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Family Information Questionnaire

This is a written interview that allows you to present background information about your children's parenting, care-taking, and their previous and current living situations. It also asks you to relate your thinking about different aspects of your parenting and the parenting of the other party.

This questionnaire is intended to give you an opportunity to respond in private, outside the stress of an in-office interview. Your answers need to reflect your own thoughts and your own words. Take your time. Feel free to take as many breaks as you need. Your goal is to provide a thorough, readable answer. More information is better than less. You want to help me to understand your parenting history, how you see the other parent, and how you think about your role as a parent. You will be asked to provide both facts and opinions. Answer all the questions. Mark any questions that are not applicable as N/A. Mark with a * the questions that you feel address the most important issues in the evaluation. The term 'Another Parent' is used throughout the questionnaire. In most instances, 'Another Parent' refers to the child(ren's) biological parent. If it is more appropriate to indicate that the Another Parent refers to another caretaker such as a grandparent or other relative, please make a note of this in your answer.

If you are able to provide answers in electronic format, feel free to do so. No one other than yourself is to complete this questionnaire and the answers presented on this form should be yours and yours alone.

I look forward to discussing the details of these responses with you during our scheduled evaluation meetings.

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FAMILY INFORMATION QUESTIONNAIRE

Name: _____ Today's Date: _____

Cause and Court Number: _____

Petitioner: _____ Respondent: _____

CHILD(REN)'S NAMES (first and last) Put a * if they're a party to this evaluation	BIRTHDATES	AGES	Mark here if child lives with you

In regard to any child who does not live with you, with whom do they live and why?: _____

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OTHERS LIVING IN THE HOME Relationship/status	RELATIONSHIP	AGES

HISTORY OF COURT ACTION: (USE BACK IF NECESSARY)

I. Date: _____ Initiated By? Father: _____ Mother: _____

Attorney: _____ Reason: _____

Result: _____

II. Date: _____ Initiated By? Father: _____ Mother: _____

Attorney: _____ Reason: _____

Result: _____

III. Date: _____ Initiated By? Father: _____ Mother: _____

Attorney: _____ Reason: _____

Result: _____

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FATHER	MOTHER
First and last name	First and last name
Birth date	Birth date
Street Address	Street Address
City, State, Zip Code	City, State, Zip Code
DL#	DL#
Social Security #	Social Security #
Home Phone	Home Phone
Employer	Employer
Address	Address
Occupation	Occupation
Work Phone	Work Phone
Cell/Pager Number(s)	Cell/Pager Number(s)
Attorney's Name	Attorney's Name
Attorney's Phone Number	Attorney's Phone Number
Attorney's E-Mail	Attorney's E-Mail

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FAMILY OF ORIGIN INFORMATION

Father's Name: _____ Age: _____

Date of Birth: _____ Deceased? _____

Date/Cause of Death: _____

Describe your father during your childhood: _____

Father's career/occupation: _____

Father's personality style: _____

Father's discipline style: _____

Describe your current relationship with your father: _____

Describe your relationship with your father during your
teenaged years: _____

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Mother's Name: _____ Age: _____

Date of Birth: _____ Deceased? _____

Date/Cause of Death: _____

Describe your mother during your childhood: _____

Mother's career/occupation: _____

Mother's personality style: _____

Mother's discipline style: _____

Describe your current relationship with your mother: _____

Describe your relationship with your mother during your
teenaged years: _____

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How long were your parents married? _____

How many separations did they have? _____

Who was in charge in your family growing up? _____

Who was your father's favorite child? _____

Who was your mother's favorite child? _____

Were there other family members who played an important role
in your life? Who? _____

What were your father's strengths as a parent? _____

Weaknesses? _____

What were your mother's strengths as a parent? _____

Weaknesses? _____

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How would your parents have described you as a child? _____

How would your friends have described you as a teenager?

Siblings Name And Age	Education and Occupation	City	If Divorced or remarried

Below please give the dates that each listed event occurred. Put “never” if it does not apply for you. On the right, add any comments you feel would be helpful.

DATE	EVENT	COMMENTS
	You and other parent met	
	You and or other parent married or began to live together	
	1st child was born	
	Last child was born	
	Separation/break	

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	up	
	Date divorce filed	
	Who filed	
	Beginning of current parenting arrangement	

1. Who currently has legal custody of the child(ren)?

Joint Father Mother Other

2. Describe the current parenting plan (physical custody):

3. If there are different custody arrangements for different children, please explain: _____

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4. What are you requesting from the court regarding custody/parenting time?

