

**QUESTIONNAIRES CONTAIN CONFIDENTIAL AND SENSITIVE INFORMATION:  
THEREFORE: DO NOT FILE WITH CLERK OF COURT.**

**DELIVER OR MAIL DIRECTLY TO: FAMILY LAW DIVISION 315 COURT STREET  
ROOM 401, CLEARWATER, FL 33756**

**PARENT QUESTIONNAIRE**

1. Name \_\_\_\_\_ DOB: \_\_\_\_\_

2. Home Address \_\_\_\_\_

Mailing Address (if different from above)  
\_\_\_\_\_

3. Phone (home) \_\_\_\_\_ (wk) \_\_\_\_\_ (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 Days \_\_\_\_\_

9. Other income sources, including financial assistance and public assistance, such as AFDC, Food Stamps, and Social Security: List and give amount(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:

Job Title	Employer Name and Location	Salary	Dates Employed	Reason for Leaving

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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); name 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?  
\_\_\_\_ 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)

Department of Children and Families	yes	no
Salvation Army Correctional	yes	no
State Probation and Parole	yes	no
Pinellas County Sheriff's Office	yes	no
Guardian Ad Litem	yes	no
Family Continuity	yes	no
Federal Probation	yes	no
Other Law Enforcement Agency	yes	no

If yes to any of the agency's listed above, provide date(s), names and addresses of caseworkers, jurisdiction, and circumstances: \_\_\_\_\_  
\_\_\_\_\_

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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 name(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

Were any of these people ever known by any other name(s) (ie, maiden name)? If so, please provide name:

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

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:

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32. What are the current custody and visitation arrangements? \_\_\_\_\_

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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):

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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:

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40. List the names, complete addresses (including zip codes), and daytime and evening phone numbers for your parents:

\_\_\_\_\_

\_\_\_\_\_

41. List the names, complete addresses (including zip codes) and day/evening phone numbers of **up to three individuals** who you would like contacted on your behalf. They can be friends, relatives, co-workers, etc. **Please provide the names of individuals who know both you and the other parent, when possible:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

42. Are there any other significant sources of information not previously mentioned who you feel should be contacted in this investigation?

\_\_\_\_\_ NO

\_\_\_\_\_ YES: Give details: \_\_\_\_\_

\_\_\_\_\_

43. Have you attended "Divorce: A Child's View" Seminar or "Parent, Children & Divorce" Seminar? \_\_\_\_\_ NO \_\_\_\_\_ YES  
If YES: WHEN? \_\_\_\_\_

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TO THE BEST OF MY KNOWLEDGE, 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.

(11/00)

# CHILD QUESTIONNAIRE

(Complete a separate form for each child involved.)

1. Name of child \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_
2. Name of biological mother \_\_\_\_\_
3. Name of biological father \_\_\_\_\_
4. Your relationship to the child: \_\_\_\_\_
5. Current legal relationship to child, if different from above (ie, guardian): \_\_\_\_\_

6. Provide the following information for each day care provider or babysitter that has provided care for the child in the past year.

Name	Age	Address	Phone	Days/Hours of Care

7. Name of child's school, preschool, or day care provider: \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Name of teacher \_\_\_\_\_ Grade \_\_\_\_\_  
 Name of guidance counselor \_\_\_\_\_

8. Has this child been diagnosed through the school or by private educational/developmental evaluation as any of the following (circle yes or no):

Gifted and talented	yes	no	Emotionally disturbed	yes	no
Learning disabled	yes	no	Physically handicapped	yes	no
Mentally Retarded	yes	no	Developmentally delayed	yes	no

9. If yes to any of the above, provide address and phone number of who conducted the evaluation:  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Has this child (now or in the past) received tutoring?  
 \_\_\_\_ YES. Provide details:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_ NO

11. Name of pediatrician \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 How long has this child been in the pediatrician's care? \_\_\_\_\_  
 Are immunizations current? \_\_\_\_ Yes \_\_\_\_ No

12. Does this child have any chronic or recurrent health problems?

YES: Please describe: \_\_\_\_\_  
\_\_\_\_\_

NO

13. Has this child (currently or in the past year) been on any medication?

YES. Provide name of medication/s, dosage/s, reason/s, and name/s of prescribing physician/s:  
\_\_\_\_\_  
\_\_\_\_\_

NO

14. Has this child ever had any psychological, educational, or psychiatric evaluations?

YES. Provide date of evaluation/s, name/s of evaluator/s, address/s, phone number/s, and reason/s for evaluation/s: \_\_\_\_\_  
\_\_\_\_\_

NO

15. Has this child ever been in psychotherapy or counseling?

YES. Provide date/s, reason/s, name/s of therapist/s, address/es, and phone number/s: \_\_\_\_\_  
\_\_\_\_\_

NO

16. Is this child covered by health insurance? If so, provide the name and address of the insurance company, and which parent carries it: \_\_\_\_\_  
\_\_\_\_\_

17. What activities do you and this child share together? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Has this child expressed any preference regarding residential placement?

YES. Provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NO