

**INTERVIEW QUESTIONNAIRE For CHILD CUSTODY EVALUATION  
(Also Referred to as Parenting Plan Evaluation)**

Hello, my name is Robin Case. I am a licensed clinical social worker-supervisor and a licensed marriage and family therapist. I look forward to working with both parties in completing this Child Custody Evaluation in a timely manner. The purpose of this Interview Questionnaire is to ask questions and gather information about you, your family history, your child(ren), your concerns, and a number of other factors that will assist me in answering the Court's questions that are contained in the Court Order appointing me as Child Custody Evaluator. **I specifically request that you, not your attorney, complete this questionnaire.** Each party is receiving the same questionnaire and it is designed to give me basic information about you, your family of origin, and other social history information about you so that I may get a perspective of who you are. In the interest of timeliness, **I ask that you provide complete, thorough, detailed answers to my questions.** For example, I will ask a question about your relationship with your mother or father in the Family of Origin section. If your relationship is "good", don't just say "good"! Tell me why it is "good". Please give me complete answers and enough detail to support your answer. Also, please answer each question. If a question does not apply to you, just put N/A and your reason why it is not applicable. Finally, please be advised that anything you share with me during the Child Custody Evaluation is *not confidential* and may be shared with counsel for the other party and the Court.

Call me at (817) 845-6365 or email me at [Robincounseling@aol.com](mailto:Robincounseling@aol.com) if you have questions; email is the best way to reach me. Let's get started:

**Personal Information**

Your Legal Name: \_\_\_\_\_ Include First, Middle, and Last Name. Include Maiden Name, if applicable to you \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone \_\_\_\_\_ or best way to contact you.

Your Email Address \_\_\_\_\_

### **Contact Information**

Your Attorney's Name \_\_\_\_\_

Your Attorney's Office Address \_\_\_\_\_

Your Attorney's Cell Phone \_\_\_\_\_

Your Attorney's Email Address \_\_\_\_\_

### **SOCIAL HISTORY**

I request that you complete the Social History using separate pieces of paper to list the questions as I have submitted them to you and provide answers to each question as they appear here. Do this all the way through each section of the Interview Questionnaire. Upon completion, please arrange your paperwork and requested documents in an organized format. Place the paperwork and documents (that verify or support your answers to my questions) in a large 3-ring binder and organize the paperwork in the same format as the Interview Questionnaire. NOTE: please wait until you have collected and compiled all documents in the 3-ring binder before sending the binder to me. DO NOT send piecemeal documents and records please.

#### **Your Childhood and Family of Origin**

Where were you born? Where did you grow up? Who raised you?

What did your parents do for a living? Tell me about your family and siblings. How would you describe your upbringing?

What did your family do for fun? Did you go on vacations?

What is your current relationship like with your father? Describe your relationship with your father when you were a child / teenager.



What is your current relationship like with your mother? Describe your relationship with your mother when you were a child / teenager.

How did your parents discipline you as a child? What happened when you were punished as a child? Did you think this discipline methods was reasonable and fair, or did you think your parent's discipline methods were harsh? Why do you think this? Do you discipline your child or children in the same manner as you were disciplined? Describe how you discipline each child?

Did you have chores as a youth? Please describe.

What were your parents expectations of you and your siblings? Did your parents have high expectations or were they laid back? Briefly explain what you mean !

Was there any history of illegal drug abuse, prescription drug abuse, or alcohol abuse in your home? Please explain.

Was your home a safe and secure place? Explain your thoughts. Were you asked by a parent, step parent, older sibling or cousin, or a relative to keep secrets as a child? Do you recall why you were asked to keep secrets? Did anything happen to you in childhood that hurt you, and that you remember "as hurtful" to this day? Did you experience any history of abuse in your home (physical, sexual, mental, verbal, or emotional abuse) as a child?

What were you like as a young child? How would you describe your feelings about yourself as a child?

