Third Judicial Circuit Court
Family Division-Friend of the Court
Family Evaluation, Mediation & Counseling Unit

FAMILY INFORMATION QUESTIONNAIRE

Judge_____ Court Case #_____ Date of Next Hearing_____

Answer all of the questions on this form BEFORE your appointment and bring it with you to your appointment. Add additional pages as needed.

Attach your four most recent paycheck stubs, or a statement from your employer(s) of wages and deductions, and year-to-date earnings, and a copy of your last federal and state income tax returns, including all schedules. If self-employed, also attach a copy of your three most recent business tax returns and/or corporation returns.

Please bring letters, school documents, character references or any other document to support your concerns and/or position.

NAMES OF CHILDREN IN COMMON WITH OTHER PARENT IN THIS CASE	Birthdate	Gender		# of overnights you have with child annually

Do any of the children you support receive payments from the Social Security Administration? Yes □ No □
Please explain;

Do you have equal access to school information and records, medical/dental information and records, and other important information about the child(ren)? Yes □ No □ Please explain;

ADDITIONAL CHILDREN YOU SUPPORT	Birthdate	Address

Do any of the children you support receive payments from the Social Security Administration? Yes □ No □ Please explain;

GENERAL INFORMATION

Your full name	Date of Birth	Place of birth; city and state	
Address		City	State Zip
E-mail address		Home Telephone	Cell phone

	Driver's license #	Professional license, type, and #

Scars, tattoos, etc.	Gender	Eye Color	Hair Color	Height	Weight	Race

Are you pregnant? ( )Y ( )N When is child due: Is the other party in this case the biological parent ( )Y ( )N

Attorney's Name	Attorney Phone #	Attorney E-Mail Address

Attorney Address	City	State	Zip

Personal Information

What is your educational background (Check one)

( )Less than high school ( ) High school graduate ( )Trade school graduate

( )Associate's degree ( ) Bachelor's degree ( )Graduate degree

Did you complete high school Yes ☐ No ☐

Name of high school: _____ **Year graduated:** _____

Was school: Difficult ☐ Easy ☐ Special Ed. Classes ☐

Were you ever: Suspended/expelled from school ☐ Placed in Detention ☐

Your Military Experience:

What Branch _____ **Date Entered**_____ **Discharged** _____ **Type** _____ **Final Rank** _____

Were you ever in combat? Yes ☐ No ☐ Were you injured in the service? Yes ☐ No ☐

Were you ever seen by psychiatrists while in service? Yes ☐ No ☐ If so, why _____

Any Court Martial? Yes ☐ No ☐ If so, for what? _____

Any disciplinary actions? Yes ☐ No ☐ If so, for what? _____

Did you receive any Military awards or commendations? Yes ☐ No ☐ Please describe_____

Do you have medical conditions/restriction that affects your ability to work? ( )Yes ( )No
If yes, please explain medical condition/restriction:

Are you under a doctor's care at present? Yes ☐ No ☐
If yes, explain;

List current & past medical issues/problems:

List hospitalizations:

List all medications you are currently taking?

Have you ever experienced any of the following: paranoia, delusions, psychotic thought processes, anxiety, mood swings depression? If yes, give details;

Have you ever had suicidal or homicidal thoughts or attempts or self-inflicted injuries? Yes ☐ No ☐

Do you use or have used the following;

Cigarettes	Yes ☐ No ☐	Marijuana	Yes ☐ No ☐	Have you ever been treated for drug or alcohol addiction?
Drink Beer	Yes ☐ No ☐	Cocaine/Crack	Yes ☐ No ☐	
Drink Wine	Yes ☐ No ☐	Other Drugs (specify);		Yes ☐ No ☐
Drink Liquor	Yes ☐ No ☐			

Your arrest history (Previous arrest and current charges)

Year	Chargers	Outcome

Describe YOUR capacity to provide for the child(ren)'s
Education:
Food, clothing, shelter:
Medical care:
Other care:

Do you rent, own your home or live with someone?

For how long has this been?

Do you have any plans to move?
If so, when?

List all addresses where you have lived in the past 2 years.