Legal custody: ___ Joint Managing Conservatorship ___ Sole

Physical custody (specific parenting time for other parent):

___ How many weekends per month, from (time/day) ___/___ to ___/___ (time/day)

___ How many weekdays per week, from (time/day) ___/___ to ___/___ (time/day)

Why do you think it is in the child(ren)'s best interest? _____

5. If you get the arrangement you are requesting, what will you do to ensure childcare and other needs are met? _____

6. Please describe each of your children – include information on special needs: _____

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7. Describe the other parent's relationship with the children:

8. Please describe the other parent's style of parenting: _____

9. How do you discipline your children? _____

10. How does the other parent discipline the children? _____

11. What will the other parent say about you? _____

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12. Describe the communication between you and the other parent: _____

13. Please describe your involvement in your child(ren)'s activities, both past and present (include extracurricular activities/school events/medical and dental appointments, etc:

14. Who pays for these activities and do you have problems agreeing on them? _____

15. How do you and the other parent support your child's education? _____

16. With whom do you live? _____
How long have you lived with this person? _____

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17. Do you own your home? _____ If not, describe your housing situation: _____

How long have you lived in this area: _____

Do you have any plans to leave this area? _____

If so, when? _____

18. Do you expect the other parent to move or change living arrangements in the next 6 - 12 months? _____

If yes, please describe: _____

19. Have the children said anything to you or others about their perceptions, feelings, opinions and/or preferences about parenting, visitation or residence? _____ If yes, please describe: _____

20. Have you been married previously and do you have children from other relationships? _____ Please describe in detail giving dates and ages: _____

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21. If you have an LTP (living together partner) or spouse with children, and/or if you have other children by a previous or current relationship, what are your plans for contact among the children? _____

22. What are your plans for how you will coordinate your contacts with the children in question and the other children (always together, always separate, a combination, etc.)?

23. Describe any problems of which you are aware with the mental or physical health of either parent: _____

24. List any information you think is relevant about your own or the other parent's capacity to provide for the children's:

Education: _____

Religion/cultural awareness/involvement: _____

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Food, clothing, shelter: _____

Medical care: _____

Other care: _____

25. Describe any issues/concerns regarding moral fitness (of either parent): _____

26. Do you have any concerns about domestic violence, drug or alcohol abuse? _____ Please describe: _____

27. Where these concerns ever reported? _____ If yes, please describe: _____

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28. Has protective services or the court ever been involved with any of your children regarding suspected or confirmed child abuse or neglect? _____ If yes, give details: _____

29. Do you have concerns about neglect or sexual or physical abuse or the safety of your children? _____ If yes, please describe: _____

30. What are the other parent's strengths as a parent? _____

31. What are the other parent's weaknesses as a parent? _____

32. What would the other parent describe as the problem with your parenting of the children, and what is your response?

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33. Describe any problems your children are having at home (health, behavior, etc.): _____

At school (academic, social, behavior, etc.): _____

In the community (friends/associates, behavior, etc.): _____

34. How would you describe the child(ren)'s current relationship with their other parent?

_____ Warm and friendly, because they have fun with him and look forward to seeing him.

_____ Cool and cautious, because _____

_____ Cold and fearful, because _____

Other, because _____

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35. How would you encourage a close and continuing parent-child relationship between the child(ren) and the other parent?

36. If one parent has custody and the other parenting time, is the parent who receives parenting time given as much time with the children as the court order calls for? _____

Please explain: _____

If there is no current order, what is a fair amount of time for the other parent to have with the children? _____

Why? _____

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37. Do both parents have equal access to school information and records, medical/dental information and records, and other important information about the children? ____ If not, why not?

38. Any prior arrests for anyone in the family? No__ Yes__

Please give details (including dates and jurisdiction):

39. Who takes care of your children when you are not at home? (include their address and phone number): _____

May I speak with the children’s caretakers? _____

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40. Please describe your work hours, when you need daycare and who would provide it under your proposed schedule:

41. List Names, Addresses and Phone Numbers for Current or Former Therapists or Substance Abuse Detection or Treatment Therapists or Programs you have had: _____

May I speak with these therapists? _____

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General Information

EMPLOYMENT HISTORY (List most recent first)

Employer: _____ Start date: _____

End date: _____ Why did you leave? _____

Employer: _____ Start date: _____

End date: _____ Why did you leave? _____

Employer: _____ Start date: _____

End date: _____ Why did you leave? _____

EDUCATIONAL HISTORY:

School: _____

Dates attended: _____ Graduated? _____

School: _____

Dates attended: _____ Graduated? _____

School: _____

Dates attended: _____ Graduated? _____

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RESIDENTIAL HISTORY

Place: _____ Years: _____

Reason for Leaving: _____

Place: _____ Years: _____

Reason for Leaving: _____

Place: _____ Years: _____

Reason for Leaving: _____

Place: _____ Years: _____

Reason for Leaving: _____

CHILDREN'S SCHOOL HISTORY. Please list each child's teacher/school for the last two years, include names of additional school personnel who have had a significant influence on the child. Add any relevant comments.

Child Grade/School/Teacher: _____

Comment: _____

Child Grade/School/Teacher: _____

Comment: _____

Child Grade/School/Teacher: _____

Comment: _____

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Do you believe the child(ren) could benefit from any special services related to speech, hearing, or sight problems, or from other physical or psychological problems, developmental or educational delays, or chemical addictions? _____

If yes, please explain: _____

Is there any additional information, either positive or negative, that has not been discussed and that you feel should be considered in this evaluation? _____

PLEASE READ AND SIGN WHEN FINISHED:

I have completed this questionnaire myself without anyone's help.

Signed: _____ Dated: _____

Please Print Your Name: _____