

Date: _____

RELATIONSHIP TO CHILD: _____

INDIVIDUAL DATA FORM

DIRECTIONS: PLEASE ANSWER EACH QUESTION. USE EXTRA PAPER IF NEEDED. IF MORE SPACE IS NEEDED, USE THE BACK SIDE OF THE PAGES.

I. IDENTIFYING INFORMATION

NAME _____
(LAST) (FIRST) (MIDDLE) (MAIDEN)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

HOME PHONE _____ WORK _____

PAGER _____ CELL _____

EMAIL _____

BIRTHDATE: _____ PLACE: _____ SEX: _____ RACE: _____

SOCIAL SECURITY NO.: _____ DRIVERS LICENSE NO.: _____

II. EMPLOYMENT

PRESENT EMPLOYER: _____ DATE OF EMPLOYMENT: _____

STREET: _____ TITLE: _____

CITY: _____ STATE: _____ SUPERVISOR: _____

ZIP CODE: _____ PHONE: _____ SCHEDULE: _____

III. PERSONAL HISTORY

EDUCATION: _____ HIGHEST LEVEL OF EDUCATION COMPLETED: _____

WHERE: _____ WHEN: _____

COLLEGE OR VOCATIONAL TRAINING – DATES AND PLACES:

IV. POLICE ARREST RECORD (List all police involvement including CRIMINAL, DOMESTIC, CIVIL, and TRAFFIC ARRESTS or CITATIONS)

DATE	CHARGE	CITY & STATE	DISPOSITION

V. YOUR LIVING ARRANGEMENTS:

APARTMENT or HOUSE / RENTING or BUYING

NAME OF COMPLEX OR COMMUNITY: _____

LANDLORD AND PHONE NUMBER IF RENTING:

NAMES / RELATIONSHIP / AGES (of all occupants)

VI. ADDRESS(ES) FOR PAST FIVE YEARS:

PRESENT _____ SINCE _____
PREVIOUS _____ DATES _____

REASON FOR MOVING: _____

PREVIOUS _____ DATES _____

REASON FOR MOVING: _____

PREVIOUS _____ DATES _____

REASON FOR MOVING: _____

(LIST ALL OTHER ADDRESSES IN THE PAST FIVE YEARS ON THE OTHER SIDE)

VII. MEDICAL HISTORY

STATE YOUR PRESENT HEALTH: _____

LIST ANY PRESENT MEDICAL CONCERNS FOR YOURSELF: _____

LIST ANY PRESENT MEDICAL CONCERNS FOR YOUR CHILD(REN):

LIST ANY MEDICATIONS YOU OR YOUR CHILDREN TAKE (INCLUDE NAME, DOSAGE AND REASON)

VIII. DRUG / ALCOHOL USAGE (FREQUENCY, AMOUNT)

IX. DOCTORS (List any doctors seen by yourself or your children in the past 5 years, including FAX number)

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

X. LIST ANY HOSPITAL OR CLINIC USED BY YOU OR YOUR CHILDREN IN THE PAST 5 YEARS.

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

XI. COUNSELING List the full details of any counselors or investigators you or the children have seen. Include any Psychiatrists, Psychologists, Social Workers, Mediators, Investigators, or Religious Counselors. Include all marriage, individual, and group therapies as well as any psychiatric hospitalizations.

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

NAME: _____
STREET: _____
TOWN: _____ STATE _____
ZIP CODE: _____ PHONE _____
PATIENT: _____
REASON: _____
DATES OF TREATMENT: _____
FAX: _____

XII. ABUSE & NEGLECT

HISTORY OF DOMESTIC VIOLENCE:

ALLEGATIONS OF PHYSICAL, EMOTIONAL OR SEXUAL ABUSE

Has Child Protective Services ever been involved with you or this case? **YES** **NO**

If YES: Name of Case Worker(s) / date(s) of involvement / reason(s) / final disposition(s)

XIII. RELATIONSHIP HISTORY

List all relationships starting with any present relationships:

1. NAME: _____ Duration of the Relationship: _____

DID YOU? **MARRY** **LIVE WITH** **DATE**

If you lived together list duration: FROM _____ TO _____

Where and When was the marriage: _____

Where and When was the divorce: _____

Reason for separation or divorce: _____

How quickly were the children introduced? _____

2. NAME: _____ Duration of the Relationship: _____

DID YOU? **MARRY** **LIVE WITH** **DATE**

If you lived together list duration: FROM _____ TO _____

Where and When was the marriage: _____

Where and When was the divorce: _____

Reason for separation or divorce: _____

How quickly were the children introduced? _____

3. NAME: _____ Duration of the Relationship: _____

DID YOU? **MARRY** **LIVE WITH** **DATE**

If you lived together list duration: FROM _____ TO _____

Where and When was the marriage: _____

Where and When was the divorce: _____

Reason for separation or divorce: _____

How quickly were the children introduced? _____

4. NAME: _____ Duration of the Relationship: _____

DID YOU? **MARRY** **LIVE WITH** **DATE**

If you lived together list duration: FROM _____ TO _____

Where and When was the marriage: _____

Where and When was the divorce: _____

Reason for separation or divorce: _____

How quickly were the children introduced? _____

5. NAME: _____ Duration of the Relationship: _____

DID YOU? **MARRY** **LIVE WITH** **DATE**

If you lived together list duration: FROM _____ TO _____

Where and When was the marriage: _____

Where and When was the divorce: _____

Reason for separation or divorce: _____

How quickly were the children introduced? _____

PLEASE LIST OTHERS ON BACK

XIV. THE CHILDREN (List all biological or adopted children)

1. NAME: _____ Name of OTHER parent: _____

Date of Birth: _____ Place of birth: _____

Child's address: _____

2. NAME: _____ Name of OTHER parent: _____

Date of Birth: _____ Place of birth: _____

Child's address: _____

3. NAME: _____ Name of OTHER parent: _____

Date of Birth: _____ Place of birth: _____

Child's address: _____

4. NAME: _____ Name of OTHER parent: _____

Date of Birth: _____ Place of birth: _____

Child's address: _____

5. NAME: _____ Name of OTHER parent: _____

Date of Birth: _____ Place of birth: _____

Child's address: _____

6. NAME: _____ Name of OTHER parent: _____

Date of Birth: _____ Place of birth: _____

Child's address: _____

PLEASE LIST OTHERS ON BACK

XV. List all schools attended by the children or other children residing in your home.

1. Name of School: _____ Name of Child: _____
Street: _____ Dates of Attendance: _____ TO _____
Town: _____ State: _____ Fax: _____
Zip Code: _____ Principle: _____ Phone: _____

2. Name of School: _____ Name of Child: _____
Street: _____ Dates of Attendance: _____ TO _____
Town: _____ State: _____ Fax: _____
Zip Code: _____ Principle: _____ Phone: _____

3. Name of School: _____ Name of Child: _____
Street: _____ Dates of Attendance: _____ TO _____
Town: _____ State: _____ Fax: _____
Zip Code: _____ Principle: _____ Phone: _____

PLEASE LIST OTHERS ON BACK

XVI. CHILDCARE List all childcare providers who have cared for the subject children or other children residing in your home.

1. Name of Provider: _____ Name of Child: _____
Street: _____ Dates of Attendance: _____ TO _____
Town: _____ State: _____ Fax: _____
Zip Code: _____ Phone: _____

2. Name of Provider: _____ Name of Child: _____
Street: _____ Dates of Attendance: _____ TO _____
Town: _____ State: _____ Fax: _____
Zip Code: _____ Phone: _____

3. Name of Provider: _____ Name of Child: _____
Street: _____ Dates of Attendance: _____ TO _____
Town: _____ State: _____ Fax: _____
Zip Code: _____ Phone: _____

4. Name of Provider: _____ Name of Child: _____
Street: _____ Dates of Attendance: _____ TO _____
Town: _____ State: _____ Fax: _____
Zip Code: _____ Phone: _____

5. Name of Provider: _____ Name of Child: _____
Street: _____ Dates of Attendance: _____ TO _____
Town: _____ State: _____ Fax: _____
Zip Code: _____ Phone: _____

XVII. ISSUES -- Briefly summarize your concerns regarding your CoParent as it pertains to your children. **PLEASE USE ONLY THE SPACE PROVIDED.**

DIRECTIONS Mark with an “R” those behaviors you have participated in within the last 6 months and use “P” for behaviors you have participated in during the PAST.

- I have not shared co-parenting information such as child out of town, professional appointments, etc. in a timely manner
- I have not shared co-parenting information such as child out of town, professional appointments, etc. at all
- I have insisted on following the portion of the order addressing the detailed schedule between the homes rather than the part of the order which addresses, “failing mutual agreement.”
- I have shared adult, legal, or other inappropriate information with my child
- I have made negative comments to my child regarding the other parent
- I have made negative comments in the presence of my child regarding the other parent
- I have made negative comments to my child or in the presence of my child regarding the child’s other family members
- I have made negative comments to my child or in the presence of my child regarding the other parent's relationships
- I have allowed friends, family, or others to talk negatively about the other parent in the presence of the children
- I ask other’s to watch my child before asking the other parent
- I have encouraged my child love me more that the other parent or told the child I love them more than the other parent does
- I have discussed the current legal situation and/or dispute with my children
- I do not allow the children to carry what they want to between the two homes
- I have used words such as custody, visitation, or possession in discussing my children with others
- I have used words such as custody, visitation, or possession in the presence of the children
- I have blamed the other parent for the divorce or the conflict in the presence of the children
- I have focused on the past relationship instead of the present or future
- I have let my child decide whether to spend time with the other parent or not
- I have attempted to interrupt or block my child's physical time with the other parent
- I have attempted to interrupt or block my child's phone or email contact with the other parent
- I have not had the children return the other parent’s call before bedtime
- I have asked my child where they want to live or talked about it with my child
- I have made plans with the children that involve the time they are with their other parent without the consent of the other parent
- I have gathered information from the child about what occurs with the other parent
- I have shared with my child's teachers, coaches, tutors, child care, or doctors my concerns/frustrations regarding the other parent