How did your parents communicate with you as a child? How about with each other? Would you say your parents bickered, argued, and fought often or did they have a civil, harmonious relationship with demonstrated love and respect for one another?

Please list your biological parents, adoptive parents, step parents, foster parents, or legal guardians (whichever is applicable) and their ages. List all siblings, half-siblings, or step siblings and their ages or approximate ages. Include your family member's addresses and phone numbers. Tell me which sibling you are closest to. Do you have extended family that live close enough to your home that can assist you, if needed.

Do you find yourself parenting your children the same or similar way your parent's raised you? What things did you like most about the way each parent raised you? What things are you doing differently?

## **Education**

Where did you attend school? I am primarily interested in high school and college. List dates of attendance and highest level of education completed. Include the date or year of high school graduation. If you attended college, what was your major or educational goal? Include date of graduation. If you have professional licenses or vocational skills, please list these as well. **Provide documentation to verify your education (i.e., official college transcripts, professional license, etc.).**

## **Employment**

List your employment history for the past 10 years. Include dates or approximate dates of employment, the name of the business you worked for (including current job), your job description, position, and salary. Tell me how you support yourself and your family. **Include your Employment Re'sume' . In addition, provide 60 days worth of check stubs, wage / earning statements or other verification of income and employment. I also need verification of Health Insurance coverage you have on your child(ren)...in particular, the child(ren) who is the subject of this evaluation. If you have Dental and Vision Insurance on the child(ren), include verification of this as well. Your employer or HR Department can provide a letter of verification of benefits. Copies of your health insurance cards are also acceptable as verification as long as the name(s) of the child(ren) are included on the insurance card.**

How far of a commute is it from your home to your job?

Do you work from home? If so, how often?

## **Military, if applicable**

List the branch of service, dates of service, job duties, rank at separation, and type of discharge. Provide copy of DD-214.



## **Residential History and Your Current Home or Residence**

List the addresses including city and state you have resided in the past 10 years. If you do not remember the address, just list the city and state. Also, tell me how long you resided at each residence.

### **Current Address**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Do you Own \_\_\_\_\_ or Rent \_\_\_\_\_

Number of Bedrooms \_\_\_\_\_ Number of Bathrooms \_\_\_\_\_ Approx. Square Feet \_\_\_\_\_

How long have you lived in your current residence? \_\_\_\_\_ years, \_\_\_\_\_ months.

Any plans to move ? If yes, explain \_\_\_\_\_

Where does your child(ren) sleep? Does each child have their own bedroom, bed, and sufficient closet space for their clothing? Please describe the child's living / sleeping arrangements. Include a rough drawing of your home's floor plan and label each child's bedroom, bed location, desks, clothes drawers, closet, end tables and lamps.

### **Safety**

Are there any potential hazards or safety factors in your home (e.g., Firearms, dangerous weapons, electrical hazards, dogs-list breed, trampoline, swimming pool, hot tub)?

If you have a firearm, how is it stored in your home? Is the ammunition stored separately? Explain \_\_\_\_\_.

Where do you store your medication? Explain \_\_\_\_\_.

If your child is younger than 8 years old, do you have an approved child safety seat for your vehicle? Yes, No, or N/A. Include a picture of your car and a picture of the child's car seat in the vehicle.

Does your home have a “working” smoke alarm\_\_\_\_\_, carbon monoxide detector\_\_\_\_\_, and fire extinguisher\_\_\_\_\_? Place a check mark in the blank next to these if you have them and are they in working condition?

If you have a two story home or your apartment is located on a second floor, do you have a fire escape plan / procedure or escape ladder? Does your child(ren) know the escape plan?

Do you have pets in your home or premises? Yes or No? If so, is your dog or cat current on rabies vaccinations in accordance with state law? Please provide verification the family pet (cat and / or dog) is current on rabies vaccinations or explain why the family pet is not vaccinated.

Do you own a trampoline? Yes or No? If so, does the trampoline have a safety net? Explain\_\_\_\_\_. Provide a picture of trampoline showing its safety features.

