

CASE COUNSELING, PLLC
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DOCUMENT LIST

LIST OF ITEMS I NEED FOR CHILD CUSTODY EVALUATIONS

Advisement Form, Release of Information / HIPAA Forms signed. Complete Interview Packet.

YOUR'S and your ATTORNEY'S Contact Information: Phone number, email address, and address.

Copy of Driver's License. Verification of parents U.S. Birth Record or Naturalization Record, or Verification of Citizenship/Immigration status if you are a Non-Citizen.

Name, address, and phone number of THREE personal character references (Non-Family Members) that have observed you and your children together as a family.

Copy of Marriage License to current spouse (if applicable)

Copy of Divorce Decrees for prior marriage / divorces (if applicable)

Verification of net monthly or annual income for both parents (check stubs, income tax return, 1099s)

List of all immediate and extended Family Members, their ages, their addresses, and phone numbers. Which family member do you share the closest relationship with.

Provide verification of your education and professional licenses (e.g., copy of diploma, college transcripts, professional licenses, etc.,)

List past 10 years employment history, including approximate dates of employment, job title, and city or location of job. Tell me what you do to support yourself and your family. (include resume' if applicable)

List past 10 years of residential history (how long did you reside at each address?)

Verification of Your Health – Please follow these instructions

I request each parent or party to ask your physician to provide a Doctor's Statement or Medical Records to me that addresses: your current health; any medications you take; any history of alcohol or drug use, or treatment for alcohol or substance abuse, if applicable; and your mental health. For exact instructions on this subject please follow the instructions contained in the INTERVIEW QUESTIONNAIRE For CHILD CUSTODY EVALUATION found on Page 7 of the Questionnaire.

Children

Provide each Child's birth certificate that resides in the home (this includes children who are named in this suit as well as any children who are not) and Current school report card.

Verification of Health Insurance for the child(ren). Include vision and dental if applicable.

Verification of Child(ren)'s Health, Mental Health, Dental, and Vision Care (Only the Child or Children that are the subject of this Evaluation). Please follow these instructions.

Ask your child's Pediatrician or Medical Provider to send me each child's medical records for the past 2 years that describe the child's health, history of treatment, and immunization records. If the child is a special needs child, please provide documentation, if applicable. Records should be mailed to: Robin Case, LCSW-S, P.O. Box 699, Aubrey, Texas 76227. My email address is: Robincounseling@aol.com.

If your child is receiving counseling from a mental health provider, please ask the child's mental health provider to send me a Summary of Treatment that includes: dates of service, initial complaint or reason for therapy, his/her diagnosis, if applicable, any psychological testing performed, goals and objectives of counseling, and current progress. Records should be mailed to: Robin Case, LCSW-S, P.O. Box 699, Aubrey, Texas, 76227.

Please give the Medical Provider and Mental Health Provider permission to speak with me if I have questions or need clarification and be sure to sign the individual provider's Release of Information / HIPAA forms authorizing them to release records and/ or speak to me about the child.

You may call me with any question you have, or email your list of questions to me at: Robincounseling@aol.com. Thank you and I look forward to meeting with you soon.

Robin Case, LCSW-S, LMFT