

PARENT QUESTIONNAIRE

1. Your Name:
2. Age: Date of Birth: Email:
3. Address:
4. Phones: Home) Cell) Work)
5. Occupation:
6. SSN#:
7. Current Employer:
8. Other parent's name:
9. Name of persons living in your home (if significant other, please provide full name, DOB, and SS#):

10. Children- List the following for all of your children

Name	Date of Birth	Current Residence	Custody Arrangement	Name of other parent

Provide the following information about your family:

11. Biological Mother's Name:

Residence:

Age:

Occupation:

12. Biological Father's Name:

Residence:

Age:

Occupation:

13. Siblings Name

Age

Residence

14. Has anyone in your family (parents or siblings) abused drugs or alcohol now or in the past?

If yes, please explain:

15. Has anyone in your family been in psychotherapy or been hospitalized or received medication for mental or emotional difficulties?

If yes, please explain:

16. Has anyone in your family (parents or siblings) been arrested or convicted of a crime?

If yes, please explain:

17. Has anyone in your extended family been investigated for physical or sexual abuse?

If yes, please explain:

18. Were your parents ever separated?

If yes, when?

Divorced? _____ When? _____

Remarried? _____ When? _____ To whom? _____

19. When did you move out of your parents' home? _____

20. Describe your relationship with your parents when you were growing up:

21. Describe how you saw your mother and father's relationship with each other as you were growing up:

22. Describe your present relationship with your parents:

23. What happy, rewarding memories do you have of your life as a child?

Provide the following information about your school history:

24. Last Degree: School: Dates Attended:

High School/City/Year Graduated:

Middle School/City:

Elementary School/City:

25. Provide your average grades: Elementary School:

Junior High:

High School:

College:

26. Did you receive any special education services? Yes ___ No ___
If yes, please explain:

27. Did you leave any educational program prior to completion? Yes ___ No ___
If yes, please explain:

Provide the following information about your work history:

28. For all your jobs prior to and including your current employment (beginning with current position) provide:

Job Title	Place of Work	Salary	Hours	Dates of Employment
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29. Have you ever been fired or laid off from a job?
If yes, please explain:

30. Describe your occupation in detail. How do you feel about your present job?
(include job security, work satisfaction and future employment goals):

31. Do you experience problems living within your monthly income?
If yes, please explain:

Provide the following information about your religious affiliation:

32. Do you have a religious affiliation?
If yes, provide name of religion: _____

33. Do you belong to a congregation or a synagogue?
If yes, how often in the last year have you attended?

34. What have been the most fulfilling accomplishments in your life?

35. How do you spend your leisure time?

**Provide the following information about your relationship and marital history
with the other party of this evaluation:**

36. When did you meet the other parent?

37. If you lived together before marriage, give dates:

38. Date of Engagement:

39. Date and Location of Marriage:

40. List the residences where you lived and the corresponding dates:

41. List names and ages of children born or adopted during this relationship.

42. What are the current custody and visitation arrangements?

43. Date(s) of any miscarriage(s) and/or abortion(s):

44. What attracted you to the other parent?

45. Describe the things you like about the other parent:

46. Describe the things you dislike about the other parent:

47. How did you handle disagreements, hurt feelings, frustrations or conflicts?

48. Describe how your marriage/relationship changed in the years since it began?

49. Date of separation(s):

50. Were there any reconciliation?

51. Who filed for divorce and when?

Date and Location of Divorce Decree:

52. List your residences since your separation and the dates lived there:

53. Please provide the following information for any other marriage(s) or live-in relationship(s):

Name/DOB/SS#:

Name/DOB/SS#:

Name/DOB/SS#:

54. If your partner has children who may reside with you, either full or part-time, please list:

Name	Age	Currently living with
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Provide the following information about your background:

55. Have you ever been in psychotherapy or counseling, including individual, marital, family, chemical dependency, or family violence treatment?

