

A. IDENTIFYING DATA: DATE: \_\_\_\_\_

Case Name and Number: \_\_\_\_\_

Your Present Name: \_\_\_\_\_

Your Age: \_\_\_\_\_

Your Place of Birth: \_\_\_\_\_

Your Religion: \_\_\_\_\_

Your Home Address: \_\_\_\_\_

\_\_\_\_\_

Your Phone No.: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Your Attorney (if any) Address: \_\_\_\_\_

\_\_\_\_\_ work phone: \_\_\_\_\_

B. EMPLOYMENT:

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

How Long Employed: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Tell me what you have done to earn a living during the past five years. What job changes have you made?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[For those employed] Has your income increased, decreased, or stayed about the same during the past five years?

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C. How many times have you moved in the last five years? Please explain where and why you moved.

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Do you have current plans to move and if so, where? \_\_\_\_\_

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D. CHILDREN:

[If the child(ren) is(are) of school age] How many different schools has your child (or have your children) attended since kindergarten?

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| Child's Name | Date of Birth | Living With | School Attending |
|--------------|---------------|-------------|------------------|
| 1.           |               |             |                  |
| 2.           |               |             |                  |
| 3.           |               |             |                  |
| 4.           |               |             |                  |
| 5.           |               |             |                  |
| 6.           |               |             |                  |
| 7.           |               |             |                  |
| 8.           |               |             |                  |

***HAVE YOU LISTED THE DATE OF BIRTH FOR EACH CHILD?***

E. CHILD CARE:

When in your care, what are (or what would be) the child care arrangements?

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Does your child or do your children sometimes stay in your home alone (or would your child(ren) if not with you now)? [If Yes] When?

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Describe your home, including sleeping arrangements, approximate size (a floor plan sketch may be helpful):

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Who helps you clean your home? Who helps care for the outside?

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How do(es) the child(ren) get to school and back home? (or if not with you or not pre-school aged how would this happen?)

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If you hired (or will hire) someone described in (4) or (5), how did you (or will you) pick the workers?

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Have there been any incidents of physical violence, verbal abuse, or other unusual events?

F. ISSUES OF CONCERN:

What is your attitude about using marijuana or other drugs? Have you ever experimented with drugs? When? Do you take drugs at the present time? To your knowledge, is this an issue in the custody proceedings for your child(ren)?

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About the child(ren)'s other parent: Describe any concerns you may have about your child(ren)'s other parent? (i.e., alleged sexual abuse, drug abuse, alcohol abuse, romances, irresponsibility, etc.):

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How often does your children's other parent drink? When was the last time the other parent took a drink? Has anyone suggested that he or she has a problem with alcohol?

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Is the other parent taking any medications at the present time? [If yes] Which ones, what is the dosage, and who prescribed them?

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c. What is the other parent's attitude about using marijuana or other drugs? Has he/she ever experimented with drugs? When? Does he/she take drugs at the present time? To your knowledge, is this an issue in the custody proceedings for your child(ren)?

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G. ABOUT ANY SIGNIFICANT OTHER(S) IN THE CHILD(REN)'S LIFE:

Describe any concerns you have (i.e., sexual abuse, drug abuse, alcohol abuse, romances, irresponsibility, etc.):

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H. CHILDREN'S PERSONALITY DESCRIPTIONS:

Name: \_\_\_\_\_ Age: \_

Describe pregnancy: \_\_\_\_\_

\_\_\_\_\_

Describe delivery: \_\_\_\_\_

\_\_\_\_\_

Was the other parent supportive of your participation at the birth? \_\_\_\_\_

\_\_\_\_\_

Was this child breast fed? \_\_\_\_\_

If breast fed, how long? \_\_\_\_\_

Describe child's personality as a baby: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe child's personality now: \_\_\_\_\_

\_\_\_\_\_

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Describe school history for each child (performance, social adjustments, grade level, etc.):

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What are some of your child's usual activities other than going to school? Please describe them.

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How many your friends does your child have and what are their names and ages?

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Which of your child's activities are you able to participate in? How often do you get to do so?

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How does your child(ren) show feelings such as sadness, anger, happiness, fear?

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What do you like about your child(ren)? \_\_\_\_

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What would you like to change about your child(ren)?

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How do you want your child(ren) to feel about you?

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How can you tell when your child is sick?

I. DISCIPLINE AND HOUSE RULES:

What rules do you have for your child in your home? (For example, about the TV; or how they treat adults, teachers, or siblings; or driving.) What are the reasons for these rules?

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Give some examples of a child's behavior you will not tolerate under any circumstances:

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Are there times when you have regretted disciplining your child as you did, for example, because you learned your understanding of a situation was wrong or the discipline was too harsh or too lenient? Please describe.

