

PERSONAL HISTORY

EDUCATION: _____ HIGHEST LEVEL OF EDUCATION COMPLETED: _____
WHERE: _____ WHEN: _____

COLLEGE OR VOCATIONAL TRAINING- DATES AND PLACES:

MILITARY SERVICE: BRANCH _____ SERIAL NO. _____
TYPE OF DISCHARGE: _____ WHEN: _____
FULL ADDRESS OF LAST BASE: _____

POLICE ARREST RECORD
(LIST ALL POLICE INVOLVEMENT INCLUDING CRIMINAL, DOMESTIC, CIVIL, AND TRAFFIC ARRESTS OR CITATIONS)

DATE	CHARGE	CITY & STATE	DISPOSITION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

YOUR LIVING ARRANGEMENTS:
CIRCLE ONE: HOUSE OR APARTMENT RENTING OR BUYING
NAME OF COMPLEX OR COMMUNITY: _____
LANDLORD NAME, ADDRESS AND PHONE: _____
NAMES, RELATIONSHIP, AND AGES OF ALL OCCUPANTS:

ADDRESSES FOR PAST FIVE YEARS:
PRESENT _____ SINCE _____
PREVIOUS _____ DATES _____
REASON FOR MOVING: _____
PREVIOUS _____ DATES _____
REASON FOR MOVING: _____
PREVIOUS _____ DATES _____
REASON FOR MOVING: _____
PREVIOUS _____ DATES _____
REASON FOR MOVING: _____

(LIST ALL OTHER ADDRESSES IN THE PAST FIVE YEARS ON THE OTHER SIDE)

MEDICAL HISTORY

STATE YOUR PRESENT HEALTH: _____

LIST ANY PRESENT MEDICAL CONCERNS FOR YOUR SELF: _____

LIST ANY PRESENT MEDICAL CONCERNS FOR YOUR CHILD(REN):

LIST ANY MEDICATIONS YOU OR YOUR CHILDREN TAKE (INCLUDE NAME, DOSAGE AND REASON)

DRUG/ALCOHOL USAGE (FREQUENCY, AMOUNT) _____

DOCTORS (LIST ANY DOCTOR SEEN BY YOURSELF OR YOUR CHILDREN IN THE PAST 5 YEARS)

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

HOSPITALS AND CLINICS

LIST ANY HOSPITAL OR CLINIC USED BY YOU OR YOUR CHILDREN IN THE PAST 5 YEARS.

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

COUNSELING

LIST ANY COUNSELORS OR INVESTIGATORS YOU OR THE CHILDREN HAVE SEEN. INCLUDE ANY PSYCHIATRISTS, PSYCHOLOGISTS, SOCIAL WORKERS, MEDIATORS, INVESTIGATORS, OR RELIGIOUS COUNSELORS. INCLUDE ALL MARRIAGE, INDIVIDUAL, AND GROUP THERAPIES AS WELL AS ANY PSYCHIATRIC HOSPITALIZATIONS.

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

HISTORY OF DOMESTIC VIOLENCE: _____

ALLEGATIONS OF PHYSICAL, EMOTIONAL OR SEXUAL ABUSE _____

HAS CHILD PROTECTIVE SERVICES EVER BEEN INVOLVED WITH YOU OR THIS CASE? YES NO

IF YES, LIST WORKERS NAME, DATE OF INVOLVEMENT, REASON, AND FINAL DISPOSITION :

RELATIONSHIP HISTORY

LIST ALL RELATIONSHIPS STARTING WITH ANY PRESENT RELATIONSHIPS:

1. NAME: _____ DURATION OF RELATIONSHIP _____
DID YOU? MARRY LIVE WITH DATE
IF YOU LIVED TOGETHER, LIST DURATION: FROM _____ TO _____
WHERE AND WHEN WAS THE MARRIAGE: _____
WHERE AND WHEN WAS THE DIVORCE: _____
REASON FOR SEPARATION OR DIVORCE: _____
HOW QUICKLY WERE THE CHILDREN INTRODUCED? _____

