

Attention: \_\_\_\_\_

**Harris County Domestic Relations Office  
Family Court Services Division  
1310 Prairie, Suite 620, Houston, Texas 77002  
Phone: (713) 274-7305 Fax: (713) 437-4729**

**PERSONAL HISTORY QUESTIONNAIRE  
FOR CHILD CUSTODY EVALUATION - CAUSE NO.: \_\_\_\_\_**

*Please answer all questions completely. Use additional 8 1/2 x 11 paper as needed.  
You are responsible for providing updates if any information changes.*

**Identifying Information**

Name (first, middle, last, maiden): \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_

Birth date: \_\_\_\_\_ City/ State where you were born: \_\_\_\_\_

Immigration status and identification #: \_\_\_\_\_

Driver's License Number/State: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Religious preference: \_\_\_\_\_ Attendance, (*none, occasionally, weekly*): \_\_\_\_\_

**Family History**

Your Parents:

Father's name: \_\_\_\_\_ Place of residence: \_\_\_\_\_ Deceased: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Place of residence: \_\_\_\_\_ Deceased: \_\_\_\_\_

Siblings: Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_

**Residence Information**

Type of Residence:  House  Apartment  Mobile Home Do you:  Own  Rent

# of Bedrooms/Bathrooms: \_\_\_\_\_ / \_\_\_\_\_ Monthly payment: \$ \_\_\_\_\_ Current value: \$ \_\_\_\_\_

How long at present address? \_\_\_\_\_ Number of times you have moved in the last ten years? \_\_\_\_\_

Previous addresses: \_\_\_\_\_ How long at that address: \_\_\_\_\_

\_\_\_\_\_ How long at that address: \_\_\_\_\_

**Education History**

School Name/Location	Dates of Attendance	Degree/Last Grade Completed

**Military Service and Status**

Branch \_\_\_\_\_ Dates of active duty \_\_\_\_\_ Discharge Status \_\_\_\_\_

**Employment History** List all jobs held in the last five years (use additional pages if necessary)

Employer, Address and Telephone	Dates of Employment	Position Title	Reason for Leaving

Monthly Income: \$ \_\_\_\_\_ Gross

List all Sources of Income: \_\_\_\_\_

**Medical/Behavioral Health History**

Please provide information on prescription medications, physical disabilities, chronic medical condition, substance abuse, psychiatric, psychological, or other behavioral health treatment, evaluation or counseling (use additional pages as needed):

Dates of Treatment	Diagnosis	Treatment Providers name, address and phone number

Present health status (*poor, good, excellent*) \_\_\_\_\_

Prescription medications you currently take: \_\_\_\_\_

Do you have a history of being treated for drug or alcohol abuse?  Yes  No

If yes, please explain: \_\_\_\_\_

**Marital/Relationship History**

In chronological order, list all marriages, cohabitations, and any relationships resulting in children. Use additional pages if necessary.

Full name of Partner	<input type="checkbox"/> Marriage <input type="checkbox"/> Relationship	Date of Separation	Names of Children (if any)
	Date Began	Date of Divorce	
If Divorce or Parentage Final Order			
Type & Date of Court Order	County/State Granted		Cause No.:

Full name of Partner	<input type="checkbox"/> Marriage <input type="checkbox"/> Relationship	Date of Separation	Names of Children (if any)
	Date Began	Date of Divorce	
If Divorce or Parentage Final Order			
Type & Date of Court Order	County/State Granted		Cause No.:

Full name of Partner	<input type="checkbox"/> Marriage <input type="checkbox"/> Relationship	Date of Separation	Names of Children (if any)
	Date Began	Date of Divorce	
If Divorce or Parentage Final Order			
Type & Date of Court Order	County/State Granted		Cause No.:

Are you contemplating marriage?       Yes       No

If yes, name and address of prospective spouse: \_\_\_\_\_

**Criminal History**

Have you or any other person involved in the case been arrested, convicted of a felony or misdemeanor, or have a police or criminal action pending?    Yes       No

If yes, please explain: \_\_\_\_\_

Are you or any person involved in the case on probation or parole?    Yes       No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Has a protective order been issued against you or any person in the case?  Yes  No

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**Family Violence**

Have you or anyone involved in this case ever had an allegation of child neglect or abuse investigated by Children’s Protective Services for any child in your care?  Yes  No

Allegations: \_\_\_\_\_ Date of Allegations: \_\_\_\_\_ Result: (validated, factor’s controlled, etc.): \_\_\_\_\_  
 \_\_\_\_\_

Has there been violence during your relationship with the other parent or with your current partner?  
 Yes  No

If yes, how often and over what period of time? \_\_\_\_\_  
 \_\_\_\_\_

**Children - Identifying information for children of this suit and children living in your home**

Name	Date of Birth	School/Daycare name and address	Grade
Health (circle): Poor Good Excellent	Social Security Number		
Medications:	Prior & current health concerns/hospitalizations:		

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Health (circle): Poor Good Excellent	Social Security Number		
Medications:	Prior & current health concerns/hospitalizations:		

Name, address and telephone number of the children's pediatrician/primary physician:

\_\_\_\_\_

Have any of the children received any behavioral/mental health counseling or treatment?  Yes  No

If yes for what condition and by who? \_\_\_\_\_

**Do any individuals stay or live in your home, on a full time or part time basis, that are not listed in the marital or children's section of this form?**  Yes  No

If yes give their names and ages: \_\_\_\_\_

**SIGNATURE: I affirm that all information provided in this Personal History Questionnaire is true, correct and complete.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

## **Documents Requested**

Please provide copies of the following documents to the evaluator before the joint interview of the parties:

1. Birth certificate for the child(ren) in the suit.
2. Marriage license(s) for current marriage.
3. Divorce decrees or court orders regarding previous marriages/relationships.
4. Most recent paycheck stubs (2-4), DBA or business registration, or letter to verify employment.
5. Most recent report cards for school-age child(ren).
6. Citizenship papers (permanent residency card or naturalization paperwork), if applicable.
7. A copy of driver's license for all adults living in the home.

## **Answers to Required Questions**

Please answer the following questions on a separate sheet of paper and return with this form. Brief, concise answers are the most helpful in understanding your case. If the question does not apply to your situation, you may mark N/A.

1. How has the present court action affected the children?
2. What do you feel are the children's needs, strengths and weaknesses?
3. Describe the involvement of your current spouse, prospective spouse or cohabitant with the children.
4. What activities do you enjoy with the children?
5. Describe yourself as a parent, focusing on your strengths.
6. How do you and the other parent discipline the child?
7. List any concerns you have about the other parent or parties of this suit and how that would affect their parenting.
8. Briefly describe your marriage or partnership with the other parent and why it is ending or has previously ended.
9. What involvement or access schedule have the children had with each parent since the separation?
10. Briefly describe your childhood, including who raised you and how. Include what resource or support your extended family is to you and the children.