

Date: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cause No.: \_\_\_\_\_

## PERSONAL DATA FORM

### IDENTIFYING INFORMATION

Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Egm \_\_\_\_\_ Alternate \_\_\_\_\_  
Email \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver License No.: \_\_\_\_\_

Gender Identity: \_\_\_\_\_ What are your pronouns: \_\_\_\_\_

### CURRENT EMPLOYMENT

Present Employer: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
Street: \_\_\_\_\_ Title/Description: \_\_\_\_\_  
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: \_\_\_\_\_  
Degree: \_\_\_\_\_ 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:

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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 full time and part time occupants, including yourself:

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

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

If Yes, explain: \_\_\_\_\_

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

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, use e-cig, vape, etc.? Yes No If yes, how often per day on average?

Does your spouse or significant other smoke, use e-cig, vape, etc.? Yes No

If yes, how often per day on average?

**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: \_\_\_\_\_

## 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. **You must include a fax or e-mail address for each individual.**

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: \_\_\_\_\_

### Child Protective Services

If CPS had not been involved write No. If Yes, list workers name, date of involvement, reason, and final disposition :

## 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? \_\_\_\_\_
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: \_\_\_\_\_ Dating began \_\_\_\_\_  
Did you (Check 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? \_\_\_\_\_ Current, or when did this relationship end?

2. Name: \_\_\_\_\_ Dating began \_\_\_\_\_  
Did you (Check 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? \_\_\_\_\_ When did this relationship end?

3. Name: \_\_\_\_\_ Dating began: \_\_\_\_\_  
Did you (Check 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? \_\_\_\_\_ When did this relationship end?

Does anyone think they are in a relationship with you currently? Yes No  
If yes, who and why do they think that?

**(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 _____	ISD _____

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

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

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

## 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 coparent as it pertains to your children. Please use only the space provided in the box below.

---

Using the drop down button select “**R**” those behaviors you have participated in within the last six months and use “**P**” for behaviors you have participated in during the past, and “**Never**” for those behaviors you have never participated in.

- 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

Using the drop down button select “R” those behaviors your coparent has participated in within the last six months and use “P” for behaviors your coparent has participated in during the past, and "Never" for those behaviors your coparent has have never participated in.

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. Select 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. Check 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

Please check 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?



16. What are your goals for your **coparenting relationship**:

In 10 years: \_\_\_\_\_

In 5 years: \_\_\_\_\_

In 1 year: \_\_\_\_\_

This month: \_\_\_\_\_

17. 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)

18. 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: \_\_\_\_\_