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.
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:

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<thead>
<tr>
<th>Address</th>
<th>Dates at Address</th>
<th>Reason for Moving</th>
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Date: __________________
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:

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<tr>
<th>Employer</th>
<th>Type of Work</th>
<th>Dates Employed</th>
<th>Reason for Leaving</th>
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4. Military Experience:

Have you been 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.

<table>
<thead>
<tr>
<th>Name of Person</th>
<th>Length of Relationship</th>
<th>Child(ren)’s Name/Age</th>
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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:
7. Personal History:
Do you have medical insurance? Y N
If yes, name of provider: _________________________________________________________
Do you have an illness or a medical condition? Y N
If yes, what kind of illness or medical condition? ________________________________
Are you currently under a doctor’s care? Y N
If yes, who is your doctor? _____________________________________________________
Are you currently taking any prescription medication(s)? Y N
If yes, list prescription medication(s) and reason for taking medication(s):
Medication(s): Reasons:
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
Were you ever unconscious due to an illness (meningitis, encephalitis, high fever, etc.)? Y N
If yes, at what age? For how long? ________________________________
Have you ever been in an accident (car, motorcycle, bicycle, work, etc.)? Y N
If yes, how many? ______________________
Were you ever hospitalized due to an accident? Y N

8. Time sharing:
What is the current time-sharing plan? _____________________________________________
____________________________________________________________________________________
How long have you been following this plan? ____________________________________________
Is it working for your child(ren)? Y N
If no, please describe why in more detail: _____________________________________________
____________________________________________________________________________________

If you have any additional information that was not requested, and you believe it is important for the F.A.I.R. Program to have this information, please attach it to this questionnaire.

PLEASE MAKE YOURSELF A COPY OF THIS QUESTIONNAIRE
AND OF ANY OTHER DOCUMENTS YOU HAVE ATTACHED.
Please complete the following information on each child in the household:

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