

Ohio Domestic Relations Custody Assessment

Parent Information

Parent 1 Name:

Parent 2 Name:

Parent 1 Address:

Parent 2 Address:

Parent 1 Contact Number:

Parent 2 Contact Number:

Child Information

Child(ren) Name(s):

Child(ren) Date of Birth:

Custody Preferences

Type of Custody Requested:

- Sole
- Joint

Please explain your custody preference:

Additional Comments

Comments or Concerns:

Submit Assessment