

PARENT/GUARDIAN QUESTIONNAIRE

Please answer the following questions the best of your ability. If you need additional space, please attach additional sheets of paper.

BACKGROUND

Name: \_\_\_\_\_

Relationship to Child(ren): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

Any tribal heritage or affiliation? \_\_\_\_YES \_\_\_\_NO

Please list all of your children and check whether they are involved in this action.

<u>Name:</u>	<u>DOB:</u>	<u>Involved?</u>
1. _____	____/____/____	____ YES ____ NO
2. _____	____/____/____	____ YES ____ NO
3. _____	____/____/____	____ YES ____ NO

Please list all household members other than your child(ren) and describe their relationship with your child(ren).

<u>Name:</u>	<u>DOB:</u>
1. _____	____/____/____
2. _____	____/____/____
3. _____	____/____/____

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Please list your marital history, if any.

<u>Spouse Name(s):</u>	<u>Date of Marriage:</u>	<u>Date of Divorce:</u>
1. _____	____/____/____	____/____/____
2. _____	____/____/____	____/____/____

Please describe any significant romantic relationship you have with someone other than the child(ren)'s parent and their relationship with your child(ren). \_\_\_\_\_N/A

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Do you have any plans to move? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have reliable transportation? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have a valid driver's license? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have car insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

### **EDUCATION**

#### **Parent/Guardian**

Highest Level Achieved: \_\_\_\_\_

When: \_\_\_\_\_

Where: \_\_\_\_\_

Other Household Member(s): \_\_\_\_\_N/A

Highest Level Achieved: \_\_\_\_\_

When: \_\_\_\_\_

Where: \_\_\_\_\_

EMPLOYMENT

Parent/Guardian

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Schedule (please be as specific as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Household Member(s): \_\_\_\_\_ N/A

Employer: \_\_\_\_\_

Job Title: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

Schedule (please be as specific as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHILD SUPPORT:

Do you pay child support? \_\_\_\_\_ YES \_\_\_\_\_ NO

On which child(ren)?

\_\_\_\_\_  
\_\_\_\_\_

Amount: \_\_\_\_\_

Is it current? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you receive child support? \_\_\_\_\_ YES \_\_\_\_\_ NO

On which child(ren)?

\_\_\_\_\_  
\_\_\_\_\_

Amount: \_\_\_\_\_

Is it current? \_\_\_\_\_ YES \_\_\_\_\_ NO

## DOMESTIC VIOLENCE & ABUSE

**If you answer yes** to any of the following questions, please provide additional details in the comments below.

Have you ever been charged or convicted with domestic violence? ☐ YES ☐ NO

Were you ever a victim of domestic violence in your home? ☐ YES ☐ NO

Has the other parent or guardian ever physically harmed you? ☐ YES ☐ NO

Has the other parent or guardian ever damaged or destroyed your property?

YES NO

Has the other parent or guardian ever coerced you? ☐ YES ☐ NO

Has the other parent or guardian ever harmed a person or animal in your household?

\_\_\_\_ YES \_\_\_\_ NO

Have you ever called the police or made a report about the other parent or guardian's actions? \_\_\_ YES \_\_\_ NO

Has there ever been any investigation into alleged sexual abuse involving your child(ren), their parent or guardian, or a household member? ☐ YES ☐ NO

Have you or the children ever been protected by a restraining order? ☐ YES ☐ NO

Comments:

[illegible]

CRIMINAL HISTORY:

**If you answer yes** to any of the following questions, please provide additional details in the comments below.

Have you ever been arrested? ☐ YES ☐ NO

Has any household member ever been arrested? ☐ YES ☐ NO

Have you ever been convicted of a crime? ☐ YES ☐ NO

Has any household member ever been convicted of a crime? ☐ YES ☐ NO

Has the other parent or guardian ever been arrested? ☐ YES ☐ NO

Has any child been charged with delinquency or referred to the Family Resource Center?  
☐ YES ☐ NO

Has the other parent or guardian ever been convicted of a crime? ☐ YES ☐ NO

Comments:

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SUBSTANCE USE HISTORY:

**If you answer yes** to any of the following questions, please provide additional details in the comments below.

How often do you drink alcohol? \_\_\_\_\_

Do you smoke or vape indoors? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you smoke or vape in your car? \_\_\_\_\_ YES \_\_\_\_\_ NO

When is the last time you used an illegal substance? \_\_\_\_\_

When is the last time any household member used an illegal substance? \_\_\_\_\_

Have you ever been treated for drug or alcohol dependency? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has any household member been treated for drug or alcohol dependency? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has any child had a history of smoking, vaping, drinking alcohol, or other substance use?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

Was any child exposed to alcohol or other substances during the pregnancy? \_\_\_\_\_ YES \_\_\_\_\_ NO

Comments:

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MEDICAL HISTORY:

**If you answer yes** to any of the following questions, please provide additional details in the comments below.

Do you have known medical issues? ☐ YES ☐ NO

Does any household member have known medical issues? ☐ YES ☐ NO

Do you have known mental health concerns? ☐ YES ☐ NO

Does any household member have known mental health concerns? ☐ YES ☐ NO

Have you ever been admitted to a psychiatric hospital? ☐ YES ☐ NO

Has any household member ever been admitted to a psychiatric hospital? ☐ YES ☐ NO

