

Parent History Questionnaire

Please enter less than 3000 characters for each answer.

COUPLE'S INFORMATION	
Your Name	
Names of the children	
Children's dates of birth	
When did you first meet the other parent?	
How did you meet him/her?	
What attracted you to him/her?	
How long did you date?	
What was the relationship like when you dated?	
How did you decide to marry/have a committed relationship?	

List the dates that you lived together while not married.	
Did you ever marry, if so when?	
How was the marriage/relationship in the early stages?	
List dates of separation during the marriage.	
List any notable legal actions related to this case.	
Have you filed for divorce? If so when?	
Is the divorce final? If so when?	
List where and when you lived with the other parent	
List where and when you lived since separation/divorce from the other parent.	
Over the course of the marriage how did you handle disagreements?	
What were the disagreements about?	
How far did the disagreements go (e.g., yelling, pushing, hitting, threats)?	
Were there financial	

problems during the marriage? Explain. How were these handled?	
What led up to the end of this relationship?	
Who initiated the divorce/end of this relationship?	
Did you try marriage/couple counseling? If so, discuss how it went, when was it and with whom?	
List other psychological evaluations related to this case.	
How far away does the other parent live from you?	
What is your biggest concern about the other parent?	
What is your biggest concern about the well being of your children?	
Who requested this evaluation?	
Why a child custody evaluation?	
On a scale of 1 to 10 (10 being most severe) rate how the level of conflict in your situation is effecting your child(ren) psychologically/emotionally.	
What could you do differently to help your child(ren)?	
How do you think your child(ren) feel when you	

talk about the other parent?	
How would your friends and family describe you?	
What could you do differently to help with this divorce process?	
Research shows the more conflict between parents getting a divorce causes the most psychological damage in children. Rate the conflict in your situation from 1 to 10 (10 being extreme conflict).	
If left strictly up to you, how would you assign time-sharing and parental responsibility? Be specific, number of overnights, pick-up times, drop-off times, etc.	
Why do you want such a plan?	
What are the downsides of this plan, if any?	
MARITAL INFORMATION	
Describe the early part of the marriage.	
When did you realize the relationship was in trouble?	
Give a brief summary of the events that led up to this evaluation	
What do you hope will happen as a result of this evaluation	
List the factors that most strongly support your position	

Describe your present living arrangements, include names and relationships of everyone who lives with you.	
Why haven't you and the other parent been able to resolve the parenting plan/time-sharing issue?	
What are the present time-sharing arrangements?	
When did these arrangements begin?	
What do you think about the present parenting plan and time-sharing arrangements?	
BACKGROUND INFORMATION	
Your Date of Birth	
Your Place of Birth	
Where did you grow up?	
How many marriages did you have? If more than this one, please provide names of partners and dates of marriage.	
How many children do you have from previous marriages/relationships?	
List any psychological evaluations you've ever had, not listed above.	
List any psychological or psychiatric	

treatment/care/services that you ever received.	
Describe your post-separation adjustment.	
Parent's Information	
Your Mother's Name	
Her Age	
If Deceased, when did she die?	
Her Occupation(s)	
Where and when did she work?	
How would you describe her?	
Describe her parenting style	
How often do you see her?	
How often do your children see her?	
While growing up, how did you get along with your mom?	
Your Father's Name	

His Age	
If Deceased, when did he die?	
His Occupation(s)	
Where and when did he work?	
How would you describe him?	
Describe his parenting style	
How often do you see him?	
How often do your children see him?	
While growing up, how did you get along with your dad?	
Family Information	
Describe your childhood; what was it like growing up?	
Where did you grow up?	
How many siblings do you have?	
Their names	

Their ages	
Their Places of Residence	
How did you get along with them growing up?	
How often do you see them?	
How often do your children see them?	
List any mental health issues in your family (state what, who, how treated, present condition, etc.)	
List any medical issues in your family (state what, who, disposition status, etc.)	
List any legal issues in your family (state what, who, how treated, present condition, etc.)	
List any substance abuse in issues your family (state what, who, how treated, present condition, etc.)	
How many residences did you live-in growing up?	
Why that many?	
Describe any divorces in your family	
Describe your family, what are the children like, what is the daily routine, how does your family run, do you have regularly scheduled family meetings,	

if so when, what do you discuss, do you all sit for dinner, what do you talk about, what would you like this evaluator to know, etc.

EDUCATIONAL INFORMATION

Give educational history (include name of institution, dates attended, degrees earned and major course of study)

Describe your experiences in school

Describe your academic performance

Describe your social experience in school

EMPLOYMENT INFORMATION

Describe your present employment (name of company, what you do, how long there, current salary, etc.)

Describe your present work schedule

Describe prior employment, give company, position, dates of employment, salary and reason for leaving

Do you have any plans to leave your present employment? If so, please discuss

PHYSICAL HEALTH INFORMATION

Describe your physical health

Describe any physical limitations that you may have

List medications that you take and the reason for taking them

List any hospitalizations (give reasons and dates)	
If your are under the care of a physician give name, address and telephone	
MENTAL HEALTH INFORMATION	
Describe your mental health	
Have you ever been hospitalized for a mental/emotion illness? If so, describe	
If your are under the care of a mental health professional give name, address and telephone	
Describe any treatment for alcohol or drug abuse; past or present	
How much alcohol do you drink?	
Describe any significant anger issues that you have	
Describe any significant social problems/issue that you have	
Describe any substance abuse history, (what, how much used, when started, last used, etc.)	
ADDITIONAL INFORMATION	
Describe any arrests you've had.	
Describe any other legal action taken against you	
Describe any driver's license suspensions,	

cancellations, revocations that you've had.	
List any previous marriages or other significant long-term, live-in relationships that you've had (give names and dates).	
List any children you have had that are not part of this evaluation (give names, dates of birth and their living arrangements)	
Describe any social supports that you presently have (who are they, how do they support you)	
Describe your home, neighborhood and community	
OTHER PARENT'S INFORMATION	
What do you think the other parent's biggest concern is about you?	
What do you think the other parent's biggest concern is regarding the well being of the children?	
Describe any significant anger issues the other parent has.	
Describe any significant social problems the other parent has	
Describe any legal problems that you think the other parent has.	
Describe any physical or mental health issues that the other parent has.	

It is important that we be able to obtain third-party information about this issue. It allows us to verify information and broaden our perspective. Below, please provide us with information about people who you think we should contact about the parenting plan and time-sharing issue.

Name

Street Address

City, State, Zip Code
e-mail address
Phone Number
Relationship to you or your family

Name
Street Address
City, State, Zip Code
e-mail address
Phone Number
Relationship to you or your family

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City, State, Zip Code
e-mail address
Phone Number
Relationship to you or your family

Name
Street Address
City, State, Zip Code
e-mail address
Phone Number
Relationship to you or your family

Type your Name as a Signature

By saving this document, I am attesting that the information I have given is true and accurate, to the best of my ability.