2. NAME: _____ DURATION OF RELATIONSHIP _____
DID YOU? MARRY LIVE WITH DATE
IF YOU LIVED TOGETHER, LIST DURATION: FROM _____ TO _____
WHERE AND WHEN WAS THE MARRIAGE: _____
WHERE AND WHEN WAS THE DIVORCE: _____
REASON FOR SEPARATION OR DIVORCE: _____
HOW QUICKLY WERE THE CHILDREN INTRODUCED? _____

3. NAME: _____ DURATION OF RELATIONSHIP _____
DID YOU? MARRY LIVE WITH DATE
IF YOU LIVED TOGETHER, LIST DURATION: FROM _____ TO _____
WHERE AND WHEN WAS THE MARRIAGE: _____
WHERE AND WHEN WAS THE DIVORCE: _____
REASON FOR SEPARATION OR DIVORCE: _____
HOW QUICKLY WERE THE CHILDREN INTRODUCED? _____

4. NAME: _____ DURATION OF RELATIONSHIP _____
DID YOU? MARRY LIVE WITH DATE
IF YOU LIVED TOGETHER, LIST DURATION: FROM _____ TO _____
WHERE AND WHEN WAS THE MARRIAGE: _____
WHERE AND WHEN WAS THE DIVORCE: _____
REASON FOR SEPARATION OR DIVORCE: _____
HOW QUICKLY WERE THE CHILDREN INTRODUCED? _____

5. NAME: _____ DURATION OF RELATIONSHIP _____
DID YOU? MARRY LIVE WITH DATE
IF YOU LIVED TOGETHER, LIST DURATION: FROM _____ TO _____
WHERE AND WHEN WAS THE MARRIAGE: _____
WHERE AND WHEN WAS THE DIVORCE: _____
REASON FOR SEPARATION OR DIVORCE: _____
HOW QUICKLY WERE THE CHILDREN INTRODUCED? _____

PLEASE LIST OTHERS ON BACK IN THIS PAGE

THE CHILDREN

LIST ALL BIOLOGICAL OR ADOPTED CHILDREN

1. NAME: _____ NAME OF OTHER PARENT: _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____
CHILD'S
ADDRESS: _____

2. NAME: _____ NAME OF OTHER PARENT: _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____
CHILD'S
ADDRESS: _____

3. NAME: _____ NAME OF OTHER PARENT: _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____
CHILD'S
ADDRESS: _____

4. NAME: _____ NAME OF OTHER PARENT: _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____
CHILD'S
ADDRESS: _____

5. NAME: _____ NAME OF OTHER PARENT: _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____
CHILD'S
ADDRESS: _____

6. NAME: _____ NAME OF OTHER PARENT: _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____
CHILD'S
ADDRESS: _____

7. NAME: _____ NAME OF OTHER PARENT: _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____
CHILD'S
ADDRESS: _____

8. NAME: _____ NAME OF OTHER PARENT: _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____
CHILD'S
ADDRESS: _____

SCHOOLS

LIST ALL SCHOOLS ATTENDED BY THE SUBJECT CHILDREN OR OTHER CHILDREN RESIDING IN YOUR HOME.

NAME OF SCHOOL: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE _____ PHONE _____

NAME OF CHILD: _____
DATES OF ATTENDANCE: _____ TO _____
FAX: _____

NAME OF SCHOOL: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE _____ PHONE _____

NAME OF CHILD: _____
DATES OF ATTENDANCE: _____ TO _____
FAX: _____

NAME OF SCHOOL: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE _____ PHONE _____

NAME OF CHILD: _____
DATES OF ATTENDANCE: _____ TO _____
FAX: _____

CHILD CARE

LIST ALL CHILD CARE PROVIDERS WHO HAVE CARED FOR THE SUBJECT CHILDREN OR OTHER CHILDREN RESIDING IN YOUR HOME.

