

GENERAL INFORMATION

DATE _____

NAME _____
Last First MiddleSPOUSE'S NAME _____
Last First MiddleADDRESS _____
Street Apartment #_____
City State Zip CodeTELEPHONE _____
Home Work Spouse's WorkATTORNEY _____
Name Telephone #_____
Address City State Zip Code**DIRECTIONS FOR HOME VISIT**

Please give complete directions to your home from the Travis County Courthouse. Please draw a map if directions are complicated.

YOUR HISTORY

Name _____
Last First Middle

Birth Name	Other Names
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Address _____
 Street _____ Apartment # _____

City _____ State _____ Zip Code _____ How Long? _____

Home Phone #	Work #	Can you be called at work?
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Date of Birth _____ Place of Birth _____

Height	Weight	Color Hair	Color Eyes
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Sex	Ethnic Group
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Social Security # _____ Driver's License # _____

Religious Preference

Parents:			
Name	Address	Phone #	Age

Brothers and Sisters: (Use additional paper if necessary).

Name	Address	Phone #	Age
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Name	Address	Phone #	Age
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Are you American Indian? (List tribe and address).

Close relative or friend who will always know how to reach you?

[illegible]

Address _____

Street	City	State	Zip Code
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Telephone #s _____

	Day	Night
1		

Describe your social activities and hobbies:

Other persons living in household. (List name, age, relationship and length of time in household).

EDUCATION/EMPLOYMENT INFORMATION

Education completed:

Did you serve in the military? _____ List branch of service, dates served and type of discharge: _____

Employment:

Current occupation _____ Place of employment _____

How long at this job? _____ Monthly Salary? _____

Work hours _____ May we contact your employer? _____

List employment for last 5 years: (Use additional paper if necessary).

Name of employer	Start/End	Monthly salary	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other income (identify sources and amount) _____

AFDC recipient? _____ Amount _____

Food stamps? _____ Amount _____

Other assistance? Source _____ Amount _____

Medical coverage: Medicare? _____ Medicaid? _____

Insurance Company _____

Type of coverage: _____

Mental health coverage _____

Home: Own? _____ Rent? _____ Monthly Pymt _____ Equity _____ Sq. Footage _____

Expenses: _____

Debts	Amount	Monthly Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Assets:

Type	Value
_____	_____
_____	_____
_____	_____

Have you prepared a Will? If so, name beneficiary. _____

MARITAL INFORMATION

List all of your marriages or cohabitation relationships (Note whether married or not):

1. Partner's name _____
 Date of marriage/relationship _____
 City/county/state of marriage _____
 Date of divorce/separation _____ Court Cause # _____
 City/county/state of divorce _____
 Reason for separation _____

List names, ages and whereabouts of children _____

Who received custody? _____
 Child support ordered? _____ Amount _____ Is it current? _____
 Present relationship with those children _____

2. Partner's name _____
 Date of marriage/relationship _____
 City/county/state of marriage _____
 Date of divorce/separation _____ Court Cause # _____
 City/county/state of divorce _____
 Reason for separation _____

List names, ages and whereabouts of children _____

Who received custody? _____
 Child support ordered? _____ Amount _____ Is it current? _____
 Present relationship with those children _____

3. Partner's name _____
 Date of marriage/relationship _____
 City/county/state of marriage _____
 Date of divorce/separation _____ Court Cause # _____
 City/county/state of divorce _____
 Reason for separation _____

List names, ages and whereabouts of children _____

Who received custody? _____
 Child support ordered? _____ Amount _____ Is it current? _____
 Present relationship with those children _____

MEDICAL HISTORY

Describe your physical health, including names, addresses and phone numbers of treating doctors.

List any medications you are currently taking and what they are treating.

Do you drink alcohol? If not, have you drunk alcohol in the past? Describe drinking pattern.

Have you ever used any type of illegal drugs? If so, please list types of drugs, how often and when used.

List names, addresses and telephone numbers of anyone who has treated you for drug and alcohol abuse, include any evaluations or assessments.

Have you received any psychiatric treatment or counseling, including hospitalization?

1.

Provider's name	Address	Phone	Dates treated
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Describe nature of problem:

2.

Provider's name	Address	Phone	Dates treated
-----------------	---------	-------	---------------

Describe nature of problem:

3.

Provider's name	Address	Phone	Dates treated
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Describe nature of problem:

Extended family (List any known mental or physical problems, including hereditary diseases of other relatives such as grandparents, parents, brothers/sisters, aunts, uncles, etc).

BACKGROUND HISTORY

List any arrests and/or convictions: (Within the State of Texas and/or outside of Texas).

