

INSTRUCTION FOR COMPLETING YOUR PERSONAL DATA FORM

1. Please fill in all the information requested. If the information requested is not applicable to your case, please write N/A. For example, if child protective services has not been involved in your case write or type N/A.
2. You may print out this form and handwrite your answers or you may type in your answers. Please note some pages may still require that you print out the page to handwrite information.
3. Please provide only the information requested in the spaces and provided in a 12 point font. Do not add additional pages or send information in other formats or as attachments.
4. If an explanation is not requested, please do not provide it.
5. Do not use a .pdf editor to modify this form in any way though you may use one to complete the information in the original format.
6. Make certain that if a fax or e-mail address, along with a physical address, is requested that you complete all the information.
7. Note that on page 2, residents of your house would include yourself, your children, and anyone else that spends at least 50% of their time residing with you.
8. Please fully complete pages 4, 5, and 7 by fully reading the instructions.
9. Please ensure that the R, P, or N behaviors on page 10 are correctly identified. Be aware that failing to include these behaviors is regarded as dishonesty on your form and this form is part of the file for the court.
10. Please do not attempt to diagnose your coparent with a mental illness or personality disorder unless there is a professional diagnosis and you can provide the information from that diagnosing professional. This would include terms such as narcissistic, borderline, or alienating.

PLEASE NOTE THAT AN INCOMPLETE PERSONAL DATA FORM WILL NOT BE CONSIDERED AS COMPLYING WITH THE ORDER FOR SERVICES.

Date: _____ Relationship to Child: _____ Cause No.: _____

P E R S O N A L D A T A F O R M

IDENTIFYING INFORMATION

Name _____
(Last) (First) (Middle) (Maiden)

Address: _____
(Street) (City) (State) (Zip)

Phone: Home _____ Work _____
Pager _____ Alternate _____
Email _____

Birth Date: _____ Place: _____ Sex: _____ Race: _____

Social Security No.: _____ Driver License No.: _____

CURRENT EMPLOYMENT

Present Employer: _____ Date of Employment: _____
Street: _____ Title: _____
Town: _____ State: _____ Supervisor: _____
Zip Code: _____ Phone: _____ Schedule: _____

MILITARY SERVICE AND STATUS

Branch _____ Dates of Active Duty _____ Discharge Status _____

EDUCATIONAL HISTORY

Education: _____ Highest level of education completed: _____
Where: _____ When: _____

College or vocational training- dates and places:

CRIMINAL HISTORY

Have you been arrested, convicted of a felony or misdemeanor, or do you have a police or criminal action pending?

Yes No

If Yes, please explain: _____

Are you on probation or parole? **Yes No**

If Yes, explain and provide the name, address and telephone number of the probation or parole officer:

Has a protective order been issued against you? Yes No

If Yes, please explain: _____

LIVING ARRANGEMENTS

Type of residence: House Apartment Mobile Home Do You: Own Rent

Of Bedrooms____ # Of Bathrooms____ Monthly Payment____ Current Value _____

Name of complex or community:_____

Landlord and phone number if renting: _____

Names, relationship, and ages of all occupants:

Name	Age	Name	Age

Addresses:

Present _____ Since _____

Previous _____ Dates _____

Reason for Moving: _____

Previous _____ Dates _____

Reason for Moving: _____

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 you or your children:

List any medications you or your children take (include name, dosage and reason)

Who	Name of medication	Dosage	Reason

Have you consumed alcohol over the past year? Yes No

If yes, what do you drink (circle all that applies): Beer Wine Mixed Drinks Straight Alcohol

Frequency: _____ per _____ Amount: _____

Have you used illegal substances in the past? Yes No

If Yes, explain: _____

Have you used illegal substances in the past year? Yes No

If yes, what have you used: _____

Frequency: _____ per _____ Amount: _____

Do you have a history of, or been treated for drug or alcohol abuse? Yes No

If Yes, explain:

Has your spouse/live in relationship consumed alcohol over the past year? Yes No N/A