NAME OF PROVIDER: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE _____ PHONE _____

NAME OF CHILD: _____
DATES OF ATTENDANCE: _____ TO _____
FAX: _____

NAME OF PROVIDER: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE _____ PHONE _____

NAME OF CHILD: _____
DATES OF ATTENDANCE: _____ TO _____
FAX: _____

NAME OF PROVIDER: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE _____ PHONE _____

NAME OF CHILD: _____
DATES OF ATTENDANCE: _____ TO _____
FAX: _____

NAME OF PROVIDER: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE _____ PHONE _____

NAME OF CHILD: _____
DATES OF ATTENDANCE: _____ TO _____
FAX: _____

NAME OF PROVIDER: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE _____ PHONE _____

NAME OF CHILD: _____
DATES OF ATTENDANCE: _____ TO _____
FAX: _____

ISSUES

SUMMARIZE YOUR CONCERNS REGARDING YOUR CO-PARENT AS IT PERTAINS TO YOUR CHILDREN:

MARK WITH AN "R" THOSE BEHAVIORS YOU HAVE PARTICIPATED IN WITHIN THE LAST SIX MONTHS AND USE "P" FOR BEHAVIORS YOU HAVE PARTICIPATED IN DURING THE PAST:

- I have not shared co-parenting information such as child out of town, professional appointments, etc. in a timely manner
- I have shared adult, legal, or other inappropriate information with my child
- I have made negative comments to my child regarding the other parent
- I have made negative comments in the presence of my child regarding the other parent
- I have made negative comments to my child or in the presence of my child regarding the other parent's family
- I have made negative comments to my child or in the presence of my child regarding the other parent's relationships
- I have attempted to have my child love me more than the other parent
- I have discussed the current legal situation and/or dispute with my children
- I have used words such as custody, visitation, or possession in discussing my children with others
- I have used words such as custody, visitation, or possession in the presence of the children
- I have blamed the other parent for the divorce or the conflict in the presence of the children
- I have focused on the past relationship instead of the present or future
- I have attempted to interrupt or block my child's physical time with the other parent
- I have attempted to interrupt or block my child's phone or email contact with the other parent
- I have asked my child where they want to live or talked about it with my child
- I have asked the child their opinion regarding the custody arrangement such as if they want to go to the other parent or not
- I have gathered information from the child about what occurs with the other parent
- I have shared with my child's teachers, coaches, tutors, child care, or doctors my concerns/frustrations regarding the other parent
- I undermined the other parent's decision making
- I have asked the child's input regarding access to either parent
- I have discussed child support with my child
- I have allowed friends, family, or others to talk negatively about the other parent in the presence of the children
- I have, or have attempted, to move the child more than 40 miles from the other parents home
- I have asked the child to keep secrets from the other parent or told them they may
- I have made arrangements with the child regarding the other parents time with the child
- I have refused to take the children to extracurricular activities
- I have not allowed the children to spend time with their friends living near their other household
- I have told the children that the other parents religious beliefs are wrong
- I have told the children that I miss them when they are with their other parent
- I have tried to replace the other parents relationship to the children with my current relationship

DIRECTIONS: MARK THE BEHAVIORS YOU BELIEVE YOUR CO-PARENT HAS PARTICIPATED IN. USE A "P" IN INDICATE PAST BEHAVIORS AND AN "R" FOR RECENT OR CURRENT BEHAVIORS. ADD EXAMPLES BELOW THE LINE OR ON THE BACK.

