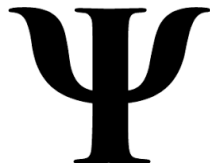


**Parenting Guidance Services, LLC**



**Kevin R. Byrd, Ph.D., HSPP**

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<http://parentingguidanceservices.com>

Mail: PO Box 130, Bloomington IN  
47402

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**Custody/Parenting Time Evaluation Background**

**I. Identifying Information**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Do you have plans to relocate in the next year? If so, where to?

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

In the event Dr. Byrd needs to contact you, which phone number do you prefer that he use?

☐ Home ☐ Work ☐ Cell

Is it all right to leave messages for you at these numbers or via email? Yes ☐ No ☐

If no, please specify \_\_\_\_\_

**II. Referral**

How were you referred to Dr. Byrd?

\_\_\_\_\_

What is the name of your attorney?

\_\_\_\_\_

Is there a Parenting Coordinator or Guardian ad Litem assigned to your case? If so please list them below:

Parenting Coordinator: \_\_\_\_\_

Guardian ad Litem: \_\_\_\_\_

III. Household Configuration

Who is currently living in your home?

<u>Name</u>	<u>Age</u>	<u>Relationship to you</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have children who are not currently living with you? Yes\_\_\_\_ No\_\_\_\_

If yes, please provide the following information:

<u>Name</u>	<u>Age</u>	<u>Place of Primary Residence</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many times have you moved residences in the past five years? \_\_\_\_\_

IV. Custody/Parenting Time Arrangements

What are the current *physical* custody and parenting time arrangements?

What are the current *legal* custody arrangements?

What custody and parenting time arrangements are you seeking in the current litigation?

Legal:

Physical:

How would the arrangements you are seeking benefit the children?

V. Relationship History

Please describe your childhood in some detail. Please do not write “normal” or “average,” - such descriptors are too vague to provide any useful information.

Please describe the biggest challenge or problem your family faced as you were growing up.

Are your parents living or deceased?

Are your biological parents currently married to each other? (If one or both parents are deceased – were they married until separated by death?)

Please list three adjectives or words that reflect the relationship you had with your mother during childhood:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Now, please list three adjectives or words that reflect the relationship you had with your father during childhood:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you feel particularly close to one of your parents?

No\_\_\_ Yes: (Mother\_\_\_ Father\_\_\_)

If yes, why? \_\_\_\_\_  
\_\_\_\_\_

What methods of discipline did your parents use to manage child behavior problems?

Were you ever abused or mistreated as a child? Yes\_\_\_ No\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list names, ages, and current location of your siblings, including half-siblings and step-siblings. If deceased, please indicate so under "Location."

Name	Age	City and State	Biological	Step	Half
_____	___	_____	___	___	___
_____	___	_____	___	___	___
_____	___	_____	___	___	___
_____	___	_____	___	___	___
_____	___	_____	___	___	___
_____	___	_____	___	___	___
_____	___	_____	___	___	___

Please write a few lines about your relationship(s) with your sibling(s).

Is there a history of mental health problems among members of your family? Yes\_\_\_ No\_\_\_

If yes, please specify: \_\_\_\_\_

Is there a history of drug or alcohol problems among members of your family? Yes\_\_\_ No\_\_\_

If yes, please specify: \_\_\_\_\_

Is there a history of criminal behavior or arrest among members of your family? Yes\_\_\_ No\_\_\_

If yes, please specify: \_\_\_\_\_

Please circle your marital status: Single Married Separated Divorced

For each serious adult relationship you've had, please provide the following information. (*Note: if you did not marry or divorce a particular partner, just leave those fields blank*). Please list your most recent relationship first, then list backwards in time from there.

