

PARENT SELF REPORT

Name: _____ Relationship to child(ren): _____

Other names known by: _____

Address: _____ Home telephone #: _____
house # street name city name zip code

Work telephone #: _____ Cell phone #: _____ Birthdate: _____

SSN#: _____ Education completed: _____ Court docket #: _____

Minor children to be included in the evaluation:

Name	Birthdate	Age	Grade	Currently living with
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Other minor children related to the evaluation, or living in the household:

Name	Birthdate	Age	Grade	Currently living with
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Other adults related to the evaluation, or living in the household:

Name	Birthdate	Relationship to you	Relationship to each child
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1. How long have you known the other parent in the case? _____ When did your relationship begin? _____ When did you marry? _____ When did you separate? _____

2. Have you seen a counselor/therapist/religious advisor about issues in this relationship during the past two years? Yes _____ No _____ If yes, who: _____ Their telephone #: _____

3. Have any of the children seen a counselor/therapist/religious advisor about their feelings concerning your separation or divorce during the past two years? Yes _____ No _____ If yes, who: _____ Their telephone #: _____

4. Have you been in a doctor's care over the past two years? Yes _____ No _____ If yes, who: _____ Their telephone #: _____

5. Indicate which, if any, medications you take regularly: _____

6. Who is your children's pediatrician? _____ Telephone # _____

7. What health, emotional or learning problems do your children have? _____

8. What are your biggest concerns about the other parent in this case? _____

9. Do you have any concerns about the children's physical or emotional safety while they are in your, or the other parent's, household? _____

10. Are your parents still living? Yes ___ No ___ Are they together? Yes ___ No ___ If not, which parent raised you as a child? _____ Do you have brothers? Yes ___ No ___ How many? _____ Do you have sisters? Yes ___ No ___ How many? _____ Are you close to any of your family? Yes ___ No ___ Who? _____
_____ Why? _____

11. You may list two people, who have knowledge of your parenting skills, the evaluator can contact:
a. Name: _____ Relationship to you: _____
Home telephone #: _____ Work telephone #: _____
b. Name: _____ Relationship to you: _____
Home telephone: _____ Work telephone #: _____
12. Have you been abused by the other party at any time, either physically, emotionally or sexually? Yes ___ No ___
If so, please describe what happened, and indicate what, if any, treatment you received: _____

13. Have any of the children been abused by anyone, at any time, either physically, emotionally or sexually? Yes ___
No ___ If so, please describe what happened, and indicate what, if any, treatment you received: _____

14. If more than one child, how do each of the children get along with each other? _____

15. Please describe your normal weekly work/school schedule: _____

16. Please describe your children's normal weekly school/activity schedule: _____

17. Who normally babysits with your children, or provides regular childcare (including relatives)?
a. Name: _____ Telephone #: _____
b. Name: _____ Telephone #: _____

18. a. Name of school your child attends: _____ Telephone #: _____
Name of teacher/counselor: _____ b. Name of school your child attends: _____
_____ Telephone #: _____ Name of teacher/counselor: _____

19. Name of your employer: _____ Name of contact person: _____
_____ Telephone #: _____ Monthly gross income: _____
List any additional income: a. _____ b. _____ Source of that income: a. _____
b. _____

20. Describe your child(ren)'s personality and likes/dislikes: a. _____

_____ b. _____

21. What do you think would be the ideal custody and parenting time plan for your child(ren): _____

22. Is there anything in particular that you want the evaluator to know? _____

YOU MAY USE ADDITIONAL SHEETS OR THE OTHER SIDE OF THESE PAGES