

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 GESTATIONAL AGREEMENTS - CAUSE NO.: _____

*All requested information is required by Texas statutes. Please answer all questions completely.
 Use additional 8 1/2 x 11 paper as needed. You are responsible for providing updates if 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: _____

Education History

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

Military Service and Status

Branch _____ Dates of active duty _____ Discharge Status _____

Residence Information

You must provide information on each residence for the past 10 years, including address and length of time.

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: _____ Years at that address: _____

_____ Years at that address: _____

_____ Years at that address: _____

_____ Years at that address: _____

Is your home equipped with smoke detectors? Yes or No (circle).

Do you have any firearms in your home? Yes or No (circle) If yes, please explain where they are kept. _____

If you have any pets at your home, please identify here. _____

Medical/Behavioral Health History

Present health status (*poor, good, excellent*) _____

Prescription medications you currently take: _____

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

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

If yes, please explain: _____

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

Household Monthly Gross Income: \$_____ Sources of Income: _____

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	Date Relationship Began	Date of Marriage	Names of Children (if any)
	Date Parties Began Cohabiting	Any Periods of Separation?	

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.:
State why this marriage or relationship ended.		

Criminal History

Have you been arrested, convicted of a crime, or have a police or criminal action pending? Yes No

If yes, please explain: _____

Are you 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 your current partner? Yes No

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

Children - Information for 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:		

What medical insurance will the child have? _____

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

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: _____

Documents Required

Please provide copies of the following documents to the evaluator before the home visit.

1. Birth certificates for other child(ren) in your home.
2. Most recent report cards for school-age children in your home.
3. If other children in your home are not enrolled in school, the child's most recent immunization records.
4. Marriage license(s) for current marriage.
5. Divorce decrees or court orders regarding previous marriages/relationships.
6. Most recent paycheck stubs (2-4), DBA or business registration, or letter to verify employment.
7. Citizenship papers (permanent residency card or naturalization paperwork), if applicable.
8. Texas driver's license for all adults living in the home.

Information Required

1. A sketch of the floor plan of your home showing dimensions and the purpose of all rooms in the home.
2. Photos of outside areas showing the grounds to be used by the child(ren).
3. The results of the fingerprint-based criminal history background check completed on each person residing in your home over the age of 14.
4. The name, address and phone number of every biological child 12 years old or older of the intended parents that is not 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. Why are you seeking this Gestational Agreement?
2. What family activities do you enjoy?
3. Describe yourself as an intended parent, focusing on your strengths.
4. How do you and the other parent intend to discipline the child born of this gestational agreement?
5. Briefly describe your current marriage.
6. Briefly describe your childhood, including who raised you, how you were raised and whether you experience any history of abuse or neglect.
7. What resource or support does your extended family provide to your family? What is their attitude towards this Gestational Agreement?

Parenting References

Please provide the names of 5 references (2 family members, 3 friends/neighbors), including their city, state of residence and daytime phone numbers (home, cell, work). The evaluator will interview three (3) individuals from this list by phone. Please inform your references that the information they give will not be confidential and will be provided to the Court.

Family Member (2)

Name: _____

Phone Number: _____

City/State: _____

Alternative Phone: _____

Name: _____

Phone Number: _____

City/State: _____

Alternative Phone: _____

Friends/Neighbor/Collateral (3)

Name: _____

Phone Number: _____

City/State: _____

Alternative Phone: _____

Name: _____

Phone Number: _____

City/State: _____

Alternative Phone: _____

Name: _____

Phone Number: _____

City/State: _____

Alternative Phone: _____

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

(Signature)

(Date)