Your Parental History

Your Father's Name:	Your Mother's First & Maiden Name:
Were your parents ever married to each other? Yes ☐ No ☐ If yes, did they separate/divorce? Yes ☐ No☐ How old were you?	Did you live with them YOUR entire childhood? Yes ☐ No ☐ If no, why and who did you live with?

Was Protective Services ever involved while YOU were growing up? Yes ☐ No ☐ If yes, please explain:

Did one (parent) ever hit the other (parent)? Yes ☐ No ☐	Did anyone drink alcohol excessively and/or used drugs in your family? Who;

How did your parents/caretakers discipline/punish you?

MARITAL/RELATIONSHIP HISTORY - List all legal & live-together partners

First & Maiden Name	Their age when relationship began	Date began living together	Date Married	Date Separated	Date Divorced	Domestic violence

If there was domestic violence, were police ever called? Yes ☐ No☐
How many times? Yes ☐ No☐
Was there ever a PPO granted? Yes ☐ No☐
If yes, provide dates & case #:

Who do YOU live with? Please list all names, ages, and their relationship to you;

CASE INFORMATION

Who currently has LEGAL custody of the child(ren)? ( ) Joint ( ) Father ( ) Mother ( ) Other
If other, please explain;

Who currently has PHYSICAL custody? ( ) Joint ( ) Father ( ) Mother ( ) Other
If other, please explain;

If there are different custody arrangements for different children, please explain;

What is the current PARENTING TIME arrangement;

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

What is the current HOLIDAY PARENTING TIME arrangement;

What are YOU REQUESTING from the Court regarding LEGAL CUSTODY? ( ) Joint ( ) Father ( ) Mother ( ) Other
Why do you think it is in the child(ren)'s best interest?

What are YOU REQUESTING from the Court regarding PHYSICAL CUSTODY? ( ) Joint ( ) Father ( ) Mother ( ) Other
Why do you think it is in the child(ren)'s best interest?

What are YOU REQUESTING from the Court regarding PARENTING TIME?

Why do you think it is in the child(ren)'s best interest?

If you get the arrangement you are requesting, what will you do to ensure that childcare and other needs of the child(ren) are met?

If you have other child(ren) by a previous or current relationship, what are your plans for contact among the children?

Describe any problems your child(ren) are having at home (health, behavior, etc.):

At school (academic, social, behavior, etc.):

In the community (friends/associates, behavior, etc):

Describe any issues/concerns with the other parent's behavior:

Describe any problems/issues with the other parents' parenting style of minor child(ren)?

Describe any information about the other parent's capacity to provide for the child(ren)'s
Education:
Food, clothing, shelter:
Medical care:
Other care:

Describe any problems you are aware of with the mental or physical health of the other parent:

Has protective services or the court ever been involved with your child(ren) regarding suspected or confirmed child abuse or neglect? Yes ☐ No ☐ If yes, explain;

How would you describe the child(ren)'s current relationship with their other parent?
_____Warm and friendly, because_____
_____Cool and cautious, because_____
_____Cold and fearful, because_____
_____Other, because_____

How would you encourage a continuing parent-child relationship between the child(ren) and the other parent?

YOUR INCOME & HEALTH INSURANCE INFORMATION

List YOUR jobs for the last 2 years beginning with most recent:

Employer/Type of Work	Your Title/Job Duties	Start & End Dates	Take Home Pay

Indicate the hours you work for each day of the week:

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

Your Current Employer's Address **City** **State** **Zip**

How often are you paid: ( )weekly ( )biweekly ( )bimonthly ( )monthly

Total regular hours worked per pay period: **Average overtime hours for past 12 months:**

Filing status: ( )single ( )head of household ( )married filing jointly ( ) married filing separately

List MONTHLY income from all other sources, such as:

Commissions _____	Unemp. Benefits _____	Nat'l Guard & Res. Drill Pay ____
Bonuses _____	Strike Pay _____	Armed Services _____
Profit Sharing _____	SUB Pay _____	Allowance for Rent _____
Interest _____	Sick Benefits _____	Rental Income _____
Dividends _____	Worker's Comp _____	Spousal Support/Alimony _____
Annuities _____	Soc. Sec. Benefits _____	State Disab. Assistance _____
Pensions/Longevity _____	VA Benefits _____	F I P _____
Deferred Comp./IRA _____	Disability Ins. _____	Supp. Security Inc. SSI _____
Trust Funds _____	GI Benefits _____	Other _____

