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**GRANDPARENT VISITATION INTERVIEW SHEET**

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

**GENERAL INFORMATION**

Client 1: \_\_\_\_\_  
Relationship to child(ren): \_\_\_\_\_  
Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ For How Long:: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Birthdate: \_\_\_\_\_

Client 2: \_\_\_\_\_  
Relationship to child(ren): \_\_\_\_\_  
Home Phone No: \_\_\_\_\_ Cell Phone No: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ For How Long:: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_  
Birthdate: \_\_\_\_\_

**PARENT INFORMATION**

Father: _____	Mother: _____
Home Phone No. _____	Home Phone No. _____
Work Phone No. _____	Work Phone No. _____
Mobile No. _____	Mobile No. _____
E-mail Address: _____	E-mail Address: _____
Address: _____	Address: _____

Soc. Sec. No.: _____	Soc. Sec. No.: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Employer's Address: _____	Employer's Address: _____

Birthdate: _____	Birthdate: _____
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**INFORMATION NEEDED TO SERVE THE OTHER PARTY**

Name: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Hair Length: \_\_\_\_\_ Tattoos: \_\_\_\_\_  
Description of Automobile: \_\_\_\_\_  
Best Time & Place to Serve Papers: \_\_\_\_\_  
Other Adults Living In Home: \_\_\_\_\_  
Special instructions regarding service: \_\_\_\_\_

Name: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_  
Hair Color: \_\_\_\_\_ Hair Length: \_\_\_\_\_ Tattoos: \_\_\_\_\_  
Description of Automobile: \_\_\_\_\_  
Best Time & Place to Serve Papers: \_\_\_\_\_  
Other Adults Living In Home: \_\_\_\_\_  
Special instructions regarding service: \_\_\_\_\_

**INFORMATION REQUIRED TO PREPARE PETITION**

Child(ren) are/is a resident of \_\_\_\_\_ County, Oklahoma and has resided in that County for 30 days (yes/no) and the State of Oklahoma for 6 months (yes/no).

**MILITARY STATUS**

Both Parents: \_\_\_\_\_

**INFORMATION REGARDING CHILDREN**

CHILD'S FULL NAME	M/F	AGE	DOB
1.			
2.			
3.			
4.			
5.			
6.			

2. List all addresses where the minor children have lived for the past five (5) years. Give dates for each address in chronological order, with the current address first. Continue on the back of this page if necessary.

DATES (TO - FROM)	ADDRESS	CITY/STATE	WITH WHOM
1.			
2.			
3.			
4.			
5.			

3. Have either you or either parent participated as a party, witness or in any other capacity, in any type of litigation concerning the custody of the child(ren) in this state or any other state?  Yes  No
- a. If your answer is YES, give complete details: \_\_\_\_\_
4. Is there any type of custody proceeding concerning the child(ren) now pending in any Court of this State or any other State to your knowledge?  Yes  No
- a. If your answer is YES, give complete details: \_\_\_\_\_
5. Is there any other person or entity who has physical custody of the child(ren) OR claims some right to have custody or visitation privileges with respect to your child(ren)?
- Yes  No
- a. If your answer is YES, give complete details: \_\_\_\_\_

**INDIAN DESCENT**

1. Is either parent of Indian descent?  Yes  No
2. If your answers was NO, then skip to the next series of questions, otherwise complete the following:
- a. If either is of Indian descent, Name of Tribe: \_\_\_\_\_
- b. Is either parent properly enrolled on the Tribal Rolls?  Yes  No
- c. Are the children currently enrolled on the Tribal Rolls to your knowledge?  
 Yes  No What is the Roll Number of each child? \_\_\_\_\_
- d. Are the children eligible for membership in an Indian Tribe? If so, what tribe?  
\_\_\_\_\_

**FAMILY'S PRESENT HEALTH**

(good/poor - explanation)

- 1. Mother: \_\_\_\_\_
- 2. Father: \_\_\_\_\_
- 3. Children: \_\_\_\_\_
- 4. Yours: \_\_\_\_\_

**OTHER LEGAL ACTIONS**

- 1. Has a VPO ever been filed or granted against you or anyone currently living in your home or either parent's home? \_\_\_\_\_  
If YES please explain what happened: \_\_\_\_\_  
\_\_\_\_\_
- 2. Do you, the either parent or anyone living in either your or eitehr parent's home have any criminal convictions or charges? \_\_\_\_\_  
If YES please list the charges and dates: \_\_\_\_\_  
\_\_\_\_\_

**PRE-EXISTING GRANDPARENT RELATIONSHIP WITH CHILD**

- 1. Describe your relationship with the child from birth to present:

**PARENTAL UNFITNESS**

- 1. Describe the ways in which either parent is unfit (include persons living with the parent). Eg. Alcohol or drug issues; violence in the home or in front of the children; emotional or mental illness; failure to protect or provide for the child.

**HARM TO CHILD IF NO VISITATION**

1. Describe the harm or potential harm to the child's emotional, mental or physical well being if grandparent visitation is not ordered.

**CONTESTED ISSUES**

1. Will the either parent contest this action?

a.  Yes  No

b. If your answer is YES, state the reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMENTS**

What is the worst thing the other parent may say about you, even if it is not true:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Comments:

I have read the above and foregoing document and have provided the information as requested. The information is true and correct to the best of my knowledge and belief.

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

\_\_\_\_\_  
Client Signature