborn safety device located at and operated by such hospital or emergency medical services agency. In order for the affirmative defense to apply, the child shall be delivered in a manner reasonably calculated to ensure the child's safety.

C. 1. Any parent, guardian, or other person who is 18 years of age or older and is responsible for the care of a child under the age of 18 whose willful act or omission causes or enables that child to gain possession of a firearm (i) after having received notice of a preliminary determination pursuant to § 22.1-79.4 that the child poses a threat of violence or physical harm to self or others or (ii) when such parent, guardian, or other person responsible for the care of the child knows or reasonably should know that such child has charges pending for or has been convicted or adjudicated delinquent of a violent juvenile felony as defined in § 16.1-228 is guilty of a Class 5 felony.

2. No person shall be subject to arrest or prosecution for a violation of this subsection (i) related to clause (i) of subdivision 1 after such person has received notice that the threat assessment team that made such preliminary determination has concluded that the child does not indicate a threat of violence or physical harm to self or others or that any case or review opened or conducted by that threat assessment team as a result of such preliminary determination has been closed or (ii) related to clause (ii) of subdivision 1 after such person has received notice that any pending charge for a violent juvenile felony has been dismissed or a nolle prosequi has been entered.

3. It is an affirmative defense to prosecution for a violation of this subsection if the parent, guardian, or other person responsible for the care of a child caused or enabled such child to gain possession of a firearm while in a dwelling because of a reasonable belief that he or such child was in imminent danger of bodily injury.

D. Any parent, guardian, or other person having care, custody, or control of a minor child who in good faith is under treatment solely by spiritual means through prayer in accordance with the tenets and practices of a recognized church or religious denomination shall not, for that reason alone, be considered in violation of this section.

1981, c. 568; 1988, c. 228; 1990, c. 638; 1993, c. 628; 2003, cc. 816, 822; 2006, c. 935; 2015, cc. 502, 503; 2016, c. 705; 2022, cc. 80, 81; 2023, c. 128; 2024, cc. 161, 162.

# Time Line – Child Abuse, Neglect and Foster Care Cases Virginia Juvenile and Domestic Relations District Courts

STAGE 1 PRE-DISPOSITION TO DISPOSITION		Abuse or Neglect and At-Risk of Abuse or Neglect		Hearing for Preliminary Child Protective Order (PCO) or Preliminary Removal Order		Adjudication		Disposition		Entrustment Agreement		Relief of Custody		Child in Need of Services/Supervision Status Offense or Delinquency		Initial Foster Care Review		
COURT EVENT	Ex Parte hearing for Preliminary Child Protective Order or Emergency Removal Order	§§ 16.1-253; 16.1-251	§§ 16.1-253; 16.1-252	§§ 16.1-253 F; 16.1-253 G	Within 60 days of preliminary hearing.	Disposition	Disposition	Disposition	Disposition	Disposition	Disposition	Disposition	Disposition	Disposition	Disposition	Disposition	Disposition	
STATUTES	Upon filing of Petition (DC-511)	§§ 16.1-253; 16.1-251	§§ 16.1-253; 16.1-252	§§ 16.1-253 F; 16.1-253 G	Within 30 days of preliminary hearing, if no adjudication at time of preliminary hearing.	Disposition	Disposition	Disposition	Disposition	Disposition	Disposition	Disposition	Disposition	Disposition	Disposition	Disposition	Disposition	
TIMING		Within 5 business days After issuance of ex parte PCO. After physical removal of the child.																At time of disposition on underlying petition or within 60 days of child's placement into foster care if custody is transferred for 1st time at disposition.
<b>STAGE 2 FOSTER CARE REVIEW</b>																		
COURT EVENT	Foster Care Review																	
STATUTES	§ 16.1-282																	
TIMING		Within 4 months of dispositional hearing at which the initial foster care plan was reviewed.																
<b>STAGE 3 PERMANENCY PLANNING</b>																		
COURT EVENT	Initial Permanency Planning If interim plan is approved, comply with provisions of § 16.1-282.1 B.																	
STATUTES	§§ 16.1-282.1; 16.1-281 B; 16.1-283																	
TIMING		Within 5 months of foster care review; or within 30 days of finding reasonable efforts to reunite are not required. Petition for termination of parental rights may be filed after filing of plan documenting termination of parental rights is in child's best interest.																
<b>STAGE 4 POST PERMANENCY PLANNING</b>																		
COURT EVENT	Review of Foster Care If legal custody remains with public or private child placing agency after permanent goal is ordered.																	
STATUTES	§§ 16.1-282.1 A; 16.1-282.2																	
TIMING		Within 6 months of approving another planned permanent living arrangement (APPLA); or within 12 months of ordering permanent foster care or termination of parental rights. Adoption Progress Report reviewed, if plan is adoption.																