Do you own a hot tub? Yes or No? If so, does the hot tub have a hard cover that locks? Explain\_\_\_\_\_. Provide a picture showing the hot tub, cover, and locking / latching device.

Do you own a swimming pool? Yes or No? If “yes”, what safety precautions do you have in place to prevent accidental drowning (i.e., Pool alarms, fence or barrier around pool, fence or barrier between backdoor of home and pool, child proof door knob safety covers, etc.)? Provide a picture of the pool, and any applicable safety features that apply to this pool.

### **School and Neighborhood**

What School District is your residence located in? Based upon your current residence what are the names of the Elementary, Middle School and High School your child or children attend or will attend?

What is the proximity of the child’s or children’s school (or daycare) to your residence? Provide the name and address of your daycare provider.

What extra-curricular activities is your child(ren) involved in? Please explain the days / weekends / time frame your child is involved in these activities.



How close do you reside to the other parent or party to this suit? Who primarily takes the child(ren) to school, daycare, or extra-curricular activities? Who primarily takes the child(ren) to doctor's visits? Is the child's doctor located closer to you or to the other parent or party involved in this suit.

How does your child or children get to and from school or daycare? Please explain in detail who takes the child(ten) to school or daycare each day of the week and who picks them up each day.

Do you have relatives that live close by in case of emergency that can assist with daycare, picking up the child or children from school? Explain.

How would you describe the safety of your neighborhood? Do you know your neighbors?

Is the child (or children) ever left at home unsupervised while you are at work or for any other reason? Please explain when this happens?

Does your child have a cell phone? At what age did the child receive a cell phone? Do both parents know the child's phone number and can each parent speak to the child without restriction from the other parent? Explain.

## **Health History**

How would you describe your current health condition?

Do you have any medical conditions you are being treated for? If so, please explain.

Are you currently taking any medications? If so, what is the medication for, which doctor prescribed it, and how long have you been taking the medication? Please provide a picture of all prescribed medications showing the date it was filled, the name of the medication, and the doctor who prescribed it.

Who is your physician? Provide the name of your doctor, his/her business address, and telephone number.

**I request** that you contact your physician and have him/her send me a copy of your medical records. Specifically, I need the initial admission summary paperwork

containing your medical history / social history, a current description of your physical health; records verifying current or past history of drug and/or alcohol addiction / treatment, if applicable; and, medical records verifying your mental health condition. Your physician may prepare a brief letter addressing these topics: Physical Health, Drugs / Alcohol Abuse, Addiction, Treatment, if applicable, and your Mental and Emotional Health. If your physician does not wish to prepare a letter describing these topics, he or she may send any medical records pertaining to these topics. Ask your physician to mail these records to: Robin Case, LCSW-S, P.O. Box 699, Aubrey, Texas 76227. The medical records may also be scanned to: [Robincounseling@aol.com](mailto:Robincounseling@aol.com).

Please be advised, you will need to make arrangements with your physician or health care provider to pay for copying and mailing expenses for any records that are mailed to me. This applies throughout the remainder of this Interview Questionnaire and request for records (e.g., mental health treatment records, drug / alcohol treatment facility records, etc.).

### **Mental and Emotional Health History**

Have you ever been in counseling for mental health issues? If yes, what disorder or mental health issue did your therapist or mental health professional diagnose you with. What were the goals and objectives of counseling?

Have you ever been hospitalized for or treated for depression? If so, please explain.

Are you currently taking medication for anxiety, depression, or any other mental health disorder?

Have you ever submitted to psychological testing? If so, please explain when this took place, and provide the name of the doctor who conducted the testing?

If you are seeing a therapist or mental health professional for counseling, or have been in counseling or therapy in the past five years, please provide the name of your therapist, his/her business address, and telephone number.

Is there any family history of mental health issues, mental illness, or drug / alcohol abuse ? If so, please list their relationship to you and their diagnoses.



