

How to fill out **VISITATION VERIFICATION FORM**

DIRECTIONS:

- The Visitation Verification form has been sectioned off for instructional purposes to assist you in filling each section within the form. There is a total of two pages to be filled out and completed.
 - Find the number on the sample form. Example **1**
 - Go to the same number below or next to the sample form to find out how to fill out the form.
 - Type or print in black ink.
 - If you know the case number fill it in. If not known, leave it blank.

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF CHILD SUPPORT SERVICES

VISITATION VERIFICATION

(DCS# 6053 (REV 12/29/01))

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:

Page 1 of 2

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

DEPARTMENT OF CHILD SUPPORT SERVICES

VISITATION VERIFICATION

DCSIS 0003 (08/21/2016)

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 _____

Page 2 of 2

-PAGE 1-

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF CHILD SUPPORT SERVICES
VISITATION VERIFICATION		
DCSS 0053 (08/21/2016)		
CSE Case Number: 1		
Name of person completing form: 2	I am the <input type="checkbox"/> Custodial Party <input type="checkbox"/> Noncustodial Parent 3	

- 1** CSE Case Number: Include your case number if known.
- 2** Print your full name.
- 3** Mark Custodial Party if you are the party RECEIVING support or NONCUSTODIAL PARTY if you are the party PAYING support.

PART 1. ACTUAL VISITATION BY THE NONCUSTODIAL PARENT			
INSTRUCTIONS: <i>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.</i>			
<i>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.</i>			
MONTH/YEAR Example	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/	80	January/ 2024	15
February/	100	February/ 2024	32
March/	80	March/ 2024	44
April/	80	April/	
May/	0	May/	
June/	30	June/	
July/	41	July/	
August/	80	August/	
September/	15	September/	
October/	80	October/	
November/	75	November/	
December/	80	December/	
	TOTAL: 741		TOTAL: 91

- 4** Follow the instructions on the form. List the year next to the appropriate month in the first and the total number of **HOUR(S)** for that month. If visitation is different for each child, this form will need to be completed for each child. See example on the sample in **red**.

-PAGE 2-

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY		DEPARTMENT OF CHILD SUPPORT SERVICES	
VISITATION VERIFICATION DCSS 0053 (08/21/2016)			
PART 2. SHARED CUSTODY/VISITATION			
CHECK ONE:	5	<input type="checkbox"/> Shared Custody	<input type="checkbox"/> Visitation Only
VISITATION HOURS:			
Regular Visitation:	6		
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: If Yes, please specify dates/times:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	For example: Two week per year.
Summer Visitation: If Yes, please specify dates/times:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	For example: Two week per year.
Holiday Visitation: If Yes, please specify dates/times:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	For example: Christmas Eve & Christmas day from 12pm-4pm each day.
Overnight Visitation: If Yes, please specify dates/times:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Court-ordered custody/visitation arrangement:	7	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Additional Information:			
8			
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	9	SIGNATURE	DATE
Page 2 of 2			

5

Check one or more boxes as appropriate. Complete this form when there is a court ordered visitation and/or if there is a set visitation based on a verbal agreement.

6

Regular Visitation: Include visitation that may occur consistently, for example "every other weekend from Friday at 3pm to Sunday at 5pm."

7

Indicate by checking a box if the visitation listed is an Order from Court. Provide the Court Case number if available.

8

Additional Information: Clarify any other information needed, such as if one parent lives out of town, how the exchanges occur or who is responsible for long-distance travel expenses regarding the visitation and exchange.

9

Print, sign and date.