

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: _____

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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Name	Date of Birth	School/Daycare name and address	Grade
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.