Your Family Business PLLC

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INTAKE QUESTIONNAIRE – CUSTODY EVALUATION

This document will not be shared with your coparent.

Please note that requests for pronouns apply to all parents and children regardless of gender identity, as some names are unisex (Peyton, Carol, Rory, etc.) and I want to make sure I'm referring to the people you care about correctly. Thank you!

1. Biographical Information for Parent

Parent Name	Parent Preferred Name and Pronouns	Parent Date of Birth
Parent Phone Number	Parent Email Address	Parent Street Address (Street, City, State, Zip)
Name of Attorney, if Any	E-Mail & Phone Number of Attorney	Court File Number, if Any

Is there an Order for Protection, Harassment Restraining Order, or Domestic Abuse No Contact Order in place on behalf of either you or your child(ren)? If yes, please provide the type of order in place, the date it was issued, the date it will expire, who is covered, and the court file number.

Are you raising your child(ren) as part of any particular religion or belief system? If yes, please identify the religion/belief system, the place of worship (if applicable) and provide any information you feel is important for me to have.

2. Biographical Information for Joint Child(ren)

Name of Joint Child #1	Date of Birth of Child #1	Child's Preferred Name and Pronouns (Ex. "Tom" vs. "Thomas")
Special Needs of Child #1?	School/Daycare of Child #1	What does Child #1 call you? (Ex. Dad, Mom, First Name, etc.)

Parenting Time Schedule for Child #1. Please indicate in the provided space which parent has the child. Arrows can be used to indicate transfers. (Example: Mom → Dad, Lisa → Lindsey, etc.).

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week One							
Week Two							
Week Three							
Week Four							

Name of Joint Child #2 | Date of Birth of Child #2 | Child's Preferred Name and Pronouns (Ex. "Tom" vs. "Thomas")

Special Needs of Child #2? | School/Daycare of Child #2 | What does Child #2 call you? (Ex. Dad, Mom, First Name, etc.)

Parenting Time Schedule for Child #2. Please indicate in the provided space which parent has the child. Arrows can be used to indicate transfers. (Example: Mom → Dad, Lisa → Lindsey, etc.).

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week One							
Week Two							
Week Three							
Week Four							

Name of Joint Child #3 | Date of Birth of Child #3 | Child's Preferred Name and Pronouns (Ex. "Tom" vs. "Thomas")

Special Needs of Child #3? | School/Daycare of Child #3 | What does Child #3 call you? (Ex. Dad, Mom, First Name, etc.)

Parenting Time Schedule for Child #3. Please indicate in the provided space which parent has the child. Arrows can be used to indicate transfers. (Example: Mom → Dad, Lisa → Lindsey, etc.).

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week One							
Week Two							
Week Three							
Week Four							

Name of Joint Child #4 | Date of Birth of Child #4 | Child's Preferred Name and Pronouns (Ex. "Tom" vs. "Thomas")

Special Needs of Child #4? | School/Daycare of Child #4 | What does Child #4 call you? (Ex. Dad, Mom, First Name, etc.)

Parenting Time Schedule for Child #4. Please indicate in the provided space which parent has the child. Arrows can be used to indicate transfers. (Example: Mom → Dad, Lisa → Lindsey, etc.).

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week One							
Week Two							
Week Three							
Week Four							

3. Other Important Individuals in your Child(ren)'s Life

Name of Spouse/Significant Other ("SO") _____ SO's Preferred Name and Pronouns _____ Date of Birth of SO _____

Phone Number of SO _____ Email Address of SO _____ Are you living together? If so, for how long? _____

If your SO has children, please fill out the following information:

Child(ren) of your Significant Other:

Name of Child	Child's Date of Birth	Child's Preferred Name/Pronouns	Does child live with your SO full time? Yes/No	If child does not live with your SO full time, approximately what percentage of time does your SO have the child in their care?	Has this child been introduced to your children? Yes/No

If there are other individuals with whom your child(ren) spend(s) a significant portion of time, such as grandparents, nannies, etc., please fill out the following table.

Name/Preferred Name/Pronouns	Date of Birth	Relationship to Child	How often does this person see your child(ren)?	Phone Number	Email Address

4. Providers for Parent and Child(ren).

Please use the free spaces to add any other individuals who may have valuable information that would assist me in my evaluation. This includes behavioral support personnel, school counselors, etc.

Provider Type	Provider Name	Provider Address	Frequency of Visits	How long have you seen this provider?	Main issues addressed by provider?
Parent's Therapist					
Parenting Coach					
Child #1's Therapist					
Child #2's Therapist					
Child #3's Therapist					
Child #4's Therapist					

5. Collateral Contacts

Please provide the following information for three individuals who have observed your parenting over the years. These individuals will be contacted, so make sure they are willing to speak with me.

Name	Phone Number	Email Address	Relationship	Years Known

6. Domestic Violence Screening

a. Have you or your children been personally affected by domestic violence? This includes physical, mental, emotional, financial, or sexual abuse, as well as coercive control. YES or NO

b. If yes, please provide the following information:

Who was the victim?	Who was the perpetrator?	When did this happen? If it was a singular occurrence, provide the date. If it occurred over a period of months or years, please state the time period.	What was the nature of the abuse?	Was anybody arrested as a result of the abuse? If yes, what was the outcome of the case?

c. Do you feel safe participating in the evaluation process with your co-parent? Are there any supports or accommodations that would be helpful to you in feeling safe to participate in this process? Is there anything else you think I should know concerning this topic?

_____

_____

_____

7. Concerns Regarding Co-Parent

a. Do you have any concerns about your co-parent's mental or physical health or substance use? If so, what are they?

b. If you have concerns about your co-parent's mental or physical health, have you shared those with your co-parent? If so, what was the outcome of that interaction?

c. Do you think your co-parent has concerns about your mental or physical health or substance use? If so, what are they?

8. Is there anything else that I have not asked you about in this questionnaire that you feel is important for me to know prior to beginning work with you and your co-parent?

DOCUMENT CHECKLIST

Please verify that you have provided me with the following items, if applicable to your situation:

1. A copy of all court orders pertaining to your child(ren)*, including, but not limited to: your judgment and decree, any child custody orders, any parenting plans, any paternity orders, etc. I do not need orders that *only* address modifications in child support unless they also include changes to parenting time, custody labels, etc.

   **If you do not have a copy of a court order readily available, many orders can be found using the Minnesota Court Records Online (MCRO) system, which allows you to search by case number or party name. Visit: publicaccess.courts.state.mn.us/DocumentSearch to utilize this tool.*

2. Your fully executed Custody Evaluation Appointment Order (signed by the court).

3. Your completed Fee Agreement.

4. If you use Our Family Wizard, please ensure you have granted Alyssha (alyssha@yfbminn.com) professional access to your account.