

STATE OF VERMONT

SUPERIOR COURT

FAMILY DIVISION

Unit

Docket No.

Plaintiff Name	v.	Defendant Name
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**Uniform Child Custody Jurisdiction Act  
AFFIDAVIT of CHILD CUSTODY**

I, \_\_\_\_\_, hereby state that the following facts  
(Print Name)  
are true to the best of my knowledge and belief:

1. **I am the**
  - Plaintiff in this case.
  - Defendant in this case.
2. **I am the**
  - Biological or adoptive mother;
  - Biological or adoptive father;
  - Other: \_\_\_\_\_

For the child(ren) who is/are the subject(s) of this proceeding.

3. **During the last five years, the children have lived at the following addresses with the following household members:**

*(Begin with the child's residence just before this court case started and list all addresses for the past five years.)*

Address Include street, city and state	Dates From when to when	Names of all persons residing in the household with the child

*Use an additional page if you need more space. If children have lived at different addresses from each other please indicate the addresses for each child.*

**(A) If the current address of any household member listed in the last column is different from the address listed above, please provide a current address for that person:**

**(B) Please answer the following questions by checking the box if the statement is true. If your answer to any of the questions is “yes”, please explain your answer on an additional page.**

**(i)** I have participated as a party, witness, or in some other way in a court case about the custody of this child/these children in Vermont or another state.

Yes       No

**(ii)** I have information about a custody case concerning this child/these children that is now pending in a Vermont court or a court in another state.

Yes       No

**(iii)** I have knowledge about a person who is not a party to this case who has physical custody of this child/these children or who claims to have custody or visitation rights to this child/these children.

Yes       No

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**I hereby swear or affirm that the information above is true to the best of my knowledge and belief.**

Date
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Signature
Please Print Name

Signed and sworn to before me:

Date	Signature of Notary Public	Expiration Date
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