PARENT INFORMATION QUESTIONNAIRE

Please be sure to complete all portions of this questionnaire, sign and date it and return the completed form to the investigator, before your initial appointment either by email or mail

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**A. PARENT IDENTIFYING INFORMATION** CASE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to the child (ren) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Age\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Place of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Religion \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY: \_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_ ZIP:\_\_\_

HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WORK PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_

CELL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. INSTRUCTIONS**

I know you have a great deal to say and I will give you ample opportunity to talk during interviews. At this time, I need you to complete this questionnaire to assist in the interview process. Please use extra paper if needed. Unless you are learning disabled, visually impaired, or illiterate, please complete the forms yourself. Do not have a friend, spouse, significant other or attorney complete them for you. I am interested in what you personally have to say in your own words. During the interview, I will be going over some or all of the topics mentioned on this form. However, you are encouraged to make another list of anything you would like to discuss.

Also, if you have documented information that is relevant to this case, bring COPIES with you to your scheduled interview.

**C. INFORMATION ABOUT THE CHILDREN**

# 1. CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIVES WITH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE: \_\_\_\_ BIRTHDATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL/PRESCHOOL/DAYCARE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEACHER/DAYCARE PROVIDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL ACTIVITIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OUTSIDE ACTIVITIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_

PSYCHOLOGIST/THERAPIST/COUNSELOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_

# 2. CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIVES WITH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AGE: \_\_\_\_ BIRTHDATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL/PRESCHOOL/DAYCARE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEACHER/DAYCARE PROVIDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL ACTIVITIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OUTSIDE ACTIVITIES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE: \_\_\_\_\_\_\_\_\_\_\_

PSYCHOLOGIST/THERAPIST/COUNSELOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_

IF MORE THAN TWO CHILDREN, PLEASE LIST THE ABOVE INFORMATION ON AN ADDITIONAL SHEET.

**D. PERSONAL HISTORY**

1. If you were born in another country, when and why did you immigrate to the U.S. and when did you receive your permanent residency or citizenship?

2. Your MOTHER: Describe her occupation and your relationship with her when you were growing up and your relationship with her now. Where does she live now and is she involved with your children?

3 Your FATHER: Describe his occupation and your relationship with him when you were growing up and your relationship with him now. Where does he live now and is involved with your children?

4. List your siblings (brothers, sisters, including step and half siblings)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Age | Type of Sibling | Residence | Occupation |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

5. Describe your relationship with your siblings.

6. Describe the family you grew up in (your parents, your relationships, who took care of the children, how you had fun together, who was close to each other, how conflict was resolved, significant events or problems that affected your upbringing.

7. Who was the primary disciplinarian? How did your parent(s) discipline you and your siblings? Did it work?

8. Describe any alcohol abuse, drug abuse, arrests, criminal history, psychiatric history, (prescribed psychiatric medications, psychiatric hospitalization, suicidal behavior) in members of your Family of Origin and how it affected you.

**E. PERSONAL DATA**

1. Circle highest level of educational grades completed (Not years attended):

Elementary school: 1 2 3 4 5 6 Middle School: 7 8 9 High School: 10 11 12

College: 13 14 15 16 Post Graduate: 16 17 18+

Vocational School\_ \_\_

Any Other Professional Training \_ \_\_\_

2. Name and place of last school attended.

3. If you received a high school or general equivalency diploma (GED), give the year it was awarded.

4. If you have graduated from college, give the names of the schools attended.

5. List the degree(s) received and the years awarded.

6. If you have served in the military, give:

 a. Branch of Service \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 b. Highest Rank Achieved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 c. Dates of Service: From \_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_

 d. Dates and length of deployments, if any\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 e. Type of discharge/separation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If less than honorable, explain circumstances.

 f. Any other residual diagnoses such as PTSD or Traumatic Brain Injury? If yes,

please specify

**F. OCCUPATIONAL AND FINANCIAL HISTORY**

1. Please list any and all employment that you have held during the past three (3) years: (If necessary, use the back of this form.)

|  |  |  |  |
| --- | --- | --- | --- |
| Place | Job Title | Dates | Reason for Leaving |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

2. Current Occupation:

3. Sources of income (include public assistance, unemployment, disability, Social Security, retirement, spousal maintenance, loans, grants, etc.)

4. Are you receiving child support in addition to the amount above?

5. In what ways do you hope to advance in your job, or to move forward in your occupation?

6. Do you expect to remain in this particular type of work indefinitely?

7. How do you feel about your ex-partner’s occupation?

**F. HEALTH**

1. Physical Health

a. Have you had or do you currently experience any physical problems/disabilities or disease? Yes ( ) No ( ) If yes, specify:

b. Any hospitalizations? Yes ( ) No ( ) If yes, when, where and for what?

c. Any accidents? Yes ( ) No ( ) If yes, when, where and what

d. List medications presently prescribed. State whether you are taking medications as prescribed or not.

e. Name, address and phone number of your physician. May we contact this person? Yes ( ) No ( )

2. Emotional and Psychiatric History

a. Have you ever been treated and/or hospitalized for emotional problems?