If yes, what do they drink (circle all that applies): Beer Wine Mixed Drinks Straight Alcohol

Frequency: _____ per _____ Amount: _____

Has your spouse/live in relationship used illegal substances in the past? Yes No N/A

If Yes, explain: _____

Has your spouse/live in relationship used illegal substances in the past year? Yes No N/A

If yes, what have they used: _____

Frequency: _____ per _____ Amount: _____

Does your spouse/live in relationship have a history of, or been treated for drug or alcohol abuse? yes no

if Yes, explain: _____

Do you smoke? Yes___ No___ How many packs per day _____

Does your spouse/live in relationship smoke? Yes ___ No ___ N/A How many packs per day _____

DOCTORS

(List all doctors seen by yourself or your children in the past 5 years, including fax number or email)

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates of Treatment: _____
Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates of Treatment: _____
Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates of Treatment: _____
Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates of Treatment: _____
Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates of Treatment: _____
Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates of Treatment: _____
Fax or email: _____

(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 or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates of Treatment: _____
Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates of Treatment: _____
Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates of Treatment: _____
Fax or email: _____

ADDITIONAL CHILDREN'S MEDICAL INFORMATION

NAME, ADDRESS, AND TELEPHONE NUMBER OF THE CHILDREN'S PRIMARY PHYSICIAN:

HAVE ANY OF THE CHILDREN IN QUESTION BEEN TREATED FOR A CURRENT OR CHRONIC HEALTH PROBLEM? YES NO

IF YES FOR WHAT CONDITION AND BY WHO?

HAVE ANY OF THE CHILDREN RECEIVED ANY BEHAVIORAL/MENTAL HEALTH COUNSELING OR TREATMENT? YES NO

IF YES FOR WHAT CONDITION AND BY WHO?

HAVE ANY OF THE CHILDREN RECEIVED ANY BEHAVIORAL/MENTAL HEALTH INPATIENT SERVICES? YES NO

IF YES WHEN, FOR WHAT CONDITION, AND WHERE?

SPECIAL CONDITIONS: _____

MEDICATIONS: _____

ALLERGIES: _____

COUNSELING

List the full details of any and all counselors, investigators, or other mental health professionals you or the children have seen. Include any psychiatrists, psychologists, social workers, mediators, investigators, coaches, consultants, 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 or email: _____

Name: _____
 Street: _____
 Town: _____ State _____
 Zip Code: _____ Phone _____
 Patient: _____
 Reason: _____
 Dates of Treatment: _____
 Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates of Treatment: _____
Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates of Treatment: _____
Fax or email: _____

Name: _____
 Street: _____
 Town: _____ State _____
 Zip Code: _____ Phone _____
 Patient: _____
 Reason: _____
 Dates of Treatment: _____
 Fax or email: _____

Name: _____
Street: _____
Town: _____ State _____
Zip Code: _____ Phone _____
Patient: _____
Reason: _____
Dates of Treatment: _____
Fax or email: _____

Have 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 :

[illegible]

CONSIDERATIONS

1. Parenting coordination/facilitation often occurs with both parents in the same room together. Do you have any concerns being in the same room with your coparent? ☐ yes ☐ no
If yes, what concerns? _____
Are these concerns reduced if a professional is the room at all times? ☐ yes ☐ no
2. Have the police ever been involved with you and your coparent? ☐ yes ☐ no
If yes, please explain? _____
3. Have you been involved in more than one relationship where verbal, emotional, or physical abuse occurred? ☐ yes ☐ no
If yes, please explain? _____
4. Are you psychologically intimidated by your coparent? ☐ yes ☐ no
If yes, what intimidates you? _____
5. Are you physically intimidated by your coparent? ☐ yes ☐ no
If yes, what intimidates you? _____
6. Are you afraid of your coparent for any reason? ☐ yes ☐ no
If yes, what makes you fearful? _____
7. Have you ever applied for a protective order? ☐ yes ☐ no
If yes, what was the outcome? _____
8. Has drug or alcohol use been a problem for you? ☐ yes ☐ no
For your coparent? ☐ yes ☐ no
If yes to either, please explain: _____
9. Have you ever experienced any of the following from your coparent?
verbal abuse: ☐ yes ☐ no emotional abuse: ☐ yes ☐ no physical abuse: ☐ yes ☐ no
10. On a scale of 1 to 10 what best describes your level of concern for your physical safety when your coparent is present?