1. Name of partner: \_\_\_\_\_  
Started dating (mo/yr): \_\_\_\_\_  
What you found appealing or attractive about this person: \_\_\_\_\_  
\_\_\_\_\_  
Married (mo/yr), if applicable: \_\_\_\_\_  
Separated (mo/yr): \_\_\_\_\_  
Reason the relationship ended: \_\_\_\_\_  
\_\_\_\_\_  
Divorced (mo/yr), if applicable: \_\_\_\_\_
2. Name of partner: \_\_\_\_\_  
Started dating (mo/yr): \_\_\_\_\_  
What you found appealing or attractive about this person: \_\_\_\_\_  
\_\_\_\_\_  
Married (mo/yr), if applicable: \_\_\_\_\_  
Separated (mo/yr): \_\_\_\_\_  
Reason the relationship ended: \_\_\_\_\_  
\_\_\_\_\_  
Divorced (mo/yr), if applicable: \_\_\_\_\_
3. Name of partner: \_\_\_\_\_  
Started dating (mo/yr): \_\_\_\_\_  
What you found appealing or attractive about this person: \_\_\_\_\_  
\_\_\_\_\_  
Married (mo/yr), if applicable: \_\_\_\_\_  
Separated (mo/yr): \_\_\_\_\_  
Reason the relationship ended: \_\_\_\_\_  
\_\_\_\_\_  
Divorced (mo/yr), if applicable: \_\_\_\_\_
4. Name of partner: \_\_\_\_\_  
Started dating (mo/yr): \_\_\_\_\_  
What you found appealing or attractive about this person: \_\_\_\_\_  
\_\_\_\_\_  
Married (mo/yr), if applicable: \_\_\_\_\_  
Separated (mo/yr): \_\_\_\_\_  
Reason the relationship ended: \_\_\_\_\_  
\_\_\_\_\_  
Divorced (mo/yr), if applicable: \_\_\_\_\_

If you are currently in a relationship, how would you describe it?

VI. Education and Work History

Did you graduate from high school? Yes\_\_\_ No\_\_\_ GED\_\_\_

Year of high school graduation (if applicable) \_\_\_\_\_

If you did not graduate, what is the highest grade that you completed? \_\_\_\_\_

While attending school, what grades did you typically earn? A B C D F

Did you attend college? Yes\_\_\_ No\_\_\_

If yes, where did you attend and what degree(s) did you obtain?

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

Year of college graduation (if applicable) \_\_\_\_\_

Are you currently employed? Yes\_\_\_ No\_\_\_

If yes, what is your job title? \_\_\_\_\_

What is the name of the company for which you work? \_\_\_\_\_

What type of business is this company? \_\_\_\_\_

Work address: \_\_\_\_\_

\_\_\_\_\_

What are your job duties? \_\_\_\_\_

How long have you worked in your current job? \_\_\_\_\_

What is the longest length of employment you've had with one company? \_\_\_\_\_

VII. Please list any and each instance of a report to the Department of Child Services involving the children who are the focus of this evaluation. I will follow up on this question during your office visit.

Date of Report (approximate)	Name(s) of child(ren) involved	Alleged perpetrator	Outcome (substantiated or unsubstantiated)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VIII. Please list any and each incident for which police were called that involved the child(ren) who is/are the focus of this evaluation. I will follow up on this question during your office visit.

Date of Incident (approximate)	Who called the police?	Reason for involving the police (be very brief)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

IX. Please list any protective orders or no contact orders that have involved people in your family system.

No Contact or Protective Order?	Filed against?	Who protected?	When filed or ordered?	When into effect? (if dismissed leave blank)	When expire? (if dismissed leave blank)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

#### X. Treatment History

Please list all of your contacts with mental health professionals (**for your individual treatment only**) for the last five years:

Name of professional	Email	Phone number	Reason for contact	Date last seen (approximate)
Example: <u>John Jones, Ph.D.</u>	<u>jjones@email.com</u>	<u>555-555-5555</u>	<u>anxiety, depression</u>	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____


\* Please use this space below for additional information regarding reason for contact (please specify the professional to which you are referring):

Please list all of your contacts with mental health professionals (**for family or couple’s counseling only**) for the last five years:

Name of professional	Email	Phone number	Reason for contact*	Date last seen (approximate)
Example:				
John Jones, Ph.D.	jjones@email.com	555-555-5555	anxiety, depression	

\* Please use this space for additional information regarding reason for contact (specify the professional to which you are referring):

Please list any medications ever prescribed to you for emotional state, sleeping difficulties, or attentional problems.

Medication	Helpful?	Current or past use?	Who prescribed?
Prozac	somewhat	current	Rex Morgan, M.D.




Have you ever been hospitalized for a psychiatric problem? Yes\_\_\_ No\_\_\_

If yes, how many times? \_\_\_\_\_ What years? \_\_\_\_\_

Where? \_\_\_\_\_

Why? \_\_\_\_\_

Have you ever made a suicide attempt or intended to commit suicide and changed you mind?

Yes\_\_\_ No\_\_\_

If yes, when? \_\_\_\_\_ How? \_\_\_\_\_

Have you ever had serious thoughts about killing yourself? Yes \_\_\_ No \_\_\_

Have you ever made a plan to kill yourself? Yes \_\_\_ No \_\_\_

Have you ever engaged in any deliberately self-harming behavior such as cutting on your skin or burning your flesh with a cigarette? Yes\_\_\_ No\_\_\_

If you have had suicidal feelings or engaged in self-harming behavior, please describe the circumstances that provoked these feelings or behaviors.

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#### XI. Personal Habits

Do you drink beer, wine or other liquor? Yes\_\_\_ No\_\_\_

If yes, circle how many drinks per week:

1-2   3-6   7-9   10-12   13-15   16-18   19-21   22-24   25 or more

Do you think you drink too much? Yes\_\_\_ No\_\_\_

Have there been periods in the past when you've used alcohol excessively? Yes\_\_\_ No\_\_\_

If yes, please list years of heaviest use: \_\_\_\_\_

Estimated daily alcohol consumption during this period: \_\_\_\_\_

When was the last time that you used recreational drugs? (marijuana, cocaine, methamphetamine, etc.)  
Please circle:

Last week      Last month      Last year      Last 5 yrs      Last 10 yrs      Over 10 yrs      Never

Have there been periods in the past when you've used drugs excessively?      Yes\_\_\_ No\_\_\_

If yes, please list years of heaviest use: \_\_\_\_\_

Estimated daily substance use during this period: \_\_\_\_\_

## XII. Legal History

Other than the current custody/parenting time dispute, have you ever been involved in civil litigation?

Yes\_\_\_ No\_\_\_

If yes, please describe: \_\_\_\_\_

Have you ever been investigated for mistreatment or neglect of a child?      Yes\_\_\_ No\_\_\_

If yes, how many times? \_\_\_\_\_

Have you ever been arrested? Yes\_\_\_ No\_\_\_

If yes, how many times? \_\_\_\_\_

Have you ever been charged with a crime? Yes\_\_\_ No\_\_\_

If yes, how many times? \_\_\_\_\_

Have you ever been convicted of a crime? Yes\_\_\_ No\_\_\_

If yes, please provide the following information:

<u>Convicted of:</u>	<u>Year</u>	<u>Sentence</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

## XIII. Reactions to Stress/Current Status

People often find separation, divorce, and litigation terribly stressful. Listed below are a variety of commonly reported symptoms. Using the scale below, please indicate the extent to which you have experienced each of these symptoms over the past two months in responses to coparent conflict and litigation:

1      2      3      4      5      6      7      8      9      10  
Not a problem      Incapacitating

Insomnia	_____	Anger	_____
Change in appetite	_____	Worry	_____
Irritability	_____	Repetitive acts	_____

Poor concentration \_\_\_\_\_  
Muscle aches \_\_\_\_\_  
Anxiety attacks \_\_\_\_\_  
Gastrointestinal problems \_\_\_\_\_

Depressed mood \_\_\_\_\_  
Tension \_\_\_\_\_  
Decreased interest \_\_\_\_\_  
in regular activities \_\_\_\_\_

XIV. Medical History

Primary Physician: \_\_\_\_\_

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

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

\_\_\_\_\_

Please list any major illnesses and/or surgeries that you have had:

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

Please list any medical concerns you have currently:

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