Do you have any alimony orders involving another person not a parent in this case?
If so, complete a, b and c below: ( )No ( )Yes, as payer ( )Yes, as recipient

a. Amount of order (do not include arrearages)	b. Type of order/Case no.	c. City, county, and state

Medical insurance company name, address, telephone no. Policy number Beginning date, if known

Dental insurance company name, address, telephone no. Policy number Beginning date, if known

Optical insurance company name, address, telephone no. Policy number Beginning date, if known

What dependent coverage is available to you without cost? ( ) Medical ( ) Dental ( ) Optical

What dependent coverage is available by payment of an additional premium? (Specify cost per pay period)
( )Medical _____ per_____ ( )Dental _____ per_____ ( )Optical _____ per_____

Individuals currently covered by YOUR insurance:

Name	Birthdate	Relationship	Medical (X)	Dental (X)	Optical (X)

YOUR CHILD-CARE INFORMATION

Do you have childcare expenses for the minor children in this case during any time of the year? ( )Yes ( )No
If yes, complete the following information;

Name of childcare provider	Names of children receiving childcare
Number of weeks provided during last calendar year	Estimated number of weeks of childcare provided in this calendar year
Current weekly childcare cost	Amount of childcare credit received on last year's federal IRS tax return

Check reason(s) which explain why you need childcare AND estimate number of hours childcare is received for each:

Reason	Estimated number of hours per week
( )Work related	_____
( )Looking for employment	_____
( )Enrolled in educational program to Improve employment opportunities	_____

If your reason for childcare is education related, provide the following information:
Name of educational institution: _____
Total classroom hours per week: _____
Educational goal: _____
Projected graduation date: _____

INFORMATION REGARDING THE OTHER PARENT IN THIS CASE (if known)

Full name	Date of birth	Place of birth; city and state

Address	City	State	Zip

E-mail address	Home Telephone	Cell phone

Social Security Number	Driver's license #	Professional license, type, and #

Scars, tattoos, etc.	Gender	Eye Color	Hair Color	Height	Weight	Race

Their Father's Full Name	Their Mother's Full Maiden Name

Are THEY pregnant? ( )Y ( )N When is child due: Are YOU the biological parent ( )Y ( )N

Attorney's Name	Attorney Phone #	Attorney E-Mail Address

Attorney Address City State Zip

ADDITIONAL CHILDREN THEY SUPPORT	Birthdate	Address

Do any of the children you support receive payments from the Social Security Administration? Yes ☐ No ☐ Please explain;

Is this party pregnant? ( )Y ( )N When is the child due: Are you the biological parent of the expected child? ( )Y ( )N

Occupation	Employer (If unemployed, name of last employer)

Employer's address City State Zip Date Hired

Gross earnings per pay period (earnings before taxes)

Is this parent married?	Hourly rate	Average overtime hours for past 12 months

Medical insurance company name, address, telephone no. Policy number Beginning date, if known

Dental insurance company name, address, telephone no. Policy number Beginning date, if known

Optical insurance company name, address, telephone no. Policy number Beginning date, if known

Are THEY under a doctor's care at present? Yes ☐ No ☐
If yes, explain;

List current & past medical issues/problems:

List hospitalizations:

List all medications THEY are currently taking?

Have THEY ever reported any of the following: paranoia, delusions, psychotic thought processes, anxiety, mood swings, or depression? If yes, give details;

Have THEY ever had suicidal or homicidal thoughts or attempts or self-inflicted injuries? Yes ☐ No ☐ Explain;

Do THEY use or have used the following;

Cigarettes	Yes ☐ No ☐	Marijuana	Yes ☐ No ☐	Have THEY ever been treated for drug or alcohol addiction?
Drink Beer	Yes ☐ No ☐	Cocaine/Crack	Yes ☐ No ☐	
Drink Wine	Yes ☐ No ☐	Other Drugs (specify);		Yes ☐ No ☐
Drink Liquor	Yes ☐ No ☐			

THEIR arrest history (Previous arrest and current charges)

Year	Chargers	Outcome