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What are your ideas about bedtime for children:

- a. under 6 years old: \_\_\_\_\_
- b. ages 6 - 10 years old: \_\_\_\_\_
- c. ages 11 - 14 years old: \_\_\_\_\_
- d. ages 15 - 18 years old: \_\_\_\_\_

J. RELATIONSHIP HISTORY

List all of your marriages/long-term relationships (indicate which):

| Name of Spouse | Date of<br>Marriage/<br>Relationship | Date of<br>Divorce | Number of<br>Children |
|----------------|--------------------------------------|--------------------|-----------------------|
|----------------|--------------------------------------|--------------------|-----------------------|

1st

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2nd

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3rd

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Why did each marriage/relationship break off? \_\_\_\_\_

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[If not married or if separated]

Are you dating currently? \_\_\_\_

How many persons have you dated during the past year? \_\_\_\_\_

Are you contemplating remarriage? YES \_\_\_\_\_ NO \_\_\_\_\_

[If yes] Please give name: \_\_\_\_

J. FORMER SPOUSE/OTHER PARENT PERSONALITY DESCRIPTION (FOR SPOUSE IN DISPUTE)

[IF DISPUTE IS WITH OTHER CARETAKER(S), E.G. GRANDPARENT(S), SPECIFY WHAT CARETAKER(S) AND DESCRIBE THE OTHER CARETAKER(S) ON A SEPARATE PAGE. ATTACH IF NEEDED.]

Describe your child's other parent/or your former spouse as a parent: \_\_\_\_\_

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Where/how did you meet? \_\_\_\_\_

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What did you love about your child's other parent/former spouse? \_\_\_\_\_

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When/where were you married? \_\_\_\_\_

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Describe marriage to spouse/relationship to other parent with whom you are now in dispute:

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When and why did you separate from child's other parent/former spouse: \_\_\_\_\_

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Is your divorce final?                      YES \_\_\_\_\_ NO \_\_\_\_\_

If Yes, give date: \_\_\_\_\_

K. DESCRIBE YOUR FAMILY OF ORIGIN (father, mother, brothers, sisters, etc. )

1. Are your parents living?            YES \_\_\_\_\_ NO \_\_\_\_\_

a. [If Yes] Where do they live? \_\_\_\_\_

b. When did they see your child(ren) last? \_\_\_\_\_

c. What activities did they do on that occasion?

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Are there other relatives who see your child(ren) from time to time? YES

\_\_\_\_\_ NO \_\_\_\_\_

a. [If Yes] Who are they? \_\_\_\_\_

b. How often do all of you get together? \_\_\_\_\_

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Where were you born and raised: \_\_\_\_\_

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How long were your parents married? \_\_\_\_\_

a. When you were born: \_\_\_\_\_ Altogether: \_\_\_\_\_

b. If they separated, why? \_\_\_\_\_

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Describe your Father, his occupation and your with relationship with him:

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Describe your Mother, her occupation and your relationship with her:

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If you had stepparents, describe your stepparents, their occupations and your relationships with them:

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Parents, including step-parents (describe their relationship with each other):

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Siblings, including half and step siblings (give name, age, and relationship with your brothers/sisters):

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Mental illness (in self and/or family members):

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Alcohol abuse (in self and/or family members): \_\_\_\_\_

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Drug abuse (in self and/or family members):

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Homosexuality (in self and/or family members): \_\_\_\_\_

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Arrests (of self and/or family members):

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16. How did your parents discipline you? \_\_\_\_\_

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17. How did you know your parents loved you? \_\_\_\_\_

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L. ABOUT YOU:

***PLEASE GO TO THE DMV AND OBTAIN AND ATTACH YOUR DRIVING RECORD.***

What is your level of Education: \_\_\_\_\_

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Military History: \_\_\_\_\_

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Medical History: \_\_\_\_\_

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Prescribed Medication: \_\_\_\_\_

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Hospitalization History: \_\_\_\_\_

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Psychiatric Treatment: \_\_\_\_\_

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Psychotherapy: \_\_\_\_\_

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M. STEPPARENT INFORMATION:

If you have remarried or if you now share or plan to share your home with another adult, or if there is a significant other person in your life, please complete the following questions in

regard to the other person:

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Present employer/employment: \_\_\_\_\_

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

Marital history: \_\_\_\_\_

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

Does he or she have children? [If Yes] Please give names and ages: \_\_\_\_\_

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

His or her relationship with child(ren) at issue: \_\_\_\_\_

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

N. CONCERNS ABOUT DOMESTIC VIOLENCE OR COERCIVE CONTROL”

Were you hit or slapped? \_\_\_\_\_

\_\_\_\_\_

Were you pushed? \_\_\_\_\_

\_\_\_\_\_

Did you hit or slap anyone? \_\_\_\_\_

\_\_\_\_\_

Do you have any concerns about weapons? \_\_\_\_\_

\_\_\_\_\_

How was money managed? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

O. ANY OTHER CONCERNS NOT MENTIONED?

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\_\_\_\_\_