When	Where	Offense	Outcome

Have you or are you currently on Probation or Parole? If yes, please indicate name of Probation/Parole Officer. _____ State and County _____

Has there been violence in your relationship? If yes, please explain _____

Have either you or any other party ever had a protective order entered against them? If so, list when, where, against whom and reason for order.

Do you have any guns or weapons in your possession? If yes, please specify.

Do any other parties have any guns or weapons in their possession? If so, please specify.

Have you ever been investigated by the Texas Department of Protective and Regulatory Services or any agency in another state for abuse or neglect of a child(ren)? Has any other member of your household or close relationship ever been so investigated? Describe the incident, date of occurrence, name, address and phone number of the agency, including the name of the caseworker.

Have you ever received Child Support collection or Enforcement services from the Texas Attorney General's Office? If yes, when? _____ City/State? _____

CHILD INFORMATION

(Complete for each child)

Name _____
 Last First Middle Nickname

Birthdate _____ Birthplace _____

Age _____ Sex _____ Ethnic Group _____

Biological mother _____

Biological father _____

Legal father (if other than biological father) _____

Living with:

Name _____

How Long? _____ Phone # _____

Street Address City State Zip Code

Previous placements (List name, address, relationship and dates of any other person with whom the child has resided since birth and child's adjustment to that placement).

School: Name _____

Address _____

Teacher's name _____

Phone # _____ Grade _____

Daycare: Name _____

Address _____

Person to contact _____ Phone # _____

Brothers/sisters of child (List names, ages, health and present custodian).

List any other significant adults in the child's life:

Name Address Phone # Relationship

Name and address of managing conservator:

Type of lawsuit granting custody? _____

Where? _____ Date? _____ Cause # _____

CHILD'S MEDICAL AND BEHAVIORAL

(Please complete for each child)

Was birth normal? If no, describe. _____

Describe the child's physical health. (Accidents, illnesses, emergency room visits, long term conditions). _____

List the doctors for the child, including name, address and telephone #.

Does the child have difficulty sleeping? Describe. _____

Does the child bed wet or soil him/her self? Describe. _____

Does the child have angry outbursts, temper tantrums? Describe. _____

Has your child ever been in trouble with the police or school authorities? If so, describe.

Describe the child's progress in school. (Any behavior or learning difficulties)?

Has the child ever been the victim of physical, emotional or sexual abuse? If so, was Department of Protective Services involved? Please indicate approximate dates of report. _____

Has the child received any psychiatric treatment or counseling, including hospitalization? Give name of therapist or hospital, address, phone, length of therapy, how often, reason for therapy.

Child's current hobbies and interests. _____

PRESENT CIRCUMSTANCES

What was told to the child(ren) about the divorce/separation? Who told the child and under what circumstances? _____

Describe the child(ren)'s reaction to the separation/divorce.

How were present custodial arrangements arrived at?

What are those arrangements?

Describe any special problems or needs your child(ren) may have and how each parent relates to those needs.

List your points of agreement with other parent concerning parenting responsibilities.

Describe how each parent has participated in the child(ren)'s lives in terms of education, health care, religion, recreation, etc.

Describe your own strengths and weaknesses as a parent.

Describe other parent's strengths and weaknesses.

Describe how each parent handles child discipline.

What things cause you to discipline your child?

Describe any concerns that need to be addressed in this evaluation.

What needs to be done to correct these concerns?

What do you propose as the residential schedule for your child(ren) with each parent?
(Be specific).

School Year:

Weekdays:

Weekends:

Summer:

Holidays:

Vacations:

Other:

How do you want the other parent included in the child(ren)'s life?

What are your plans for you and the child(ren) in the immediate future?

What are your goals for yourself and your child(ren) over the next 5-10 years?

Other information: Please enclose any other documents or information you consider relevant to the evaluation.

OTHER PARTY INFORMATION

(Information to assist in locating)

Date _____			
Name _____			
Last	First	Middle	Nickname
Address _____			
Street		Apartment #	
City		State	Zip Code
Telephone _____			
Home		Alternate	
Birthdate _____		Birthplace _____	
Sex _____		Ethnic Group _____	
Social Security # _____		Driver's License # _____	
Child Support _____			
Where	Acct. #	Amount	Is it current? _____
Height _____	Weight _____	Color Hair _____	Color Eyes _____
Another mailing address _____			
Street		Apartment #	
City		State	Zip Code
Other parent's employer _____			
Name		Phone #	
Street	City	State	Zip Code
Close relative or friend of other parent: _____			
Name		Phone #	
Street	City	State	Zip Code
Phone #		Relationship	
Attorney _____			
Name		Phone #	
Street	City	State	Zip Code

I hereby affirm that the information contained in this and the preceding pages is complete, true and correct to the best of my knowledge.

Signature _____ Date _____