

## WITNESS STATEMENT

<b>To be completed by Party in case</b>	Name of Child:	Case #:
	Name of Person Requesting Statement:	County:

Instructions for completing Witness Statement:

You have been asked to provide facts about the child or the family named above which directly relate to the Court’s determination of what is in the best interests of the child(ren). Please complete this form legibly in ink, including as information you feel is important regarding the minor child(ren) and parents. Please return the form within 10 days, either via email to [k.cheesman.lmft@gmail.com](mailto:k.cheesman.lmft@gmail.com), fax to 855-475-4096 or mail to Kristen Cheesman, MA, LMFT, 1369 Forest Park Circle Suite 203, Lafayette, CO 80026.

Full Name:	Home Phone:
Address (No PO Box):	Cell Phone:
Your relationship to Person Requesting Statement:	Other Phone:
How long have you known the child?	How long have you known <b>each</b> parent or party?
How long have you known the child?	How often do you see the child?

Describe your experience with the child and his/her parents, and indicate any information that you feel will help me understand the relationship of the child(ren) to the parties, the impact of the situation on the child, how the behavior of a parent or party is affecting the child(ren), and the strengths and weaknesses of the family. Please include any direct observations or interactions. If I have any questions, I may contact you at the telephone numbers you have listed.

By signing below I swear or affirm that the information provided is true, accurate, complete, and is intended for use in a court of law.

Signature of Person Completing This Form: \_\_\_\_\_

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

Subscribed and sworn to before me by the identified witness this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Notary Signature: \_\_\_\_\_ Seal:

My commission expires:

Address:

