

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. _____	____/____/____

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

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:

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:

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 parent/guardian/family: _____

Please list your medications:

Comments:

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:

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):

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 blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on the right side, suggesting it's resting on a surface. There is no handwriting or other markings on the paper.

CUSTODY & PARENTING

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

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

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

How do you communicate with the other parent/guardian?

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

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:

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

CUSTODY & PARENTING, continued

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

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

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

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

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

What are your strengths as a parent/guardian?

CUSTODY & PARENTING, continued

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

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

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

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

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

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

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

CUSTODY & PARENTING, continued

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

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

Acknowledgment

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

Signature

Print Name

Date