

## COLLATERAL SOURCE QUESTIONNAIRE

Family/Parent Name:	
Children's Names:	

Please answer each question honestly and as fully as you feel is necessary. Both positive and negative information should be included. If additional space is needed, feel free to use the back of the questionnaire or additional sheets.

1. How long have you known this family and in what capacity? (friend, relative, neighbor or co-worker)
  
2. How much opportunity have you had to observe the parent or parents with their children and in what settings? How recently, and how often in the past year, have you had contact with this family?
  
3. How would you describe each parent in the following areas?
  - A. Types of activities each parent participates in with the children:
  
  - B. What kinds of rules and guidelines each parent sets for the children:
  
  - C. How does each parent discipline the children? Give examples:
  
  - D. Communication and emotion shared between parent and children:
  
4. Do you believe these parents are capable of working together for the good of their children? Why or why not?
  
5. Do you feel either parent would interfere with or try to control the other parent's relationship or time with the children in a destructive way? If so, please give examples or reasons for your opinions.
  
6. What changes, if any, have you noticed in the children's behavior and/or emotions since the action started? Please give examples.

7. What changes have you noticed in the relationship between each parent and the children since the action started? Please give examples.
  
8. In your judgment, does either parent have a problem with alcohol or drug use? If so, how have you seen this affect the children?
  
9. In your experience, does either parent have a history of being physically violent, threatening or have a violent temper? If so, please detail your observations and explain the effects of this on the children.
  
10. If you were the judge hearing this case, what would you see as the most important factors in determining what is in the children's best interests?
  
11. What legal custody and placement schedule (i.e., time with each parent) do you believe would be best for the children? Why?
  
12. Please provide any additional information, suggestions or ideas you have which you believe would be helpful to the children.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Relationship to parties

Email Address: \_\_\_\_\_

Please feel free to contact me for an appointment if you wish further input (770)884-8160. To complete this form electronically scan the QR code below or click the link:  
<https://forms.office.com/r/G45gBBhcDk>

