

PRE-EVALUATION QUESTIONNAIRE

Name: _____ Previous Names: _____
First MI Last

Address: _____
Street City & State Zip

Age: _____ DOB: _____ Email Address: _____

Primary Phone #: _____ Other Phone #: _____

Emergency Contact: _____
Name Phone #

Married: Y/N Never Married: Y/N Divorced: Y/N

Previous Marriages/Dom Partnerships: _____

| Employment | | |
|--|-----------------------|-----------------------------|
| Employed: Y/N | Student: Y/N | Place of Employment/School: |
| Hrs/Days Worked: | | |
| Overtime Y/N | Average Commute time: | |
| Supervisor's Name & Contact #: | | |
| Length of Employment: | Monthly Income: | |
| Other Sources of Income: | | |
| Current Living Arrangement | | |
| <input type="checkbox"/> House <input type="checkbox"/> Apartment <input type="checkbox"/> Other _____ | | |
| How Long at this Address: | # of Bedrooms: | |
| List who lives in Household (<i>full name and DOB</i>): | | |
| | | |
| Landlords Name and Phone # | | |
| Child 1 | | |
| Name: | Age: | DOB: |
| School: | Ph. # | |
| Teacher/Daycare Staff Name (s): | | |
| Doctor: | Ph. # | |
| Dentist: | Ph. # | |
| Counselor: | Ph. # | |
| Child 2 | | |
| Name: | Age: | DOB: |
| School: | Ph. # | |
| Teacher/Daycare Staff Name (s): | | |
| Doctor: | Ph. # | |
| Dentist: | Ph. # | |
| Counselor: | Ph. # | |

Describe your Alcohol, Drug or Mental Health history. *Have you or anyone else ever had a concern about your use of alcohol or drugs, or your mental health? Have you ever had treatment to deal with your use of drugs or alcohol, or for mental health concerns?*

Law Enforcement/Criminal History: *List all police involvement, arrests and convictions including dates, counties and states where they took place. Attach copies of police reports or Court documents if available.*

Describe your parenting role before separating from the other parent. What were your routine duties and schedule with your child/ren?

Describe your parenting time schedule since separating from the other parent:

Describe any difficulties you have had (if any) in seeing your children since the separation:

Are there issues other than custody and the parenting time schedule that you feel should be addressed? (For example transportation or safety concerns)

What custody agreement do you think the Court should approve? If you feel that you should have legal custody, list the specific reasons why you should have custody.

Describe the parenting schedule that you believe would be in your children's best interest in the future. Where do you think the children should live, and why do you think this is the best arrangement for them?

*Additional sheets may be attached for all answers

REFERENCES (please provide both professional and personal references):

Personal References are individuals who know you as a parent or who can speak about specific issues in this case.

| Name | Ph. | Relationship to child/family: |
|------|-----|-------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |

Professional References are individuals that have provided services to you or your children (counselors, teachers, probation officers, police officers, ministers, etc.)

| Name | Ph. | Relationship to child/family: |
|------|-----|-------------------------------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |

* You may attach more professional references. Please do not provide more than 5 personal references.