

DANE COUNTY FAMILY COURT COUNSELING SERVICE

Dane County Courthouse
215 S Hamilton St, Room 2030
Madison, Wisconsin 53703-3282

FAMILY STUDY QUESTIONNAIRE

The following questionnaire is required to begin the Family Evaluation. Please complete every question. Write "none" if the question does not apply; and attach any additional pages if necessary. Please sign where indicated at the bottom of the last page. Each parent may choose to ask up to five personal references to write a letter to the evaluator. These references must be willing to share information from their own first-hand experiences or observations about the child/ren's relationship with each parent. Personal references may include relatives, friends or neighbors. Letters should be sent within thirty days of your first meeting with the evaluator. Thank you.

PLEASE PRINT

Identifying Data: Parent

| | | | | |
|---------------------------------|-------------|--|------------|------------------|
| Your Present Name (First, Last) | | Other last names by which you are or have been known | | |
| Address | City, Zip | Home Phone | Work Phone | Cell Phone/Pager |
| Date of Birth | Birth Place | Religion | | |

Identifying Data: Other Parent

Family Court Case Number

| | |
|--------------------|--|
| Name (First, Last) | |
|--------------------|--|

Identifying Data: Children

1.

| | |
|--|------------------------------|
| Child's Full Name | Date of Birth |
| School/Daycare, Address and Phone Number | |
| Teacher's Name | Days and Hours of Attendance |

2.

| | |
|--|------------------------------|
| Child's Full Name | Date of Birth |
| School/Daycare, Address and Phone Number | |
| Teacher's Name | Days and Hours of Attendance |

3.

| | |
|--|------------------------------|
| Child's Full Name | Date of Birth |
| School/Daycare, Address and Phone Number | |
| Teacher's Name | Days and Hours of Attendance |

If you have additional children not involved in this Court action, please list:

1. _____
Child's Full Name Date of Birth Address
2. _____
Child's Full Name Date of Birth Address

INFORMATION ABOUT THE CHILDREN INVOLVED IN THE COURT ACTION

Current time with you: _____

Current time with other parent: _____

Current legal custody (decision making authority) status: _____

Physical Health and Mental Health:

List the children's physician or health care provider: (Complete name, address and phone number)

Do any of the children have medical issues or concerns which require medical care and/or medication? (If yes, explain, including dosage and times for all prescribed medications)

Have any of the children been evaluated or treated by a psychiatrist, psychologist, social worker or counselor? (If yes, please complete section below)

1. _____
Child's Name Presenting Problem
- _____
- Provider's Name, Address and Phone Number Date(s) Seen
2. _____
Child's Name Presenting Problem
- _____
- Provider's Name, Address and Phone Number Date(s) Seen

Have any of the children ever been hospitalized for mental or physical health concerns? (If yes, explain)

Have you, the other parent and/or any of the children been involved with Child Protective Services or any Human Services Programs? (If yes, give dates and name of Social Worker/Program)_____

Briefly describe each of your children: _____

Identify each child's interests, fears, skills and problem areas:

Children misbehave. Describe what behaviors you consider misbehaving & how you handle them:

Specify at what age your child(ren) walked, talked, was toilet trained, and any childhood illnesses:

Are there alcohol/drug abuse problems with your child(ren)? If so, please explain: _____

Identify any special needs of each child at this time: _____

How are your child(ren) likely to handle conflicts? _____

How do you think the divorce has or will affect your child(ren)? _____

What were the child(ren) told about how much time they will spend with each parent? _____

INFORMATION ABOUT THE PARENTS

List other people who regularly spend time in your home.

