

PERSONAL DATA FORM and INFORMATION SHEET

Dear Parents,

The process of a custody evaluation is very in-depth and personal. In addition, the records we receive and review are vitally important to this process. The Family Code Section 107.104 has specific requirements regarding interviews, observe visits, home visits and records which must be completed/requested and reviewed prior to making a recommendation for possession, access, primary, right and duties. However, we are limited to the information you stipulate during this process. Therefore, please provide all contact material including full addresses, email addresses, phone, and fax numbers for everyone that you want to be contacted on your behalf. If you do not provide this, it will be noted in the evaluation as the justification for these records not being requested. This could limit the scope of the evaluation along with the documents which are reviewed. This could additionally alter the outcome of the investigation, so please take your time and fill this entire document out to the best of your ability. I look forward to working with you and your child/family and please contact us if you have any questions.

Sincerely ~ Dr. Crystal Baird Ph.D., LPC

Printed Name

Date

Signature

FAMILY HISTORY:

YOUR FATHER'S NAME: _____ **AGE:** _____ **PHONE NO.** _____

ADDRESS: _____ **OCCUPATION:** _____

IF DECEASED, AGE AND YEAR HE

DIED: _____

YOUR MOTHER'S NAME: _____ **AGE:** _____ **PHONE** _____

ADDRESS: _____ **OCCUPATION:** _____

IF DECEASED, AGE AND YEAR SHE DIED:

NO. OF BROTHERS: _____ **NO. OF SISTERS:** _____ **NO. OF HALF/STEP-SIBLINGS:** _____

LIST: NAME, ADDRESS AND PHONE NUMBERS OF YOUR BROTHERS, SISTERS, HALF AND STEP-SIBLINGS

PERSONAL HISTORY

YOUR EDUCATION:

HIGHEST GRADE COMPLETED: _____ **WHERE:** _____ **YEAR:** _____

COLLEGE OR VOCATIONAL TRAINING – DATES AND PLACES:

MILITARY SERVICE: BRANCH:

DATE OF ENLISTMENT _____ **DATE AND TYPE OF DISCHARGE:** _____

CRIMINAL CHARGES, ARREST RECORD, NON-TRAFFIC CITATIONS--PLEASE LIST ALL:

ARRESTS/CITATIONS (NON-TRAFFIC)	DATE	PLACE	CHARGE	DISPOSITION
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YOUR LIVING ARRANGEMENTS: HOUSE: OWN OR RENT? _____

APARTMENT: NAME OF COMPLEX AND ADDRESS

LANDLORD'S NAME, ADDRESS AND PHONE NUMBER:

DO YOU HAVE A VEHICLE? _____ IF SO, PLEASE STATE THE MAKE, MODEL, YEAR, AND COLOR OF
YOUR PRIMARY VEHICLE:

NUMBER OF PEOPLE LIVING WITH YOU: ADULTS: _____ CHILDREN: _____

WHAT IS THE NAME OF AND YOUR RELATIONSHIP TO EACH PERSON LIVING WITH YOU:

YOUR PREVIOUS ADDRESSES (FOR LAST 5 YEARS):

ADDRESS	DATES YOU LIVED THERE	WHO LIVED THERE WITH YOU	REASON FOR LEAVING
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DO YOU MAINTAIN A RELATIONSHIP WITH YOUR IMMEDIATE FAMILY MEMBERS?

IF, NOT, PLEASE EXPLAIN WHY NOT:

DID YOU ATTEND WORSHIP SERVICES AS A CHILD? IF SO, WHERE AND HOW OFTEN?

DO YOU PRESENTLY ATTEND WORSHIP SERVICES? IF SO, WHERE AND HOW OFTEN?

DO YOU CONSUME ALCOHOL? _____ IF YES, HOW OFTEN AND IN WHAT QUANTITY? _____

HAVE YOU EVER USED ILLEGAL NARCOTICS OR TAKEN PRESCRIPTION MEDICINE NOT INTENDED FOR YOU OR NOT AS PRESCRIBED?

IF YES, PLEASE STATE WHEN, WHAT DRUG, AND FREQUENCY:

YOUR EMPLOYMENT RECORD

List your employment over the **past five years** beginning with your present employer. If more space is needed please use the back of this sheet.

