



**State of New Mexico
County of Bernalillo
Second Judicial District**

F.A.I.R. Program Questionnaire

**Please complete and bring with you
to your intake appointment.**

Thank you.

Date: _____

Your case number: DV-_____ DM-_____

Judge or Special Commissioner/Hearing Officer: _____

Your Name: _____

Your Name on the case file (if different from above): _____

Your Attorney (if applicable): _____ Phone: _____

1. Educational History:

High School: _____ (year graduated)

If you did NOT graduate from high school, what was the last grade you completed? _____

Name of high school: _____

GED: _____ (year received)

Technical School: Course of study: _____ Completed: _____ (year)

College: Name: _____

Degree: _____ Graduated: _____ (year)

If you did NOT graduate from college, how many years did you complete? _____

Graduate School: Name: _____

Degree: _____ Graduated: _____ (year)

General school information:

When you were in school, were you ever classified as: (circle) Learning Disabled Gifted

Did you ever receive Special Education? Y N If yes, what kind? _____

Did you ever receive pull-out services? Y N If yes, what kind? _____

Were you ever held back? Y N If yes, what grade? _____

2. Residence History:

Please list addresses where you have lived for the last 2 years, including dates you were at each address and the reason for moving:

Address	Dates at Address	Reason for Moving
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Employment History:

3a. Current employer(s): _____

Length of unemployment (if applicable): _____

Type of work: _____ Job Title/Position _____

Typical work hours (days & times) _____

_____ (circle): Full Time Part Time

How long have you worked at this job? _____

3b. Employment History:

Please list where you have worked during the past 5 years:

Employer	Type of Work	Dates Employed	Reason for Leaving

4. Military Experience:

Have you been in the in the military? Y N If yes, what branch? _____

Number of years: _____ Type of discharge: _____

Date of discharge: _____ Have you ever been in combat? Y N

If yes, when/where: _____

5. Prior Relationship History:

Please list all other marriages or significant relationships you have had in the past, and list the names and ages of any children that resulted from those relationships. Please list **all** of your children.

Name of Person	Length of Relationship	Child(ren)'s Name/Age

6. Current Relationship: Are you currently in a new relationship? Y N

(If no, skip to next section.)

If yes, how long have you been in this relationship? _____

Are you living with this person? Y N

Are you married to this person? Y N If yes, date of marriage: _____

List the names and ages of the children and step-children you have with this person:

Please complete the following information on each child in the household:

	Child #1	Child #2	Child #3	Child #4
Name				
Date of Birth				
Age				
Residence (City & State)				
Counselor(s) [Name(s) & Phone Number]				
School [Name, Grade, & Teacher]				
Child Care Provider [Name & Phone Number]				
Major Organized Recreational Activities				
Special Needs [medical, physical, educational, any medications]				