Psychiatrist for the parent/guardian: \_\_\_\_\_

Counselor for the parent/guardian: \_\_\_\_\_

Case manager for the child(ren) or family: \_\_\_\_\_

Medications:

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Comments:

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CHILD(REN)'S MEDICAL HISTORY:

**If you answer** yes to any of the following questions, please provide additional details in the comments below.

Does any child have known medical issues? \_\_\_\_\_ YES \_\_\_\_\_ NO

Does any child have known mental health concerns? \_\_\_\_\_ YES \_\_\_\_\_ NO

Has any child ever been admitted to a psychiatric hospital? \_\_\_\_\_ YES \_\_\_\_\_ NO

Who takes the child(ren) to appointments? \_\_\_\_\_

**Please list the following providers for the child(ren):**

Health Insurance: \_\_\_\_\_

Physician: \_\_\_\_\_

Dentist: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Other medical specialist(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Counselor: \_\_\_\_\_

Case manager: \_\_\_\_\_

Medications for the child(ren):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments:

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CHILD(REN)'S EDUCATION

If you **answer yes** to any of the following questions, please provide additional details in the comments on the following page.

What school district do you reside in? \_\_\_\_\_

**Child #1 Name:** \_\_\_\_\_

School Attending: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor: \_\_\_\_\_

Extracurricular Activities (please include schedule):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate if you have concerns:

Academic Performance: \_\_\_\_\_ YES \_\_\_\_\_ NO

Discipline Problems: \_\_\_\_\_ YES \_\_\_\_\_ NO

Socialization: \_\_\_\_\_ YES \_\_\_\_\_ NO

Does this child have Special Needs (IEP/ETR/Etc.): \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you seeking to be designated residential parent for school purposes? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Child #2 Name:** \_\_\_\_\_ **N/A**

School Attending: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor: \_\_\_\_\_

Extracurricular Activities (please include schedule):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate if you have concerns:

Academic Performance: \_\_\_\_\_ YES \_\_\_\_\_ NO

Discipline Problems: \_\_\_\_\_ YES \_\_\_\_\_ NO

Socialization: \_\_\_\_\_ YES \_\_\_\_\_ NO

Does this child have Special Needs (IEP/ETR/Etc.): \_\_\_\_\_ YES \_\_\_\_\_ NO

Are you seeking to be designated residential parent for school purposes? \_\_\_\_\_ YES \_\_\_\_\_ NO

## CHILD(REN)'S EDUCATION, continued

If you answer **yes** to any of the following questions, please provide additional details in the comments below.

Child #3 Name: \_\_\_\_\_ N/A

School Attending: \_\_\_\_\_

Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor: \_\_\_\_\_

Extracurricular Activities (please include schedule):

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Indicate if you have concerns:

Academic Performance: \_\_\_\_\_ YES \_\_\_\_\_ NO

Discipline Problems: \_\_\_ YES \_\_\_ NO

Socialization: \_\_\_\_\_ YES \_\_\_\_\_ NO

Does this child have Special Needs? IEP/ETR Etc.: ☐ YES ☐ NO

Are you seeking to be designated residential parent for school purposes?    ☐ YES    ☐ NO

Comments:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

CUSTODY & PARENTING

What is your current custody arrangement and how did it come about?

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What parenting arrangement would be in the best interests of your child(ren)?

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What do you hope is the ultimate outcome of this case?

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How do you communicate with the other parent/guardian?

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What communication tools have you utilized (for example, a parenting app such as "Our Family Wizard")?

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Can you and the other parent/guardian make major decisions together that affect your child(ren) such as religion, child care, medical care, and extracurricular activities? If no, please provide additional details:

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Is there any history of kidnapping, withholding visitation, or parental alienation? If yes, please explain:

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CUSTODY & PARENTING, continued

Who is (are) your primary childcare provider(s)?

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Have any of the child(ren) regularly attended daycare? If yes, where?

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How is (are) your child(ren) being affected by the pending action?

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How much does (do) your child(ren) know about the pending action?

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Describe any recent behavioral or emotional changes you've noticed in the child(ren).

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What are your strengths as a parent/guardian?

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CUSTODY & PARENTING, continued

What do you feel you could change as a parent/guardian?

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What type of discipline do you use with your child(ren)?

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Describe a typical day for your child(ren) during the school year.

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Describe a typical day for your child(ren) during the summer.

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What level of involvement have you had with your child(ren) in the past?

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Describe any safety concerns you have about the child(ren) spending time with the other parent/guardian.

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Describe any concerns you have about the other parent/guardian's ability to care for the child(ren).

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CUSTODY & PARENTING, continued

Describe any past involvement with Children Services. Please identify any caseworkers who were involved.

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Are there any family traditions or holidays that are of special importance to you and your child(ren)?

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**Acknowledgment**

The statements contained in this Parent/Guardian Questionnaire are true to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date