My co-parent:

- ____ 1. has repeated negative comments about me to our child.
- ____ 2. has used terms like "adulterous," "abandoner" to describe me to our child.
- ____ 3. has distorted the "truth" when speaking to our child.
- ____ 4. has shared divorce and other adult information with our child.
- ____ 5. has insisted that our child can not bring me into the house.
- ____ 6. has destroyed items in the home that remind them of me. They have removed or destroyed pictures of me and my relatives.
- ____ 7. has used "us" language when discussing the divorce with our child, implying that my behaviors with the co-parent have been "done" to our child also. For example: "Your father has left us." Or "Your mother will try to hurt us in court." "He will not give us any money," "Your mother has abandoned the family."
- ____ 8. has exaggerated my problems For example, an occasional drinker is an alcoholic.
- ____ 9. has implied that I may be dangerous in some way, creating anxiety for our child.
- ____ 10. has interrupted my time with our child by calling frequently or planning our time.
- ____ 11. has made negative comments, used negative body language and sighs at transfers to imply that they are unhappy about our child leaving them or to make me look bad. For example, "I'll get into trouble if you do not go. Try to have a good time. I'll be here waiting for you."
- ____ 12. has attempted to make our child feel guilty about time spent with me or loving me.
- ____ 13. has attempted to create a belief that he/she is the good parent and I am the bad parent.
- ____ 14. has used the answering machine to screen calls. My calls are rarely returned and my child is unaware of my attempts to reach him/her.
- ____ 15. has used other people to care for our child rather than give me extra time.
- ____ 16. has interrogated our child to find out information about me.
- ____ 17. has blocked midweek visits by stating that "our child needs continuity."
- ____ 18. has been rigid with regard to our child's schedule. If I am unable to see our child the co-parent will not allow me to make up my time.
- ____ 19. has refused to open the door if I arrive early and has left early if I am running late.
- ____ 20. has threaten to withhold visitation.
- ____ 21. has threatened to take me back to court.
- ____ 22. has threatened to move away as a means of blocking my access to our child.
- ____ 23. has refused to let me pick up our child if our child is ill.
- ____ 24. has used sarcasm when speaking to me in front of our child.
- ____ 25. has refused to send copies of school reports, photos and records without being asked.
- ____ 26. has forgotten to inform me of school conferences, well checkups etc.
- ____ 27. has created a loyalty bind for our child by refusing to attend activities that I am planning to attend.
- ____ 28. has labeled my attempts to speak with them as "harassment."
- ____ 29. has taken our child to therapy and refused to include me or to allow me to get information.
- ____ 30. has asked our child to keep secrets from me.
- ____ 31. has asked our child to spy on me for him/her.
- ____ 32. has expressed neutrality regarding visitation by telling our child things like, "If you choose to go I will respect your decision." He/she repeatedly insist that our child should be the one to decide if he/she will go for visitation.
- ____ 33. has used guilt to manipulate our child. "How can you leave your poor old parent?"
- ____ 34. has made negative comments about me in front of our child and then said, "I'm just kidding."
- ____ 35. has openly blamed me for our failed marriage
- ____ 36. has openly stated to our child that they were never happy in the marriage
- ____ 37. has implied that our child has "Separation Anxiety" when it is time for visitation. Yet our child does not have any anxiety about spending the night at a friend's home.
- ____ 38. has refused to consider that our child has two homes. They refer to their home as our child's only "real" home.
- ____ 39. has used religion as an alienating maneuver by telling our child that I am a sinner or that I will need to be prayed for so I will not burn in hell.
- ____ 40. has tried to replace your relationship with the child with their current relationship
- ____ 41. Other:

Mother's behavior only:

- ____ 42. has encouraged our child to use a hyphenated last name that includes her maiden name or encouraged our child to use her new married name.

Rank in numerical order the from the most used to the least used form of communication between each parent:

() In Person () Phone () Email () Fax () Mail () other: _____ () Never

Indicate the behaviors that occur during conflict. Indicate which parent displays the behavior using the following

codes: S = Self B = Both C = Co-parent

- ___ argues in front of the child
- ___ argues on the phone when the child is able to hear the conversation
- ___ arguments get loud and demanding
- ___ gets loud and verbally abusive (name calling, etc.)
- ___ gets physical with the other parent
- ___ gets physical with the child
- ___ threatens to go back to court
- ___ threatens to leave town
- ___ threatens to harm the child
- ___ threatens to tell the child bad things about the other parent
- ___ threatens to withhold money
- ___ threatens to withhold access to the child or show up late
- ___ threatens to withhold the child's love for the other parent

CHECK THE OUTCOME OF YOUR COMMUNICATION WITH YOUR CO- PARENT.