Yes ( ) No ( ) If yes, by whom, where and when?

Nature of the problem and diagnosis:

b. Are you currently involved in treatment/counseling for any reason?

Yes ( ) No ( ) If yes, give the name of the counselor and/or agency that provides treatment. Explain why you are in treatment.

c. List all psychiatric and pain medications you are currently taking.

d. List all psychiatric and pain medications you have ever taken.

e. Alcohol/Drug Use: (If you have been in a drug or alcohol treatment program, please provide the hospital or clinical records.) Have you ever experimented with or used the following substances?

 Yes No

1) Alcohol, more than 8 drinks in a day \_\_\_\_ \_\_\_\_

2) Marijuana or cannabis in any form \_\_\_\_ \_\_\_\_

3) Cocaine \_\_\_\_ \_\_\_\_

4) Amphetamines/Methamphetamines \_\_\_\_ \_\_\_\_

5) Barbiturates \_\_\_\_ \_\_\_\_

6) Hallucinogens \_\_\_\_ \_\_\_\_

7) Heroin \_\_\_\_ \_\_\_\_

8) Ecstasy \_\_\_\_ \_\_\_\_

9) Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ \_\_\_\_

If yes to any of the above alcohol/drug use, please give information about first use, how long you used, and last use.

f. List any psychotherapy including marital therapy: (reasons for treatment, names and phone numbers for psychotherapists, and dates of treatment.)

**G. LEGAL HISTORY**

1. Have you ever been arrested/charged with a crime (for whatever reason)?

Yes ( ) No ( ) if yes, explain

2. List any DUI, DWAI, Criminal prosecutions, Dishonorable Discharge from Armed Forces (If there is a history of any of these, provide police, court, DMV, probation, discharge records and disposition).

3. Have you ever been involved in other civil proceedings in this or any other court/ (Family, Criminal, Appellant)? Yes ( ) No ( ) If yes, explain the circumstances and disposition.

4. Has any complaint ever been made to Child Protective Services of the Department of Human Services either here, or in any other city/state charging you or your ex-spouse (partner) with either abuse or neglect? Yes ( ) No ( )

If yes, please explain circumstances including final disposition of the complaint and provide any reports.

**H. PRESENT LIVING ARRANGEMENTS**

1. Where are you living? How long have you lived at your current address?

Give three years of residence history:

|  |  |  |
| --- | --- | --- |
| Address | Dates there | Reason for moving |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

2. Do you have roommates?

3. Do you rent or lease your residence?

**I. MARITAL RELATIONSHIP(S) OR CO-HABITATIONAL RELATIONSHIP(S)**

1. Please list any marriages (or cohabitation relationships)

a. Briefly describe what caused the/each relationship to end.

b. Was there any domestic violence? Please describe.

2. Any children from previous marriages or relationships

|  |  |  |
| --- | --- | --- |
| Name | Age | Schedule with you |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

3. Dates you were you married to (or living with) the spouse (partner) involved in the **present** parenting dispute?

From Date: \_\_\_\_ \_\_\_\_ to Date: \_\_\_ \_\_\_\_\_ (approximate if exact date unknown)

4. How old were you when you got together?

5. How old was your spouse (partner) when you got together?

6. How did you meet?

7. How long did you date prior to marriage (or moving in together)?

8. Describe the dating relationship.

9. Describe the marital (cohabiting) relationship.

10. Describe what caused the breakdown of your marriage (relationship).

11. Are you dating anyone now? What is his/her name?

12. Are you living with someone now?

a. If applicable, describe the relationship between this person and your children.

 b. Describe the relationship between you and this person.

 c. Does that person have children?

 d. If so, what are their names and ages? Where do they live?

**J. INFORMATION ABOUT YOUR CHILD(REN)’S DEVELOPMENT**

 This is only for the child(ren) for which this legal case applies

1. Has any of your children ever been diagnosed with special needs (disability)?

Give details of any of the following that are applicable:

* 1. Learning Disabilities (Dyslexia, Dysgraphia, other)
	2. Communication Disorder (Autism, Speech pathology, Other)
	3. Physical Disability (Cerebral Palsy, Limbs, Other)
	4. Mental Health Issues (Anxiety, Depression, ADD, ADHD, other)
	5. Behavioral (OCD, CD, ODD Other)
	6. Cognitive (Low IQ, Other)
	7. Other: Please specify
	8. Has your child had difficulty in school? Yes No

If yes, please specify

* 1. Has any or your children experienced behavioral issues in the past or relative to the current divorce/separation? Yes No

If yes, please specify

* 1. Has any of your children had difficulty developing or maintaining peer relationships? Yes No

If yes, please specify

* 1. Has any of your children experienced nightmares/sleep difficulties on a regular basis either before or since the divorce/separation? Yes No

If yes, please specify

* 1. Has any of your children expressed gender identity issues? Yes No

If yes, please specify

* 1. Has any of your children had digestive issues or refusal to eat? Any unexplained substantial weight gain or loss? Yes No

If yes, please specify

2. If you have a child(ren) with special needs (disability), has there been issues with equipment or other interventions? Yes No

If yes, please specify

3. Has your child(ren) experienced a normal developmental pattern? If not, why not?

4. Has your child(ren) had to undergo any type or rehabilitative effort? Were you involved?

5. Academically, how does the child(ren) do in school?

1. Child(ren)’s academic strengths.
2. Child(ren)’s academic weaknesses
3. How does the child(ren) relate to their peers at school?
4. How does the child(ren) relate to teachers and authority figures?

