DV-125 Response to Request for Child Custody and Visitation Orders

Case Number:

This form is attached to form DV-120.

How to complete this form: To answer the questions below, look at the form DV-105 filled out by the person in 1. Tip: Where form DV-105 refers to "person in 2," that means you. If you need more space to complete your answer, you can use a separate piece of paper and attach it to this form. Include a title at the top of the paper (example: DV-125, Custody of Children).

1 Person Asking for Protection *(see 1 on form DV-105)*

a. Name: _____

b. Relationship to children: ☐ Parent ☐ Legal Guardian ☐ Other *(describe)*: _____

2 Your Information

a. Name: _____

b. Relationship to children: ☐ Parent ☐ Legal Guardian ☐ Other *(describe)*: _____

3 Children *(see 3 on form DV-105)*

a. ☐ I am the parent of the child or children listed on form DV-105.

b. ☐ I am **not** the parent of all the children listed on form DV-105.

c. ☐ I am **not** the parent of the following children *(list names)*:

_____

d. ☐ Other *(describe)*: _____

4 City and State Where Children Lived *(see 4 on form DV-105)*

a. ☐ I agree with the information given by the person in 1.

b. ☐ I do not agree. *(Use form DV-105(A) to list where the children have lived.)*

5 History of Court Cases Involving Children *(see 5 on form DV-105)*

The person in 1 may have listed other court cases involving your children. If information is incorrect or missing, use the space below to give information.

(Check all that apply. List where it was filed (city, state, or tribe), year it was filed, and case number, if known.)

☐ Custody or Divorce _____

☐ Criminal _____

☐ Juvenile Court *(child welfare, juvenile justice)* _____

☐ Guardianship _____

☐ Other *(example: child support case)* _____

(If a judge has already made a custody or visitation order for children in this case, attach a copy of the order if you have one.)

This is not a Court Order.

Case Number:

6 ☐ **No Travel With Children Without Permission** *(see 6 on form DV-105)*

a. ☐ I agree to the order requested.

b. ☐ I do not agree to the order requested because: _____

c. ☐ I would agree to a different order *(describe the order you would agree to):*

7 ☐ **Stop Access to Children's School, Health, and Other Information** *(see 7 on form DV-105)*

a. ☐ I agree to the order requested.

b. ☐ I do not agree to the order requested because: _____

c. ☐ I would agree to a different order *(describe the order you would agree to):*

8 ☐ **Request for Orders to Prevent Child Abduction** *(see 4–10 on form DV-108)*

a. ☐ I agree to the order requested.

b. ☐ I do not agree to the order requested because: _____

c. ☐ I would agree to a different order *(describe the order you would agree to):*

9 ☐ **Custody of Children** *(see 9 on form DV-105)*

a. ☐ I agree to the order requested.

b. ☐ I do not agree to the order requested because: _____

c. ☐ I would agree to a different order:

Legal Custody *(The person that makes decisions about the child's health, education, and welfare.)*
(check one):

☐ Sole to me
☐ Sole to person in 1
☐ Jointly (shared) by persons in 1 and me.
☐ Other *(describe):* _____

Physical Custody *(The person that the child regularly lives with.)*
(check one):

☐ Sole to me
☐ Sole to person in 1
☐ Jointly (shared) by persons in 1 and me.
☐ Other *(describe):* _____

This is not a Court Order.

Case Number:

10 ☐ **Your Visitation (Parenting TIme) with Children** *(see pages 3–5 on form DV-105)*

a. ☐ I agree to the order requested.

b. ☐ I do not agree to the order requested because: _____

c. ☐ I would agree to a different order:

(Use the lines or chart below to describe the parenting time you want. Give as much detail as you can.)

_____

	Time	Person to bring children to and from visit	Location of drop-off/pick-up
Monday	Start:		
	End, if applies:		
Tuesday	Start:		
	End, if applies:		
Wednesday	Start:		
	End, if applies:		
Thursday	Start:		
	End, if applies:		
Friday	Start:		
	End, if applies:		
Saturday	Start:		
	End, if applies:		
Sunday	Start:		
	End, if applies:		

Follow the schedule listed above *(check one)*:
☐ Every week ☐ Every other week ☐ Other _____

Start date for visits *(month, day, year)* _____

11 **The statements made on this form are made under penalty of perjury as declared on form DV-120.**

This is not a Court Order.

For your protection and privacy, please press the Clear This Form button after you have printed the form.

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