Name _____ DOB _____ Relation to you: _____

Name _____ DOB _____ Relation to you: _____

Your Employment History (for the last 5 years, add a sheet if necessary):

1.

| | | | |
|------------------|---------|-----------------------|--------------|
| Present Employer | Address | City, Zip | Phone Number |
| Starting Date | | Current Work Schedule | |

2.

| | | | |
|-------------------|---------|--------------------|--------------|
| Previous Employer | Address | City, Zip | Phone Number |
| Start/End Date | | Reason for leaving | |

NOTE: IF YOU NEED TO, PLEASE USE EXTRA PAPER TO ANSWER THE FOLLOWING QUESTIONS:

Describe your parents; include stepparents or foster parents: _____

Describe how your parents handle their conflicts: _____

Describe your parents' family activities with you: _____

Describe your relationship with your brothers-sisters; including step or half: _____

Describe your family of origin holiday or special occasions celebrations: _____

What are the holiday traditions celebrated by each of you with your child(ren): _____

How would you like to see your holiday traditions incorporated into the future placement arrangement: _____

How did the addition of children affect the relationship: _____

Describe how the parenting was shared during the relationship: _____

Briefly describe your relationship problems: _____

Describe the three most stressful events in your life giving your age, what happened and how you handled: _____

Legal Information:
(Fill in those that apply)

Has either parent been arrested, charged, convicted of a crime, in deferred prosecution (First Offenders), on probation/parole, or otherwise been involved with law enforcement agencies?

You: ___Yes ___No

Other parent: ___Yes ___No

If yes, please describe (Location and date of charges/ offenses, law enforcement agency, name and phone number of probation/parole officer, dates of involvement, etc.)

Physical Health:

List your physician or health care provider: (Complete name, address and telephone number)

Does anyone living in your household have any physical problems? (If yes, please explain)

Drug and Alcohol Use:

1. Does anyone in your immediate family have problems with alcohol or drug use/abuse? Who? Type of problem? _____
2. Do you have a concern about the other parents' use of alcohol or controlled substances? ___Yes ___No. If yes, please explain _____

Mental Health:

Has either parent ever been evaluated and/or treated by a psychiatrist, psychologist, social worker or counselor (please include any hospitalizations for mental health related issues)? (If yes, please complete section below)

1. _____
Parent's Name Presenting Problem if known

Provider's Name, Address and Phone Number Date(s) Seen

2. _____
Parent's Name Presenting Problem if known

Provider's Name, Address and Phone Number Date(s) Seen

Are you or the other parent currently taking any medications? (If yes, explain) _____

Has either parent threatened or attempted suicide? (If yes, explain) _____

Current Relationship History:

Current Significant Other:

| Name | Date of Birth | Address | Telephone No. |
|------|---------------|---------|---------------|
|------|---------------|---------|---------------|

How long have you known this person? _____

Are you living with this person? If yes, for how long? _____

Are you presently contemplating marriage? If yes, when? _____

Describe how your current relationship may be affecting the child(ren): _____

If you have children with this person, provide their names and dates of birth.

If your current significant other has children from a previous relationship, list their names and dates of birth:

List marriages and live-in partners, beginning with the most recent.

1. _____

| Name | Date of Birth | Dates moved in/out | Marriage /Divorce dates |
|------|---------------|--------------------|-------------------------|
|------|---------------|--------------------|-------------------------|

2. _____

| Name | Date of Birth | Dates moved in/out | Marriage /Divorce dates |
|------|---------------|--------------------|-------------------------|
|------|---------------|--------------------|-------------------------|

ACCESS AND PARENTING-TIME ISSUES

List ways the children benefit from their relationship with you.

List ways the children benefit from their relationship with the other parent.

Proposed Parenting – Time Arrangements:

Describe the amount of time you think the children should spend with each parent or attach your completed copy of a State of Wisconsin Proposed Parenting Plan (available through Dane County Clerk of Courts office.)

Time with you: _____

Time with other parent: _____

Describe how major decisions regarding the children should be made. _____

Describe holiday traditions in your family and how holidays should be handled in the future. _____

***After completing this form, please PRINT and SIGN.
Emailed forms will NOT be accepted - hand deliver or mail only.***

Signature _____ **Date** _____

Thank you for taking the time to complete this questionnaire. Please feel free to add any additional information you believe may be of benefit to the evaluator.