When we disagree,

- ___ I often feel out of control when speaking with my co-parent.
- ___ I rarely feel out of control when speaking with my co-parent.
- ___ I often have trouble with impulse control.
- ___ I tend to yell, blame, threaten, more times than not.
- ___ I use a hostile tone or sarcasm in our conversations.
- ___ I often get derailed onto other topics.
- ___ I may hang up the phone in an attempt to control or to anger my co-parent.
- ___ I hang up the phone as a way to set limits when my co-parent will not respond to what I am saying
- ___ I hang up the phone as a way to set limits when my co-parent becomes verbally abusive.

When we disagree,

- ___ We argue unproductively
- ___ We argue, but we usually stay child focused
- ___ We show signs of being able to negotiate our differences _
- ___ We negotiate and resolve about 1 out of every 5 issues _
- ___ We negotiate and resolve about 2 out of every 5 issues _
- ___ We negotiate and resolve about 3 out of every 5 issues _
- ___ We negotiate and resolve about 4 out of every 5 issues
- ___ About of 5 interactions end in hostility _
- ___ 2 out of 5 interactions end in hostility _
- ___ 3 out of 5 interactions end in hostility
- ___ 4 out of 5 interactions end in hostility
- ___ Most interactions end in hostility

Other information regarding communication patterns:

CHILD ASSESSMENT

Directions: Please make a copy of this assessment for each of your children.

Name of person completing form: _____

Child's Name: _____ Age _____ Grade _____

1. How old was your child when you first separated?

2. When was your child told about the separation?

A month or more before A few weeks before A week before A day or less

3. Who told your child about the separation?

Mother Father Parents Together Parents Separately Other

4. How was the separation explained to the child?

5. Did either parent blame the other for the separation?

6. How did your child react to the news of the separation?

7. Mark each of the changes your child has experienced since the marital separation

_____ loss of a home (change in homes) _____ loss of activities due to finances

_____ loss of step siblings _____ loss of friends

_____ loss of step parents _____ loss of other relative(s)

_____ loss of contact with one parent _____ change of schools

_____ loss of a pet

8. Additional changes:

_____ one parent remarriage _____ both parents remarry

_____ more than one move _____ new step siblings

_____ "at home" parent goes to work _____ started a new school

Other changes/losses: _____

9. Explain your child's adjustment to the separation, divorce, or conflict

10. Has your child adjusted to the two home schedule?

11. Circle any "transitional behaviors" your child may exhibit when they return from the other house

Tearfulness Clingy Irritable Demanding Eating Problems Sleep Problems

Discipline Problems Angry Outbursts Withdrawn Other: _____

12. Circle the usual recovery time needed by your child before they are resettled.

A few minutes About 30 minutes About an hour A few hours Several hours Full day

13. Does your child seem to be manipulating you or the co-parent? If so, explain.

14. Mark on this continuum your discipline or management style with an "S" and place a double "CP" to represent the co-parent's style.

Minimal limits No consequences	Maximum limits Uses Consequences or Punishment
-----------------------------------	---

15. Mark on this continuum your discipline consistency with an "S" and the co-parent with a "CP"

Inconsistent	Consistent
--------------	------------

TWO HOME ISSUES

Location of pick-ups and how is it done:

Location of drop-offs and how is it done:

Transportation arrangements for the children between the parents are as follows:

Description of current custody agreement:

Description of current holiday agreements:

Description of current school arrangements:

Description of any current restraining orders or parole conditions currently in effect:

How is the child's property exchanged?