If yes, give dates, names and complete address of therapists:

56. Have you ever been hospitalized for mental or emotional difficulties?

If yes, please give names and dates of hospital:

57. Has any physician prescribed medication for any mental or emotional problems?

If yes, please explain:

58. Are you now or have you ever been in military service?

If yes, provide the following information:

Branch and Dates of Service:

59. Have you ever been arrested?

If yes, please provide Dates, Places and Circumstances:

60. Have you ever been convicted of any crimes?
If yes, provide Dates, Jurisdiction, Circumstances, and Disposition:
61. Have you ever been under investigation or supervision in any way by any of the following?
- Dept. of Social Services?
- Child Protection Services?
- Probation?
- Police?
- Court?
- If yes to any of the above, provide Dates, Jurisdiction, and Circumstances:
62. Do you drink alcohol at all?
If yes, please describe your use:
63. Do you currently have, or have you in the past, had any chronic or recurrent health problems or physical handicaps?
If yes, please explain:
64. Are you currently on any prescribed medication?
If yes, provide name of medication, dosage, reason prescribed, and name of physician:

65. Do you use any drugs or medications other than prescribed?
If yes, please describe use:
66. List dates and reasons for any hospitalizations you have had:
67. Are you on any medication, or do you have any intellectual, learning, neurological or physical difficulties that may affect your ability to participate in this evaluation?

If yes, please describe:
68. Describe your personality:
69. How do you cope with stress/change?
70. In case of your death, what would be your plans for your children's care?

Provide the following information about your parenting:

71. In what ways would you bring up your child in ways you were raised? What would you do differently?

72. How do you, or how will you, discipline your children?

73. Describe your present relationship with your children:

74. What types of activities do you enjoy with your children?

75. What is the most difficult part about being a parent?

Provide the following information about your home:

76. Describe your home and property (how old, number of rooms, pool, etc.):

77. Describe the neighborhood where your home is located (isolated, rural, suburban, etc.):

78. Why did you move to your present neighborhood and what do you like or dislike about living there?

79. List the schools your child will attend and tell me how far they will be from where you live.

Provide the following information about your knowledge of the other parent:

80. Do you have any of the following concerns about the other parent?

Alcohol abuse:

Drug use/abuse:

Emotional abuse of children:

Physical abuse of children:

Sexual abuse of children:

Sexual behavior:

Physical health:

Potential for violent behavior:

Potential for suicide attempt:

Child snatching:

If yes to any of the above, give details. Use a separate sheet of paper if necessary.

81. Is the other parent likely to express any of these concerns about you?
If yes, please explain:

82. Does the other parent drink alcohol at all?
If yes, please describe use:

Provide the following information about your knowledge of any step-parent or significant partner of the other parent:

83. Do you have any concerns about this person?

Alcohol abuse:

Drug abuse:

Emotional abuse of children:

Physical abuse of children:

Sexual abuse of children:

Sexual behavior:

Physical health:

Potential for violent behavior:

Potential for suicide attempts:

Child snatching:

If yes to any of these, please explain:

Provide the following about this evaluation:

84. Name, Address, and Phone Number of your attorney in this matter?
85. Have you ever had a different attorney in this matter?
If yes, who?
86. Have you ever been in an custody litigation before?
If yes, please give details and disposition of the court:
87. If you do not currently have physical custody, what are your reasons for attempting to obtain it now?
88. If you do not currently have physical custody of child/children, what is your understanding of the reasons for the present change?
89. If you are granted physical custody, what are your beliefs/plans for the child to see the other parent?
90. How would you describe the current relationship with the other parent of your life?
91. How does your relationship affect the child?

92. Are there any other specialists or significant sources of information not previously mentioned that you feel should be contacted in this evaluation?

If yes, please give details:

93. To assist in scheduling appointments for you and your child(ren) evaluation, please provide the schedule of contact for you and your child(ren) in the next six weeks. Include any exceptional circumstances and dates that would make you or your child(ren) unavailable for appointments.

94. Please list the names, addresses, and phone numbers of three (3) persons you are using as references:

1)

2)

3)

To the best of my knowledge, the information provided on this questionnaire is the truth.

Signature:

Date:

