

Parent Questionnaire

1. Your name _____
2. Age _____ Date of birth _____
Place of birth _____
3. Current address _____
4. Home phone _____ Work phone _____ Cell phone _____
5. Occupation _____
Employment schedule _____
6. Employer's name _____
Employer's telephone number _____
Employer's address _____
Number of years or months employed _____
7. Other parent's name _____
8. Children you have together

<u>NAMES</u>	<u>DATES OF BIRTH</u>
9. Please tell me the current parenting time schedule
10. What is *not* working well with the current schedule?
11. What *is* working well with the current schedule?

12. Names of persons living at your current residence
NAME **RELATIONSHIP TO YOU**

13. Do you have children from previous or current relationships?
NAME **AGE** **RESIDENCE**

Do you have stepchildren?

NAME **AGE** **RESIDENCE**

Please provide the following information about your family of origin

14. Mother's Name _____
Residence _____
Age _____ Occupation _____

15. Father's Name _____
Residence _____
Age _____ Occupation _____

16. Are your parents still married?
Date divorced _____
Are your parents re-married?
Date your mother re-married _____
To whom? _____
Date father remarried _____
To whom? _____

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

18. Your Siblings
NAME **AGE** **RESIDENCE**

19. Has anyone in your family of origin (parents or siblings) abused drugs or alcohol now or in the past?
If yes, please provide additional information
20. Has anyone in your family (parents or siblings) been psychiatrically hospitalized or received medication for mental or emotional difficulties?
If yes, please provide additional information
21. Has anyone in your family (parents or siblings) been arrested or convicted of any crime?
If yes, please provide additional information
22. Has anyone in your family (all extended family) been investigated for physical or sexual child abuse?
If yes, please provide additional information

Please provide the following information about your school history

23. Did you graduate from high school?
What school? _____
What year did you graduate? _____
24. Did you receive any special education services?
25. Do you have any post secondary education?
School _____
Dates Attended _____
Did you graduate? _____ Degree _____

Please provide the following about your work history

26. For the last three years, beginning with your current employment:

Job Title Place or Work Salary Hours Dates of Employment

27. Have you ever been fired or laid off from any job?
If yes, please provide additional information

Please provide the following information and marital history.

28. When did you meet the other parent? _____

29. If you lived together before marriage, please give dates _____

30. Date engaged _____

31. Date married _____

32. Date separated _____

33. Who filed for divorce? _____ Date _____

34. Where there any reconciliations?

35. How many different homes have your child(ren) resided in? _____

How many residential moves for you since the separation? _____

How many for the other parent? _____

36. Please use a separate sheet of paper to provide the same information as above for any other marriages or serious relationships you have had.

Please provide the following information about you and your child's other parent

37. Have you abused drugs or alcohol now or in the past?
If yes, please provide additional information

The other parent?

38. Have you ever been in any type of counseling, including marital?
If yes, did you find it helpful?

Has the other parent been in any sort of counseling?

39. Have you ever been hospitalized for mental or emotional difficulties?
yes, please provide additional information including dates of admission and discharge

The other parent? _____

40. Have you ever been arrested?
If yes, please provide additional information

The other parent? _____

41. Have you ever been convicted of any crime? -- --
If yes, please provide dates, jurisdiction, and circumstances

The other parent? _____

42. Have you ever been under investigation in any way by the any of the following?
Child Welfare
Probation
Police
Court

If yes, to any of the above information, please provide dates, jurisdiction, and circumstances

43. Do you drink alcohol at all?
If yes, please provide additional information

The other parent?

44. Are you currently on any prescribed medication?
If yes, please provide additional information

The other parent?

45. Are you on any medication, or do you have any intellectual, learning, or neurological, physical, or other difficulties that may affect your ability to participate in this evaluation?
If yes, please provide additional information

The other parent?

46. What are your biggest concerns for your children?

47. Have your children ever suffered physical, sexual or emotional abuse?
If yes, please provide additional information

48. Has your child(ren) ever been in counseling?

Are they in counseling now?

With whom? _____

Telephone Number _____

FAX Number _____

Address _____

49. Who normally baby-sits or does daycare for your child(ren)?
Name _____
Telephone Number _____
Address _____

50. What is your idea of an *ideal* parenting time plan for your child(ren)?

51. Is there anything else in particular that you want me to know or consider on your child's behalf?

Thank you!