1. PRESENT EMPLOYER:

ADDRESS:

YOUR TITLE/POSITION: _____ DATE EMPLOYED: _____

SUPERVISOR: _____ PHONE NO.: _____ FAX NO. _____

WORK SCHEDULE: HOURS _____ DAYS _____ OVERTIME _____

YOUR SALARY OR HOURLY WAGE: _____

2. EMPLOYER:

ADDRESS:

YOUR TITLE/POSITION: _____ DATE EMPLOYED: _____ DATE LEFT: _____

SUPERVISOR: _____ PHONE NO.: _____ FAX NO. _____

REASON FOR LEAVING:

YOUR SALARY OR HOURLY WAGE: _____

3. EMPLOYER:

ADDRESS:

YOUR TITLE/POSITION: _____ DATE EMPLOYED: _____ DATE LEFT: _____

SUPERVISOR: _____ PHONE NO.: _____ FAX NO. _____

REASON FOR LEAVING:

YOUR SALARY OR HOURLY WAGE: _____

FINANCIAL STATEMENT

MONTHLY GROSS (BEFORE TAXES AND WITHHOLDINGS) INCOME (LIST ALL SOURCES)

SOURCE

AMOUNT

_____	_____
_____	_____
_____	_____
_____	_____

TOTAL GROSS INCOME BEFORE TAXES

If you pay child support, is it taken out of your pay check? YES NO

MONTHLY EXPENSES

Housing:	1.	Rent/House Payment	\$ _____
	2.	Insurance (Home/Tenant)	\$ _____
	3.	Maintenance, repair and service	\$ _____
	4.	Utilities (Gas, water, electric)	\$ _____
	5.	Telephone	\$ _____
Auto:	1.	Car Payments	\$ _____
	2.	Insurance	\$ _____
	3.	Gasoline & Oil	\$ _____
	4.	Maintenance & Repair	\$ _____
Insurance:	1.	Life	\$ _____
	2.	Health and Hospitalization	\$ _____
	3.	Other	\$ _____
Food:	1.	Groceries	\$ _____
	2.	School and work lunches	\$ _____
Medical:	1.	Doctors	\$ _____
	2.	Dentists	\$ _____
	3.	Medications (prescription and over the counter)	\$ _____
Education:	1.	School Supplies, fees and other costs	\$ _____
Personal:	1.	Grooming (barber, hair dresser)	\$ _____
	2.	Clothing	\$ _____
	3.	Cleaning and Laundry	\$ _____
	4.	Uniforms for work	\$ _____

Child Care: 1. Daycare/babysitter \$ _____

Entertainment 1. _____ \$ _____

2. _____ \$ _____

Dues: 1. Union, professional, etc. \$ _____

Other Payments: 1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

TOTAL EXPENSES: \$ _____

HEALTH INSURANCE:

NAME OF YOUR HEALTH INSURANCE

COMPANY _____

NAME OF PRIMARY POLICY

HOLDER _____

NAME OF CHILD(REN)'S HEALTH INSURANCE

COMPANY _____

NAME OF PRIMARY POLICY HOLDER _____

MEDICAL HISTORY

How is your present health?

List your doctors' names, addresses, phone numbers and what you were treated for:

List your child(ren)'s doctors' names, addresses, phone numbers and what they were treated for:

List any prescribed medication you take and what it is for:

List any prescribed medication your child(ren) takes and what it is for:

List any hospitalizations or major illness you have had and provide the hospital names, addresses, dates and specific problems. Include trips to emergency room.

List any hospitalizations or major illness your child(ren) have had and provide the hospital names, addresses, dates and specific problems. Include trips to emergency room.

******If you have a child with a physical or mental disability, please use the back of this page or a separate sheet of paper to describe the disability and how it is being handled or treated. Please attach any extra paper to this document.**

MENTAL HEALTH INFORMATION

Have you, your child(ren) or anyone involved in this case received psychiatric, psychological testing or counseling (marital or personal) or drug or alcohol counseling or treatment?

Yes ____ No _____. If yes, please list who received counseling or treatment, when and from whom and include the counselor's address, phone AND fax numbers.

List any hospitalizations for psychiatric, drug or alcohol treatment for you, your child(ren) or members of your household. Please include the name of the person who was treated, the dates of treatment, hospital name and address and doctor's name, address, phone AND fax numbers:

CHILD PROTECTIVE SERVICES

If you, any member of your family or household or anyone involved in this dispute has ever been involved in an investigation for abuse (sexual or physical), neglect or lack of supervision, list name, address and phone number of each child protective services caseworker or other investigator and the name of the person and child who was investigated and the date of investigation.

MARITAL/CO-HABITATION HISTORY

List all of your marriages or live-in relationships. List any children from that relationship. Please start with your first marriage or live-in relationship.