**Please provide** the name, address, and telephone number of your therapist, and ask your therapist to mail or email me a treatment summary that includes admission / discharge dates, initial intake information or reason for counseling, treatment plan with goals / objectives of counseling, dates of treatment, and a detailed summary of treatment (i.e., progress, regress, or further need for counseling). You will need to sign a Release of Information authorizing the therapist to provide the aforementioned treatment summary and/ or records to me and also authorizing and requesting that the therapist speak with me either in person or via telephone should I have questions or need further clarification of these records. You may also need to sign a HIPAA form if your records contain personal health information. I can also furnish your therapist with the Release of Information and HIPAA form you will sign for me. Finally, you will likely have to pay for these services before the therapist will release these records to me. Records should be mailed to: Robin Case, LCSW-S, LMFT, P.O. Box 699, Aubrey, Texas 76227 or sent via email to: [Robincounseling@aol.com](mailto:Robincounseling@aol.com).

### **Substance Use History**

Do you have a family history of drug or alcohol abuse?

Do you have a history of drug or alcohol abuse? When I say drug use, I am referring to both illicit drug use and / or prescription drug misuse. If yes, please explain the type of drug used, the quantity, and frequency of use.

Do you smoke tobacco products in the home?

How often do you drink alcoholic beverages?

☐ Never ☐ 1 x month ☐ 2-4 x month ☐ 2-4 x week ☐ more than 4x per week

How many drinks containing alcohol (12 oz beer, 5 oz wine, 1.5 oz distilled spirit) do you consume on a typical day when you are drinking?

☐ 1 or 2. ☐ 3 or 4. ☐ 5 or 6. ☐ 7 to 9. ☐ 10 or more.

Have you ever been hospitalized for drug or alcohol addiction or have you received treatment / counseling on an out patient basis? If so, please explain when you received treatment, where you received treatment, and the name of your treating physician and therapist.

If you submitted to a urine, hair follicle, or nail drug test today would the drug test results be negative for anything other than prescribed medication?

If you are currently in treatment or have been in treatment in the past 5 years for substance abuse or addiction, I request you contact the doctor, therapist, and / or treatment facility and request that your treatment records be mailed to: Robin Case, LCSW-S, P.O. Box 699, Aubrey, Texas 76227. My email address is : Robincounseling@aol.com. The treatment records should include, at minimum, the Admission Summary, Diagnosis, Last 3 Progress Reports, and Discharge Summary.

## **Marital History**

Please complete the Marital History Form which is included in this Interview Packet. Please provide Marriage Certificate and / or Divorce Decree for each relationship. List any Children from each marital or non-marital relationship and if the children are now adults, please provide their names and telephone numbers.

Have you ever been involved in a prior child custody evaluation? If so, explain. Who prepared the child custody evaluation, when was it prepared, and where?

Are you currently involved in a romantic relationship? If yes, please explain how long you have known this person and provide basic information about this individual. Does this individual reside in the same home as the child who is the subject of this Child Custody Evaluation?

## **Religion**

Name of the church, synagogue, or mosque you attend, including the address / city, if applicable.

How often do you attend church or other religious activities, if applicable?

Do you take your child(ren) to religious services or activities? Please explain \_\_\_\_\_.

Does your religious practice prohibit you or your child(ren) from receiving medical care?



## **Criminal History and Child Protective Service**

Have you ever been arrested or convicted of a crime? **If so, you are directed to obtain all police arrest reports, judgment / conviction orders, or dismissal records that apply to each of your arrests, misdemeanor and felony convictions, or non-adjudicated dispositions. This can be time consuming! Get started on tracking down your arrest / criminal records today, if applicable.**

List all arrests, including juvenile adjudications, all adult misdemeanor and felony convictions, deferred adjudication dispositions, pretrial diversions, and citations for public intoxication.

Have you ever been arrested or convicted of sexual assault; child sexual assault or any other child abuse related offense; domestic violence; child endangerment; DWI offense where a child was a passenger in your vehicle?

Have the police ever been called to your residence for domestic violence or disturbing the peace? Have you ever been arrested for or convicted of a domestic violence crime against a family member?