NOT CONCERNED AT ALL

EXTREMELY CONCERNED

12345678910
12. Have you ever threatened to harm yourself or to commit suicide? ☐ yes ☐ no
If yes, did you attempt self-harm? ☐ yes ☐ no were you hospitalized? ☐ yes ☐ no
13. Has your coparent ever threatened to harm them self or to commit suicide?
☐ yes ☐ no If yes, did he/she attempt self-harm? ☐ yes ☐ no
was he/she hospitalized? ☐ yes ☐ no
14. Have you ever threatened to hide or withhold the children? ☐ yes ☐ no
15. Has your coparent ever threatened to hide or withhold the children? ☐ yes ☐ no

RELATIONSHIP HISTORY

List all intimate relationships (starting with the most recent) since age 18 or since meeting your coparent, whichever came first.
Relationships are defined as anyone you were intimate with, dated, lived with, conceived a child with, or married including your coparent.

1. Name: _____ Duration of relationship: _____
Did you (Circle all that apply)? Marry _____ Live With _____ Date _____ Only Sexual _____
If you lived together, list duration: From _____ To _____
If married, where and when was the marriage: _____
If divorced, where and when was the divorce: _____
Reason for separation or divorce: _____
If you lived together or divorced, how many times did you separate? _____
Was/Is there domestic violence in the relationship: Yes No
Was your child(ren) introduced to this person? Yes No
If yes, how long did you date this person before your child was introduced to that person? _____
Were they presented to your child as “a friend” first? If so when? _____ When was your child told you were dating this person? _____

2. Name: _____ Duration of relationship: _____
Did you (Circle all that apply)? Marry _____ Live With _____ Date _____ Only Sexual _____
If you lived together, list duration: From _____ To _____
If married, where and when was the marriage: _____
If divorced, where and when was the divorce: _____
Reason for separation or divorce: _____
If you lived together or divorced, how many times did you separate? _____
Was/Is there domestic violence in the relationship: Yes No
Was your child(ren) introduced to this person? Yes No
If yes, how long did you date this person before your child was introduced to that person? _____
Were they presented to your child as “a friend” first? If so when? _____ When was your child told you were dating this person? _____

3. Name: _____ Duration of relationship: _____
Did you (Circle all that apply)? Marry _____ Live With _____ Date _____ Only Sexual _____
If you lived together, list duration: From _____ To _____
If married, where and when was the marriage: _____
If divorced, where and when was the divorce: _____
Reason for separation or divorce: _____
If you lived together or divorced, how many times did you separate? _____
Was/Is there domestic violence in the relationship: Yes No
Was your child(ren) introduced to this person? Yes No
If yes, how long did you date this person before your child was introduced to that person? _____
Were they presented to your child as “a friend” first? If so when? _____ When was your child told you were dating this person? _____

(PLEASE LIST OTHERS BY DUPLICATING THIS PAGE)

CHILDREN

(List all biological or adopted children)

1. Name: _____ Name of Other Parent: _____
Date of Birth: _____ Place of Birth: _____
Child's Address: _____
Child's phone number: _____ Child's e-mail address: _____

2. Name: _____ Name of Other Parent: _____
Date of Birth: _____ Place of Birth: _____
Child's Address: _____
Child's phone number: _____ Child's e-mail address: _____

3. Name: _____ Name of Other Parent: _____
Date of Birth: _____ Place of Birth: _____
Child's Address: _____
Child's phone number: _____ Child's e-mail address: _____

4. Name: _____ Name of Other Parent: _____
Date of Birth: _____ Place of Birth: _____
Child's Address: _____
Child's phone number: _____ Child's e-mail address: _____