1. FIRST SPOUSE OR LIVE-IN'S

NAME: _____

ADDRESS AND TELEPHONE

NO. _____

DATE AND PLACE OF MARRIAGE OR LIVING

ARRANGEMENT: _____

DATE AND PLACE OF

DIVORCE/SEPARATION/BREAKUP: _____

CHILD'S NAME

BIRTHDATE

VISITATION/ CUSTODY ARRANGEMENT

2. SPOUSE OR LIVE-IN'S

NAME: _____

ADDRESS AND TELEPHONE

NO. _____

DATE AND PLACE OF MARRIAGE OR LIVING

ARRANGEMENT: _____

DATE AND PLACE OF

DIVORCE/SEPARATION/BREAKUP: _____

CHILD'S NAME

BIRTHDATE

VISITATION/ CUSTODY ARRANGEMENT

3. SPOUSE OR LIVE-IN'S

NAME: _____

ADDRESS AND TELEPHONE

NO. _____

DATE AND PLACE OF MARRIAGE OR LIVING

ARRANGEMENT: _____

DATE AND PLACE OF

DIVORCE/SEPARATION/BREAKUP: _____

CHILD'S NAME

BIRTHDATE

VISITATION/ CUSTODY ARRANGEMENT

Information for any of your children who were not born to a relationship listed on page 9:

CHILD'S NAME

BIRTHDATE

VISITATION/ CUSTODY ARRANGEMENT

Please provide the name, address, and telephone number of the other parent for any child listed immediately above.

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE NUMBER</u>

If you are in a current relationship, please provide that person’s name, telephone number and address.

INFORMATION ABOUT ALL CHILDREN IN YOUR HOUSEHOLD
(Whether living primarily with you or visiting you, including stepchildren or unrelated children)

<u>NAME</u>	<u>ADDRESS AND PHONE NUMBER OF SCHOOL</u>	<u>GRADE</u>
1.		
2.		
3.		
4.		

CHILD CARE

List name, address and phone number of all people or agencies providing childcare over the last 5 years (including relatives), beginning with the present childcare provider.

NAME	START/END DATE:
EMAIL ADDRESS AND PHONE NUMBER	
NAME	START/END DATE:
EMAIL ADDRESS AND PHONE NUMBER	
NAME	START/END DATE:
EMAIL ADDRESS AND PHONE NUMBER	
NAME	START/END DATE:
EMAIL ADDRESS AND PHONE NUMBER	

REFERENCES

Please list three people who have personally observed you and your child together and who know your character. At least one of your references should be a non-family member. You may request your reference to send us a written statement on your behalf. All written reference statements will be reviewed. The caseworker may or may not contact references, at the caseworker's sole discretion.

PLEASE PROVIDE EMAIL ADDRESSES SO WE CAN GATHER RECORDS FASTER.

Name/Relationship _____

Phone Number: _____ Email Address: _____

Name/Relationship _____

Phone Number: _____ Email Address: _____

Name/Relationship _____

Phone Number: _____ Email Address: _____

COLLATERAL WITNESSES

Collateral witnesses must be brought to the attention of the caseworker. It is your responsibility to notify the caseworker by completing this form if there are any collateral witnesses who need to be contacted. Collateral witnesses are generally professionals who have factual information to provide in the case, such as doctors, nurses, teachers, childcare providers, psychologists/counselors, etc. Collaterals may also include persons who have relevant, significant information about you, the child/ren, or the other party to this suit, such as ex-spouses, adult children, neighbors, etc.; however this generally **does not** include family and friends, except as noted. If this is a final Custody Evaluation and you provide the name, address, phone number and a brief description of the relevant information the collateral should provide, the case worker will contact the collateral, either in writing or by telephone. If this is a temporary Custody Evaluation, the caseworker will contact collaterals to the extent time will permit.

PLEASE PROVIDE EMAIL ADDRESSES SO WE CAN GATHER RECORDS FASTER.

Name/Relationship _____

Phone Number: _____ Email Address: _____

Name/Relationship _____

Phone Number: _____ Email Address: _____

Name/Relationship _____

Phone Number: _____ Email Address: _____

PLEASE PRINT

Please state the frequency and times you think the child(ren) should spend with each parent. Please consider work schedules and the child(ren)'s schedules and needs. Explain your reasons this arrangement would be in the child(ren)'s best interests:

Please list your preferences for holidays and summer visitation times for the child(ren) with each parent:

Briefly summarize the problems and events which resulted in the dissolution of your marriage or termination of the relationship:

Since the separation, with whom have the child(ren) been living? For how long?

What is the current visitation schedule?

Has child support been ordered? Yes: _____ No: _____ Amount ordered \$ _____

If ordered but not paid, amount of arrears: \$_____

Has the divorce/separation had any effects on the child(ren)? If yes, please explain:

Prior to this proceeding, please state who handled the following duties, if applicable:

Transport to and from school or daycare:_____

Doctors, Dentist etc. visits:_____

Homework:_____

Briefly describe how you discipline your child(ren)._____

Briefly summarize the events leading up to the present custody/visitation dispute:

Why do you believe you should have primary custody of your child(ren)?

Why do you think the other person wants custody of the child(ren)?

Are there reasons the other party to this action should not have custody/visitation? Be specific:

Please state whether you, the other parent or both of you should have the right to: 1) make educational decisions for the child; 2) make medical, dental and psychological decisions for the child; and 3) determine the child's residence. For each question, please state why you answered the way you did.

What else would you like your caseworker to know that has not been previously stated in this form?