If you are on pretrial diversion, pretrial release supervision, probation, parole, or community supervision, provide the name of your probation officer, his/her phone number, and the officer's address. This includes State and Federal.

In addition, if you have ever been investigated by Child Protective Services (CPS), please list the date of investigation and provide details of the investigation. If you have redacted copies of the investigation I will need to review this information.

## **CPS Records Background Check**

Have you ever been investigated by or interviewed by a CPS caseworker for allegations of child abuse or neglectful supervision? If yes, tell me when and where this took place, including any other state. This question applies to you and each adult that resides in the same household as the child or children who are the subject of this evaluation. I am required by the Texas Family Code to run a CPS background check on you and any adult that resides with you. If you have been investigated by the Texas Department of Family and Protective Services or any other state agency of this nature, I request you provide any records related to this investigation

If you have not already submitted this information to me, please *Include a list of names of ALL persons (including yourself, spouse, significant other, children or other adults) age 16 or older that reside in the same household as the child(ren) who is/are the subject of this child custody suit. Specifically, I need the Full Name and any other names (i.e., maiden names, nicknames, or other names you and any other applicable adults) have gone by; Date of Birth for each person, complete Social Security Number for each person, Current address including apartment number, if applicable; Race, Sex, Email Address, Telephone Number, and Cities you and any other applicable adult have resided in the past 10 years.* Please provide this list of names, etc., on a page titled CPS Records Background Check Information.

### **FBI Criminal Records Check**

In addition to the CPS background check, I will need all persons age 16 or older as described above to undergo a criminal background check. If there are children 16 or 17 years old, you can just tell me if the child has ever been referred to juvenile authorities. Include their names, and date of birth, what county or juvenile authority handled their referral or adjudication, the nature of the offense, and disposition. Each adult person who resides in the same home with the child or children named in this child custody suit must submit their fingerprints and requested information to the U.S. Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division, Clarksburg, WV 26306 for their individual background checks. You and adult members of your household are directed to go to this website: [Uenroll.Identogo.com](http://Uenroll.Identogo.com). Look for: "FBI History Check" at the bottom of the page. Next, Look For: "Schedule or Manage Appointment." Click on this and you will see "Applicant Rights" (read the privacy statement) and Next you will provide your name, date of birth, email, etc. Read the information in the Green Box and follow all other instructions. Please be advised, there are fees associated with this fingerprint submission. The FBI Customer Service @ Identogo phone number is (877) 783-4187. I suggest you obtain your criminal record inquiry within five days of receiving your Interview Questionnaire so that you receive your verified background check timely. Make sure the FBI background check is sent to you. Review over it to make sure it is accurate, keep a copy for your records, and furnish me the copy you obtained from the FBI.



## **Financial Condition (See Attached Form on website)**

I request you prepare a financial statement or family budget listing verified income of each person contributing to the family household and a list of expenses. Explain how you support yourself and your children. *Provide 90 consecutive days of bank statements along with proof of monthly income that will support your financial statement or financial condition. Also, furnish the entire copy of your most recent Income Tax Return, including all schedules, W-2 wage and earning statements, 1099's, etc. Please include in your binder exactly what I have asked for, not partial copies.*

## **Citizenship**

Are you a U.S. citizen, Naturalized U.S. citizen, or Permanent Resident. Furnish your birth certificate, Certificate of Naturalization, or other immigration documentation if you are not a citizen.

## **List of Personal References**

Provide a list of three references who have observed you and your child(ren) together as a family. I am interested in references who know you well enough to answer general parenting questions, who can tell me about you as a parent, who can describe your personal characteristics, and who can describe your strengths and weaknesses as a parent based upon their observations and perspective. If possible, provide three non-family member references. These may include, for example, your pastor, a neighbor, a close friend that maintains regular contact with you and your family, etc. I need their complete address, telephone number, and email address. Please note, I may or may not contact them;, this is based upon my discretion.