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EVALUATION INTAKE QUESTIONNAIRE

(Please enter your information into the gray shaded areas)

1. Your Personal Information

A. Present and former names:

B. Home address:

C. How long at this address:

D. Cell telephone number:

E. Home telephone number:

F. Work telephone number:

G. Email address:

H. Age:

I. Date of birth:

J. Place of birth:

K. Religion:

2. Case Information

A. Case name:

B. Case number:

C. County:

D. Your attorney's name:

[Redacted]

Phone number:

Email:

[Redacted]	[Redacted]
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E. Your co-parent's name:

[Redacted]

Your co-parent's phone:

Co-parent's Email:

[Redacted]	[Redacted]
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F. Guardian Ad Litem's name:

[Redacted]

Phone:

Email:

[Redacted]	[Redacted]
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3. Current Work Information

A. Current employer:

[Redacted]

B. Employer address:

[Redacted]

C. Employer phone number:

[Redacted]

D. Type of employment:

[Redacted]

E. Dates of employment:

[Redacted]

F. Work hours:

[Redacted]

G. If you travel for work, please describe:

[Redacted]

4. Personal History

A. Education (give highest degrees, and area of study):

[Redacted]

B. Work history (briefly describe the kinds of occupations you have had and how long you have worked at your last three positions):

[Redacted]

C. Military history (provide dates of enlistment, describe the type of duty and whether you were in combat):

[Redacted]

D. Medical history:

[Redacted]

E. Current prescribed medications (and the condition for which is it prescribed):

[Redacted]

F. Psychiatric history (consultation with a psychiatrist, psychologist or therapist, psychiatric hospitalization, suicidal behavior, eating disorder, psychosis. If you have had a psychiatric hospitalization, please provide the hospital records):

[Redacted]

G. List all psychiatric and pain medications you are **currently** taking:

[Redacted]

H. List all psychiatric and pain medications you have **ever** taken:

[Redacted]

I. Alcohol/Drug use history: (If you have been in a drug or alcohol treatment program, please provide the hospital or clinic records)

[Redacted]

J. Have you ever experimented with or used any of the following substances:
(place an X in the box to indicate your response)

Yes	No	
		Alcohol, more than 8 drinks in a day
		Marijuana or cannabis in any forms
		Cocaine
		Amphetamines/Methamphetamines
		Barbiturates
		Hallucinogens
		Heroin
		Ecstasy
		Opiates or other pain medications
		Any other substance not listed

K. If yes to any of the above about substance use, please give information about first use, how long you used, amount used and last use:

[Redacted]

L. History of psychotherapy services- including marital therapy (reasons for treatment, names and phone numbers for psychotherapists, and dates of treatment):

[Redacted]

M. History of Arrests- for any reason... ex. DUI violations, Criminal Prosecution, Dishonorable Discharge from Armed Forces (If there is a history of any of the above, provide police, court, DMV, probation, discharge records):

[Redacted]

5. **YOUR CHILDREN INVOLVED IN THIS CUSTODY CASE**

A. Your children involved in this court case:

NAME	AGE	DATE OF BIRTH	SCHOOL	GRADE

B. Additional children in your home who are ***not*** involved in this court case:

NAME	AGE	DATE OF BIRTH	SCHOOL	GRADE

C. Describe your children’s personality and special emotional or physical needs (For each child involved in this case, describe your child as you would to a stranger. Then discuss any physical or educational disability, emotional or behavioral problems, history of psychotherapy or psychiatric care, and special talents or interests that may affect custody arrangements):

D. Provide a brief school history for each child (performance, social adjustments, grade level, etc. Please attach the latest school report card for each child.):

6. **MARITAL AND RELATIONSHIP HISTORY**

A. List all your marriages and relationships that produced children:

Partner’s Name	Dates of Relationship	Children’s Names	Children’s Ages

B. What is your current relationship status:

C. If you are in a relationship, please describe it (living arrangements, how much time you spend together, how much time that person spends around the children):