5. Name: _____ Name of Other Parent: _____
Date of Birth: _____ Place of Birth: _____
Child's Address: _____
Child's phone number: _____ Child's e-mail address: _____

6. Name: _____ Name of Other Parent: _____
Date of Birth: _____ Place of Birth: _____
Child's Address: _____
Child's phone number: _____ Child's e-mail address: _____

7. Name: _____ Name of Other Parent: _____
Date of Birth: _____ Place of Birth: _____
Child's Address: _____
Child's phone number: _____ Child's e-mail address: _____

8. Name: _____ Name of Other Parent: _____
Date of Birth: _____ Place of Birth: _____
Child's Address: _____
Child's phone number: _____ Child's e-mail address: _____

SCHOOLS

List all schools attended by the subject children or other children residing in your home.

Name of school: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of school: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of school: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of school: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

CHILD CARE

List all child care providers who have cared for the subject children or other children residing in your home.

Name of provider: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of provider: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of provider: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of provider: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

ISSUES

Briefly summarize your concerns regarding your child(ren) or your coparent as it pertains to your children. Please use only the space provided no smaller than 12-point font if typed:

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 coparenting information such as child out of town, professional appointments, etc. in a timely manner or at all
- ☐ I have insisted on following the portion of the order addressing the detailed schedule between the homes rather than encouraging the part of the order which addresses, “failing mutual agreement.”
- ☐ I have shared adult, legal, or other inappropriate information with our child regarding this case
- ☐ I have made negative comments to our child about my coparent
- ☐ I have made negative comments to other people in the hearing range of our child regarding my coparent
- ☐ I have made negative comments to our child or in the presence of our child regarding the child’s other family members
- ☐ I have made negative comments to our child or in the presence of our child regarding my coparent’s relationships
- ☐ I have allowed friends, family, or others to talk negatively about my coparent in the presence of our child
- ☐ I ask others to watch our child before asking my coparent
- ☐ I have encouraged our child love me more than my coparent or told our child I love them more than my coparent does
- ☐ I have discussed the current legal situation and/or dispute with our child
- ☐ I do not allow our child to carry his/her/their belongings to between their two homes
- ☐ I have used words such as custody, visitation, or possession in discussing our child with others
- ☐ I have used words such as custody, visitation, or possession in the presence of our child
- ☐ I have blamed my coparent for the separation or the conflict in the presence of our child
- ☐ I have let our child decide whether to spend time with his/her other parent or not
- ☐ I have attempted to interrupt or block our child’s physical time with his/her other parent
- ☐ I have attempted to interrupt or block our child’s phone or email contact with his/her other parent
- ☐ I have not made our child return my coparent’s call before bedtime
- ☐ I have asked our child where they “want to live” or “what schedule they want”
- ☐ I have made plans with our child that involve my coparent’s parenting time without receiving my coparent’s consent
- ☐ I have gathered information from our child(ren) about what occurs during my coparent’s parenting time
- ☐ I have shared with our child’s teachers, coaches, tutors, child care, or doctors my concerns/frustrations regarding my coparent
- ☐ I undermined my coparent’s decision making in regard to our child
- ☐ I have discussed child support with our child
- ☐ I have moved, or have attempted to move, our child more than 30 miles from our child’s other home
- ☐ I have asked, encouraged, and/or facilitated our child to keep secrets from my coparent
- ☐ I have refused to take our child to extracurricular activities or interfered in our child’s ability to participate in these activities
- ☐ I do not facilitate our child to spending time with his/her friends living near their other household during my parenting time
- ☐ I have encouraged our child to view my coparent’s religious beliefs as wrong beliefs
- ☐ I have told our child “I miss you,” “I’m going to miss you,” or “I missed you” before, during, or after my coparent’s parenting time
- ☐ I have facilitated replacing my coparent’s relationship with our child with my current or a past relationship
- ☐ I do not walk up to the doorstep of our child’s other home when it is time to exchange at the other home
- ☐ I have given our child a cell phone or other communication device without the permission of my coparent
- ☐ I have others such as grandparents, my spouse, my paramour, my older child take on my responsibilities such as exchanges
- ☐ I have others such as grandparents, my spouse, my paramour, my older child take our child to appointments rather than offering my coparent the option first
- ☐ Our child does not have a visibly displayed picture of his/her other parent in his/her room in their house with me

Directions: Mark the behaviors you believe your coparent has participated in. Use a "P" in indicate past behaviors and an "R" for recent (in the past 6 months) or current behaviors.

