

Information Form

Date Scheduled: _____ Case Number: _____ County: _____

Name: _____ Place of Employment: _____

Address: _____ Work Address: _____

Home Telephone: _____ Work Telephone: _____

Date of Birth: _____ Date of Employment: _____

Date of: Marriage _____ Separation _____ Divorce _____ Never Married _____

Children (From this marriage only, do not list children of prior marriages):

Name	Date of Birth	Sex	Living with Mother/Father/Other

Has a Guardian Ad Litem been appointed: Yes ___ No ___ If yes, Name: _____

Telephone number : _____

Please describe briefly any issues you believe need to be addressed:

What do you think it would take to improve this situation?

1. What would you say about your relationship with the other parent?

Excellent _____ Good _____ Fair _____ Poor _____ Couldn't be worse _____

2. What effect do you think this relationship has on the children?

A great deal _____ Some _____ A little _____ None at all _____

3. Are you fearful of the other party for any reason?

4. Has the other party ever threatened to hurt you in any way?

5. Has the other party ever hit you or used any other type of physical force towards you?

6. Has the other party emotionally or sexually abused you? _____

7. Have you ever called the police, requested a restraining, or sought help for yourself as a result of abuse by the other party?

8. Has the other party ever threatened to deny you access to your children?

9. Do you have any concerns about the children's emotional or physical safety with you or the other party?

10. Children for whom you are primary residential parent (Name/Age)

_____	_____
_____	_____
_____	_____

11. How often do you have contact with the children who do not live with you? _____

Describe the contact (visits, phone, etc) _____

12. How often do you have contact with the other parent? _____

13. Present use of alcohol (including beer, wine, liquor)
Daily _____ Once or twice a week _____ Once or twice a month _____ None _____

14. Have you ever been arrested for an alcohol related crime? _____ If yes, please explain:

15. Have you ever undergone treatment for substance abuse? _____ If so, please indicate when/where
_____ Please rate the effectiveness of this treatment: Very effective _____ Helpful _____ Waste of time _____

16. Are you now or have you ever been on probation or parole? _____ If yes, please explain. _____

17. Have you ever had a restraining order filed against you? _____ If yes, please explain: _____

18. Is there a restraining order in effect right now that you are involved in? _____

19. Have you or the other parent participated in domestic violence classes, batter's intervention, anger management?
_____ If so, when/where? _____

If yes, please rate the effectiveness of these classes in eliminating abusive behavior.

Very effective _____ Helpful _____ Waste of time _____

20. Have there ever been charges filed against you for physical assault, battery, domestic violence or stalking? _____

If yes, please explain: _____

21. Do you have any concerns about your physical safety during joint meetings held with the parenting coordinator?

If yes: please describe:

Is there anything else you wish to say? _____

(CONTINUE ON BACK IF NECESSARY)
