

PARENT QUESTIONNAIRE

Please complete and return to The Administrative Office of the Courts, Family Law Division, West Pasco Judicial Center, 7530 Little Road, Room 203, New Port Richey, FL 34654 no later than seven (7) days from the date of the court order.

1. Name _____ DOB: _____
2. Home Address _____
City and State _____
Mailing Address (if different from above) _____

3. Phone (home) _____ (work) _____
(pager) _____ (cell) _____
4. High School Graduate? Yes _____ No _____ GED? Yes _____ No _____
If No, last grade completed: _____ If Yes, date obtained _____
5. Degree(s) and date(s) obtained _____
6. Occupation _____
7. Employer _____
8. Work Hours and Day _____
9. Other income sources, including financial assistance and public assistance, such as AFDC, Food Stamps, and Social Security: List and give amounts(s) _____

10. Rent? _____ Own? _____ Number of Bedrooms _____
Monthly Payment \$ _____ Current? Yes _____ No _____
11. How long: _____
Landlord's Name _____
Address _____
Phone _____
12. Valid Driver's License? Yes _____ No _____
13. For all your jobs in the last five years (beginning with your current position), provide the following:

<u>Job Title</u>	<u>Employer Name and Location</u>	<u>Salary</u>	<u>Dates of Employment</u>	<u>Reason for Leaving</u>
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14. Have you ever been in psychotherapy or counseling, including individual, marital or family?

_____ No

_____ Yes. Give dates of treatment; names and addresses of therapists: _____

15. Have you ever been hospitalized for mental or emotional difficulties?

_____ No

_____ Yes. Give dates of treatment; name and address of hospital(s): _____

16. Has any physician ever prescribed medication for any mental or emotional difficulties?

_____ No

_____ Yes. Give dates of treatment; name(s) of medication(s); and address of physician(s): _____

17. Have you ever been arrested?

_____ No

_____ Yes. Provide dates, places and circumstances: _____

18. Have you ever been convicted of any crime(s)?

_____ No

_____ Yes. Provide date(s) jurisdiction, circumstances and disposition(s): _____

19. Have you ever been under investigation or supervision in any way by any of the following (**circle yes or no**)?
If yes to any of the agencies you list, provide date(s), name(s) and addresses of caseworkers, jurisdiction and circumstances:

Department of Children and Families	no	yes	_____

Salvation Army Correctional	no	yes	_____

State Probation and Parole	no	yes	_____

Pasco County Sheriff's Office	no	yes	_____

Guardian Ad Litem	no	yes	_____

Family Continuity	no	yes	_____

Federal Probation	no	yes	_____

Other Law Enforcement Agencies	no	yes	_____

20. Do you currently have or have you had in the past, any chronic or recurrent health problems or physical handicaps?
_____ No
_____ Yes. Give details: _____

21. Are you currently on any Prescribed medication?

_____ No

_____ Yes. Provide names(s) of medication(s), dosage, reason prescribed and name and address of physician(s): _____

22. Do you drink alcohol?

_____ No

_____ Yes. How much and how often? _____

23. Have you ever used illegal drugs, including marijuana?

_____ No

_____ Yes. Provide name(s) of drug(s) and date(s) of use: _____

24. Have you ever received alcohol or substance abuse treatment?

_____ No

_____ Yes. Provide date(s), name of treatment agency/agencies and circumstances: _____

25. Provide the following information about all of the people living in your home:

Name	Birth date	Relationship	Education/Name of High School	Employment
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Were any of these people ever known by any other name(s) (i.e. maiden name)? If so, please provide name(s):

Provide the following information about your relationship and/or marital history:

26. When did you meet the other parent? _____

27. Date married _____

28. Date(s) of separation(s) _____

29. Were there any reconciliations? Yes _____ No _____

30. If post divorce, date of divorce _____

31. List name(s) and date(s) of birth(s) of your children together: _____

32. What are the current custody and visitation arrangements: _____

33. Is child support ordered?

_____ No

_____ Yes. How much and to whom is it paid? _____

34. List the addresses and dates of your residences for the past five years (note if you have ever moved because of eviction or under the threat of eviction): _____

35. How many times have you been married? _____

36. Date(s) of previous marriage(s): _____

37. List name(s) and date(s) of birth(s) of children of any other marriages or relationships: _____

TO THE BEST OF MY KNOWLEGE, THE INFORMATION PROVIDED IN THIS QUESTIONNAIRE IS THE TRUTH.

Signature

Date

Social Security Number

Attach additional pieces of paper if needed to complete this questionnaire.