My coparent:

- _____ 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 cannot bring me into the house
- _____ 6. has destroyed items in the home that remind them of me, have removed or destroyed pictures of me and my relatives
- _____ 7. has used "us" language when discussing the conflict with our child, implying that my behaviors with the coparent 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, one time not notifying them of an appointment is reported as NEVER.
- _____ 9. has implied that I may be dangerous in some way, creating anxiety for our child
- _____ 10. has interrupted my parenting time with our child by calling or texting 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 our child is unaware of my attempts to reach our child
- _____ 15. has used other people to care for our child rather than give me extra time
- _____ 16. has gather information from our child to find out information about me
- _____ 17. has blocked midweek visits by stating that "our child needs continuity"
- _____ 18. has been rigid regarding our child's schedule, if I am unable to see our child the coparent 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 failed to inform me of school conferences, well checkups, doctor's appointments, 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 my parenting time, 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 and refers 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
- _____ 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.

CHILD ASSESSMENT

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

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 to the children?

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

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

<input type="checkbox"/> loss of a home (change in homes)	<input type="checkbox"/> loss of activities due to finances
<input type="checkbox"/> loss of step siblings	<input type="checkbox"/> loss of friends
<input type="checkbox"/> loss of step parents	<input type="checkbox"/> loss of other relative(s)
<input type="checkbox"/> loss of contact with one parent	<input type="checkbox"/> change of schools
<input type="checkbox"/> loss of a pet	

8. Additional changes:

<input type="checkbox"/> one parent remarriage	<input type="checkbox"/> both parents remarry
<input type="checkbox"/> more than one move	<input type="checkbox"/> new step siblings
<input type="checkbox"/> "at home" parent goes to work	<input type="checkbox"/> 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 coparent? If so, explain.

TWO HOME ISSUES

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

Minimal limits
No consequences

Maximum limits
Corporal Punishment

Please circle a number to rate the consistency regarding rules and consequences between the two homes?

1

2

3

4

5

Very similar
Two united homes

Very different
Mom's House vs. Dad's House

When and how do the exchanges of the child(ren) occur:

Describe the child(ren)'s current schedule between their two homes:

Describe the current holiday schedule between homes:

Description of current school arrangements:

How is the child(ren)'s property exchanged?

What phone/internet/text communications is your child(ren) and their other parent allowed during your parenting time?

What is the distance in miles between homes?

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

Does your order restrict when and how exchanges of the children occur? Yes No If yes, please explain.

Have the police ever been called during exchanges? Yes No If yes, please provide details:

ASSESSMENT

1. What are the top 4 concerns for your child(ren)?

- 1.
- 2.
- 3.
- 4.

2. What are the top 4 concerns you have about your coparent or adults?

- 1.
- 2.
- 3.
- 4.

3. What are your needs or concerns during this process?

4. What are the similarities and differences between your and your coparent's beliefs, lifestyles, and how other factors interact and affect the children in question.

Similarities:

Differences:

5. Provide a written statement outlining your position (what you believe are the issues in the case and your proposed solutions) and contact information for persons you believe have direct knowledge of these issues (physicians, teachers, therapists, etc.):

6. Based on what has occurred since the separation, what do you think your child's worst memory of your coparenting relationship will be? (A specific incident)
7. Based on what has occurred since the separation, what do you think your child's best memory of your coparenting relationship will be? (A specific incident)

SIGNATURE _____ DATE: _____