- _____ I undermined the other parent's decision making
- _____ I have discussed child support with my child
- _____ I have, or have attempted, to move the child more than 30 miles from the other parents home
- _____ I have asked, encouraged, and/or facilitated the child to keep secrets from the other parent
- _____ I have refused to take the children to extracurricular activities
- _____ I have not allowed the children to spend time with their friends living near their other household
- _____ I have encouraged the children to see the other parent's religious beliefs are wrong
- _____ I have told the children that I miss them when they are with their other parent
- _____ I have facilitated replacing the other parent's relationship to the children with my current relationship
- _____ I do not walk up to the doorstep of my child's other home when it is time to exchange at the other home
- _____ My child does not have a picture of the other parent in their room 9

DIRECTIONS: Mark the behaviors you believe your CoParent has participated in. Use "P" to indicate past behaviors and "R" for RECENT or current behaviors. Add examples below the line or on the back of this page.

MY CO-PARENT:

- _____ 1. has repeated negative comments about me to our child.
- _____ 2. has used terms like "adulterous" or "abandoner" to describe me to our child.
- _____ 3. has distorted the "truth" when speaking to our child.
- _____ 4. has shared divorce and other adult information with our child.
- _____ 5. has insisted that our child cannot bring me into the house.
- _____ 6. has destroyed items in the home that remind them of me. They have removed or destroyed pictures of me and my relatives.
- _____ 7. has used "us" language when discussing the conflict with our child, implying that my behaviors with the co- parent have been "done" to our child also. For example: "Your father has left us." Or "Your mother will try to hurt us in court." "He will not give us any money," "Your mother has abandoned the family."
- _____ 8. has exaggerated my problems. For example, one time not notifying them of an appointment is reported as NEVER.
- _____ 9. has implied that I may be dangerous in some way, creating anxiety for our child.
- _____ 10. has interrupted my time with our child by calling frequently or planning our time.
- _____ 11. has made negative comments, used negative body language and sighs at transfers to imply that they are unhappy about our child leaving them or to make me look bad. For example, "I'll get into trouble if you do not go. Try to have a good time. I'll be here waiting for you."
- _____ 12. has attempted to make our child feel guilty about time spent with me or loving me.
- _____ 13. has attempted to create a belief that he/she is the good parent and I am the bad parent.
- _____ 14. has used the answering machine to screen calls. My calls are rarely returned and my child is unaware of my attempts to reach him/her.
- _____ 15. has used other people to care for our child rather than give me extra time.
- _____ 16. has gather information from our child to find out information about me.
- _____ 17. has blocked midweek visits by stating that "our child needs continuity."
- _____ 18. has been rigid with regard to our child's schedule. If I am unable to see our child the co-parent will not allow me to make up my time.
- _____ 19. has refused to open the door if I arrive early and has left early if I am running late.
- _____ 20. has threaten to withhold visitation.
- _____ 21. has threatened to take me back to court.
- _____ 22. has threatened to move away as a means of blocking my access to our child.
- _____ 23. has refused to let me pick up our child if our child is ill.
- _____ 24. has used sarcasm when speaking to me in front of our child.
- _____ 25. has refused to send copies of school reports, photos and records without being asked.

- _____ 26. has forgotten to inform me of school conferences, well checkups etc.
- _____ 27. has created a loyalty bind for our child by refusing to attend activities that I am planning to attend.
- _____ 28. has labeled my attempts to speak with them as "harassment."
- _____ 29. has taken our child to therapy and refused to include me or to allow me to get information.
- _____ 30. has asked our child to keep secrets from me.
- _____ 31. has asked our child to spy on me for him/her.
- _____ 32. has expressed neutrality regarding visitation by telling our child things like, "If you choose to go I will respect your decision." He/she repeatedly insist that our child should be the one to decide if he/she will go for visitation.
- _____ 33. has used guilt to manipulate our child. "How can you leave your poor old parent?"
- _____ 34. has made negative comments about me in front of our child and then said, "I'm just kidding."
- _____ 35. has openly blamed me for our failed marriage
- _____ 36. has openly stated to our child that they were never happy in the marriage
- _____ 37. has implied that our child has "Separation Anxiety" when it is time for visitation. Yet our child does not have any anxiety about spending the night at a friend's home.
- _____ 38. has refused to consider that our child has two homes. They refer to their home as our child's only "real" home.
- _____ 39. has used religion as an alienating maneuver by telling our child that I am a sinner or that I will need to be prayed for so I will not burn in hell.
- _____ 40. has tried to replace your relationship with the child with their current relationship
- _____ 41. Other:

MOTHER'S BEHAVIOR ONLY:

- _____ 42. has encouraged our child to use a hyphenated last name that includes her maiden name or encouraged our child to use her new married name. 10

Rank in numerical order the from the most used to the least used form of communication between each parent:

() In Person () Phone () Email () Fax () Mail () other: _____ () Never

Indicate the behaviors that occur during conflict. Indicate which parent displays the behavior using the following

codes: **S** = Self **B** = Both **C** = Co-parent

- ___ argues in front of the child
- ___ argues on the phone when the child is able to hear the conversation
- ___ arguments get loud and demanding
- ___ gets loud and verbally abusive (name calling, etc.)
- ___ gets physical with the other parent
- ___ gets physical with the child
- ___ threatens to go back to court
- ___ threatens to leave town
- ___ threatens to harm the child
- ___ threatens to tell the child bad things about the other parent
- ___ threatens to withhold money
- ___ threatens to withhold access to the child or show up late
- ___ threatens to withhold the child's love for the other parent

CHECK THE OUTCOME OF YOUR COMMUNICATION WITH YOUR CO- PARENT.

When we disagree,

- I often feel out of control when speaking with my co-parent.
- I rarely feel out of control when speaking with my co-parent.
- I often have trouble with impulse control.
- I tend to yell, blame, threaten, more times than not.
- I use a hostile tone or sarcasm in our conversations.
- I often get derailed onto other topics.
- I may hang up the phone in an attempt to control or to anger my co-parent.
- I hang up the phone as a way to set limits when my co-parent will not respond to what I am saying
- I hang up the phone as a way to set limits when my co-parent becomes verbally abusive.

When we disagree,

- We argue unproductively
- We argue, but we usually stay child focused
- We show signs of being able to negotiate our differences _
- We negotiate and resolve about 1 out of every 5 issues _
- We negotiate and resolve about 2 out of every 5 issues _
- We negotiate and resolve about 3 out of every 5 issues _
- We negotiate and resolve about 4 out of every 5 issues
- About of 5 interactions end in hostility _
- 2 out of 5 interactions end in hostility _
- 3 out of 5 interactions end in hostility
- 4 out of 5 interactions end in hostility
- Most interactions end in hostility

Other information regarding communication patterns:

CHILD ASSESSMENT

DIRECTIONS: Please make a copy of this assessment and complete a *separate assessment for each child.*

Name of person completing form: _____

Child's Name: _____ Age _____ Grade _____

1. How old was your child when you first separated?

2. When was your child told about the separation?

A month or more before

A few weeks before

A week before

A day or less

3. Who told your child about the separation?

Mother

Father

Parents Together

Parents Separately

Other:

4. How was the separation explained to the child?

5. Did either parent blame the other for the separation?

6. How did your child react to the news of the separation?

7. Mark each of the changes your child has experienced since the separation

___ loss of a home (change in homes)

___ loss of activities due to finances

___ loss of step siblings

___ loss of friends

___ loss of step parents

___ loss of other relative(s)

___ loss of contact with one parent

___ change of schools

___ loss of a pet

8. Additional changes:

___ one parent remarriage

___ both parents remarry

___ more than one move

___ new step siblings

___ "at home" parent goes to work

___ started a new school

Other changes/losses: _____

9. Explain your child's adjustment to the separation, divorce, or conflict

10. Has your child adjusted to the two home schedule?

11. Circle any "transitional behaviors" your child may exhibit when they return from the other house

Tearfulness

Clingy

Irritable

Demanding

Eating Problems

Sleep Problems

Discipline Problems

Angry Outbursts

Withdrawn

Other: _____

12. Circle the usual recovery time needed by your child before they are resettled.

A few minutes About 30 minutes About an hour A few hours Several hours Full day

13. Does your child seem to be manipulating you or the co-parent? If so, explain.

14. Mark "S" to represent your SELF and "CP" to represent your COPARENT on this continuum for parenting style:



TRANSITIONS:

Location of pick-ups and how is it done:

Location of drop-offs and how is it done:

Transportation arrangements for the children between the parents are as follows:

How is the child's property exchanged?

CUSTODY

Description of current custody agreement:

Description of current holiday agreements:

Description of current school arrangements:

LEGAL

Description of any current restraining orders or parole conditions currently in effect:

Print Name

Signature

Date