D. Describe your history with your other co-parent involved in this case (when and where you met, level of relationship conflict, history of domestic violence, ever married, reason for separation or divorce, etc.):

[Redacted]

E. Describe any history of domestic violence and legal action taken:

[Redacted]

F. Who cared for the children during this relationship (include child care providers and description of parents' involvement during that time):

[Redacted]

G. Living arrangements for parents and children after separation (include information on initial parenting time division and decision making):

[Redacted]

7. STEPARENT OR SIGNIFICANT OTHER INFORMATION:

(If you have remarried or have a significant other that you share or plan to share your home with, please complete the following questions in regard to the other adult.)

A. Name:

[Redacted]

B. Age:

[Redacted]

C. Phone Number:

[Redacted]

D. Email:

[Redacted]

E. Employer and Occupation:

[Redacted]

F. Relationship to You:

[Redacted]

G. Information on their children:

Name	Age
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]
[Redacted]	[Redacted]

H. Describe this person's relationship with the child/children involved in this case:

[Redacted]

8. YOUR BACKGROUND AND FAMILY OF ORIGIN

A. Where were you born and raised:

[Redacted]

- B. If you were born in another country, when and why did you immigrate to the U.S. and when did you receive your permanent residency and/or citizenship?

- C. Describe your mother (her occupation, your relationship with her when you were growing up, your relationship with her now, where does she now live and her involved with your children):

- D. Describe your father (his occupation, your relationship with him when you were growing up, your relationship with him now, where does he now live, his involved with your children):

- E. Describe your siblings (age, where do they live, how often do you see them and/or talk to them):

- F. Describe the family you grew up in (your parent's relationship, who took care of the children, how you had fun together, who was close to each other, how your parents disciplined, how conflict got resolved, significant events or problems that affected your upbringing):

- G. Describe any alcohol abuse, drug abuse, arrests/criminal history, mental health history (prescribed psychiatric medication, psychiatric hospitalization, suicidal behavior) for members of your family of origin, and how it affected you:

9. YOUR REQUESTS RELATED TO PHYSICAL AND LEGAL CUSTODY

- A. Your requests regarding physical custody/parenting time (Please include a proposal for an exact schedule with times and place of exchange; if you would like a different schedule during the school year and summer school break, please state those separately):

- B. Your requests involving legal custody (how parents should communicate and make decisions about health care, education, religion, activities, psychotherapy, etc.):

- C. Your request for school break, vacation and holiday scheduling (consider winter break, spring break, summer break, Thanksgiving, New Years Eve, New Years Day, 4th of July, Mother's/Father's Day, other major and minor holidays, teacher workdays, early release days, and relevant religious holidays such as Christmas Eve, Christmas Day, Hanukkah, Passover, Easter):

- D. Your requests regarding mental or behavioral health services:

E. Any other requests (guidelines for traveling with the children, video or phone communication with children):

[Redacted area]

F. Explain the reasons for your custody requests:

[Redacted area]

10. ISSUES AND CONCERNS IN THIS CURRENT CASE

A. History of domestic violence- include specific incidents (Provide any police reports or restraining orders):

[Redacted area]

B. History of any involvement of Department of Children and Family Services (Give dates of reports and investigations, names and phone numbers of investigators, provide any paperwork you have on case and/or arrange for your attorney to subpoena the file from DCFS):

[Redacted area]

C. Concerns you may have about your co-parent that relate to your custody requests:

[Redacted area]

D. Your understanding of the concerns and issues your co-parent has about you, as they relate to their custody requests:

[Redacted area]

E. Your understanding of the children's thoughts and feelings about their custody arrangement and any concerns they have about either parent:

[Redacted area]

11. HISTORY OF CUSTODY AND VISITATION AGREEMENTS AND ORDERS UP TO THE CURRENT COURT ORDER/CUSTODY PLAN- Please attach a copy of all past and current agreements and court orders regarding custody and visitation to this questionnaire.**