**K. PARENTING RELATIONSHIP**

1. Describe your child(ren). (use additional sheets if you have more than one child)

2. Who was responsible for the major part of parenting during your marriage (relationship)? Explain fully

3. Describe your role in relation to your child(ren) (not involved in this case).

4. Describe the other parent’s role in relation to your child(ren) (this case).

5. How do you let your child(ren) know you love him/her (them)?

6. What activities do you especially enjoy together?

7. How do you discipline your child(ren)?

8. What are the current babysitting/daycare arrangements?

9. If applicable, how does your child(ren) feel about your current dating/live-in partner?

10. Discuss any special needs you believe your child (ren) has/have.

11. What are your strengths as a parent?

12. What are your weaknesses as a parent?

13. What are the other parent’s strengths as a parent?

14. What are the other parent’s weaknesses as a parent?

15. Have you ever been the subject of a Department of Human Services investigation regarding your child(ren) in this or any other place?

Yes ( ) No ( )

If yes, please explain. (Provide copies any records/paperwork, reports and findings)

16. Have you ever had your child(ren) removed from your care by the Department of Human Services in this or any other place? (Provide copies of any documentation)

Yes ( ) No ( ) If yes, please explain

**L. ISSUES AND CONCERNS IN THE CURRENT CASE**

1. History of any domestic violence, including specific incidents. (Provide any police reports and hospital reports)

2. Are there any current protection orders in place? (Provide a copy of the protection order)

3. Why do you believe you are the better parent to provide the primary residence for the child(ren)?

4. Why do you want primary parental responsibility of the child(ren)?

5. Why do you think the other parent wants primary parental responsibility for the child(ren)?

6. What characteristics do you believe the other parent has that would enable him/her to adequately parent a child?

7. What concerns do you have about the other parent that relate to your parenting responsibility requests.

8. Your understanding of the concerns and issues the other parent has about you, as they relate to his/her parental responsibility requests.

9. Have you discussed the issue of parental disputes and parenting time with the child(ren)? Yes ( ) No ( ).

If yes, briefly state what you have explained to the child(ren).

10. Your understanding of the children’s thoughts and feelings about their parenting time arrangement and any concerns they have about the parents.

11. Why do you think your child(ren) feel this way?

12. Why do you feel the parenting disputes have arisen?

13 Who initiated the legal actions involving parental responsibility and decision making at this time? What do you believe the motives are?

14. Describe your feelings about the way things have been going under the current parenting arrangement. In what ways are the present arrangements agreeable or disagreeable to you and/or your child (ren)?

15. What would you like to see happen? Why?

16. Is there any way you and the other parent can compromise certain issues in the parenting dispute? Explain.

17. What holidays are important to you to celebrate with the child(ren)?

18. What are the current parenting time arrangements including holidays? Has it been successful? Why or why not?

19. What are you asking the court to provide in the way of a parenting plan schedule and a holiday parenting time schedule?

20. If the child resides with you primarily, what would you do to ensure that your child has significant relationship with their other parent?

21. What do you think the other parent would do to keep the child from you if the decision goes in his/her favor?

**M. STEPPARENT OR OTHER HOUSEHOLD MEMBER INFORMATION**

If you have remarried or if you now share or plan to share your home with another adult, please complete the following questions in regard to the other adult.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you:

Names and Ages of this person’s children

|  |  |  |
| --- | --- | --- |
| Name | Age | Living arrangement |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Describe this person’s relationship with the children involved in this case

**N. COURT HISTORY**

1. How many times have you been to court with this issue?

2. List dates of anticipated court hearings?

3. Have you had other attorneys before the present one? Explain.

4. What orders have been issued by the judge regarding parental responsibilities, parenting time, contempt, spousal and child support?

(Provide copies of all orders)

5. Who brought each of the actions? When? Why?

6. How do you feel about the decisions that have been made and about how the situation has progressed to this point?

7. Have you ever been charged with the crime of child abuse?

YES ( ) No ( ) If yes, please explain. (Provide any documentation related to the case)

1. What was the outcome of the case?

8. Have you ever been charged with the crime of domestic violence?

 Yes ( ) No ( ) If yes, please explain. (Provide any documentation related to the case)

a. What was the outcome of the case?

9. Has the other parent been charged with domestic violence or child abuse?

**O. FUTURE**

1. What future goals do you have for yourself? How do you believe you can accomplish these goals?

2. How is your child(ren) involved in your future?

**P. CLOSING COMMENTS**

Is there anything that wasn’t asked that you would like to share?