

A DIARY OF YOUR CASE

Background Data:

Name: _____.

Age: _____. Date of Birth: _____.

Place of Birth: _____.

Religion: _____.

Mailing Address: _____

Home Address (if different from mailing): _____

Home Phone: _____; Work Phone: _____

Social Security Number: _____

Highest Level of Education: _____

Military History: _____

Employer / Address: _____

Employment Start Date: _____

Work Hours: _____

Distance from residence: _____

Supervisor (name and phone number): _____

Describe the Critical Issues in this Case Regarding Custody/Visitation:

Describe the Current Order/Custody Arrangement:

Since: _____

Court Order/arrangement: _____

What has been the custody/visitation arrangement since the time of separation?

What custody or visitation plan would you propose and explain why you think this is best:

Marital History: List all your marriages:

Name of Spouse: Date Married/ Date Terminated/ No. of Children:

1. _____

2. _____

3. _____

4. _____

Are you contemplating marriage at this time? If so, give name:

Why did you separate/divorce from the party to this action?

Whose decision was it to end the relationship? (mine, his/her or mutual) ?

Family:

Where were you born and raised? _____

Name your siblings with age and relationship:

Describe your relationship to your parents (close, not close, etc.):

Is there any mental illness in your family (if so describe):

Is there any alcohol or drug abuse in your family (if so describe):

List any arrests or criminal convictions in your immediate family:

Do you have any history of drug abuse or alcohol abuse (if so describe):

List all prescribed medications and hospitalizations:

Describe any other concerns in YOURSELF (sexual abuse, psychological problems, drug abuse, irresponsibility, etc.):

Describe any other concerns you have in the OTHER party (see above for examples):

If you are remarried or if you are currently cohabiting with another adult (or plan to in the near future) please answer the following questions regarding the OTHER ADULT:

Name: _____

Age and Date of Birth: _____

Present Employer: _____

Relationship to YOU: _____

Relationship with the child/children at issue in this case:

Please list the following:

Three References (names and phone numbers) as to your ability as a parent:

1. _____

2. _____

3. _____

Pediatrician (name and phone number) :

Any other professionals working with your child:

Please sign the attached release and I thank you.

PLEASE NOTE: You are not limited to the scope of this Questionnaire. If there are any additional contacts or information you would like to provide for this investigation, feel free to do so. If this form does not provide sufficient space for your answer, please write on the back of the page or attach additional sheets.