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Child Custody Evaluation - Detailed History Questionnaire

DO NOT CHANGE THE FORMAT OR PAGE NUMBERS (order)

IDENTIFYING DATA: _____ Date _____

Case Name and Number _____

Your Name: _____

Your Age: _____ Date of Birth _____

Your Place of Birth: _____

Your Religion: _____ Same or different than other parent? _____

Your Home Address: _____

How long have you lived there? _____ Who do you live with? _____

Your Phone #: Home _____ Work _____ Cell _____

Your Social Security No. _____

EMPLOYMENT:

Name of Employer _____

Address of Employment: _____

Occupation: _____

How Long Employed: _____

Work Hours: _____

If less than 1 year, previous employment _____

CHILDREN:

Name	Birthdate	Living With	School
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1.	_____	_____	_____
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2.	_____	_____	_____
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3.	_____	_____	_____
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A. When in your care, what are the child care arrangements:

B. Give a description of the home, including sleeping arrangements, number of rooms, etc.

C. How does the child(ren) get to school and back home:

After school care:

Name of Child _____ Hours _____ Where _____

Name of Child _____ Hours _____ Where _____

Name of Child _____ Hours _____ Where _____

After School Activities/Sports:

Name of Child _____ Days _____ Times _____

Name of Child _____ Days _____ Times _____

Name of Child _____ Days _____ Times _____

What have been the visitation and custody arrangements since the separation, Give dates if possible.

2. How does this child like the current parenting arrangements? _____

3. How has this child's behavior changed since the separation or divorce? _____

4. How does this child react to change? _____

5. What makes change easier for this child to accept? _____

6. Has the child expressed any preferences regarding the future? _____

7. Who else is important in this child's life? _____

8. How does this child let you know something is wrong? _____

9. What would you change about your child? _____

MARITAL/RELATIONSHIP HISTORY: Chronological order

Name of Partner # of years together Dates if: Married Separated Divorced # of children

_____ _____ ____/____/____ ____/____/____ ____/____/____ _____

Name of Partner # of years together Dates if: Married Separated Divorced # of children

_____ _____ ____/____/____ ____/____/____ ____/____/____ _____

Name of Partner # of years together Dates if: Married Separated Divorced # of children

_____ _____ ____/____/____ ____/____/____ ____/____/____ _____

Are you remarried YES____ NO____ If yes, Name of Partner:_____

Are you contemplating remarriage YES____ NO_____

Do you have a significant other? If so, Name: _____

Is your divorce final, if YES give date: ____/____/____

FORMER PARTNER who is involved in this evaluation:

Describe your former partner as a parent: _____

How/Where did you meet: _____

What did you love about your former partner? _____

If Married, When/Where were you married? _____

Describe the relationship/marriage you had with your former partner _____

When and Why did you separate from your former partner _____

Are there any safety issues with regard to the other parent? If YES what? _____

What are your parenting strengths? _____

What are your parenting weaknesses? _____

What would you like to change/improve about yourself? _____

What do you want to change or improve about the situation/relationship with the other parent?

What are your concerns about the other parent? _____

What is the other parent's parenting strengths? _____

What is the other parent's parenting weaknesses? _____

What do you feel the other parent needs to change/improve? _____

What will the other parent tell me about you? _____

In what way would your child(ren) benefit from the involvement with the other parent? _____

How do you discipline your child(ren) Use the back of this page if more than 1 child.

How were you disciplined as a child? _____

How were you disciplined as an adolescent? _____

In the past or present have you had a problem with substance abuse e.g. drugs, alcohol? If yes, explain

When and what substances _____

Did either of your parents have a problem with substance abuse? Explain who and when and what substance. _____

Brothers or sisters have an abuse problem, explain who when and at what age: _____

Do you have any addictions e.g. food, gambling, smoking, shopping, porno, etc.? Give details.
