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Cecilia Powers, LCSW-S  
Court Ordered Child Custody and Adoption Evaluations

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Parent / Co-Parent Names on case: \_\_\_\_\_

**PERSONAL Data Form**

*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.*

*This needs to be filled out fully and completely for each adult in the home.*

***Only the person identified in the first line should fill out the form.***

Your Name: \_\_\_\_\_  
Last First Middle Maiden/Other names by which you are known

Present Address: \_\_\_\_\_  
Street Apt. # City State Zip Code

Telephone Numbers: \_\_\_\_\_  
Mobile Work SSN Driver's License Number/State

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_ Gender: \_\_\_\_\_

Religious Preference \_\_\_\_\_

Ethnicity: ☐ Hispanic ☐ Other

Race: ☐ White ☐ Black ☐ Asian  
☐ American Indian/Alaskan Native ☐ Native Hawaiian/Pacific Islander  
☐ Unable to Determine

**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? \_\_\_\_\_ # of times you have moved in the last ten years? \_\_\_\_\_

Previous Addresses for the past 10 years: \_\_\_\_\_ How long at that address? \_\_\_\_\_

Use additional paper if necessary

\_\_\_\_\_ How long at that address? \_\_\_\_\_

\_\_\_\_\_ How long at that address? \_\_\_\_\_

### Your Education

| School name/location | Dates of attendance | Degree/Last grade completed |
|----------------------|---------------------|-----------------------------|
|                      |                     |                             |
|                      |                     |                             |
|                      |                     |                             |

**List the Texas cities you have lived in:**

|  |
|--|
|  |
|--|

### Military Service and Status

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

### Marital/Relationship History

List, in chronological order, all marriages, cohabitation or long-term relationships, or any relationships resulting in children, **including your current relationship and your coparent in this case. Please circle if marriage or cohabitation.** The children involved should be listed here.

Use additional pages if necessary.

|                 |                                 |                    |                                              |
|-----------------|---------------------------------|--------------------|----------------------------------------------|
| Name of partner | Date of marriage / cohabitation | Date of separation | Date of divorce (if applicable) and location |
|                 | Names of children (if any):     |                    |                                              |
| Name of partner | Date of marriage / cohabitation | Date of separation | Date of divorce (if applicable) and location |
|                 | Names of children (if any):     |                    |                                              |
| Name of partner | Date of marriage / cohabitation | Date of separation | Date of divorce (if applicable) and location |
|                 | Names of children (if any):     |                    |                                              |

Are you presently contemplating marriage? ☐ Yes ☐ No

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

Are you currently dating or contemplating dating? ☐ Yes ☐ No

If yes, name & address of partner: \_\_\_\_\_

**Budget/Expenses** List all expenditures

|                       |  |                         |  |
|-----------------------|--|-------------------------|--|
| <b>Housing:</b>       |  | <b>Gas:</b>             |  |
| <b>Utilities:</b>     |  | <b>Groceries:</b>       |  |
| <b>Insurance:</b>     |  | <b>Clothing:</b>        |  |
| <b>Daycare:</b>       |  | <b>Medical:</b>         |  |
| <b>Car Payment:</b>   |  | <b>Student Loans:</b>   |  |
| <b>Car Insurance:</b> |  | <b>Animal Expenses:</b> |  |
| <b>Other _____ :</b>  |  | <b>Other _____ :</b>    |  |

**Employment History** List all jobs held in the last ten years (use additional pages as needed)

| Employer name, address, and telephone | Dates of employment | Reason for leaving |
|---------------------------------------|---------------------|--------------------|
|                                       |                     |                    |
|                                       |                     |                    |
|                                       |                     |                    |

**Monthly Income**

|                            | <b>Gross</b> | <b>Net</b> |
|----------------------------|--------------|------------|
| Employment/Self-employment | \$ _____     | \$ _____   |
| Child support              | \$ _____     | \$ _____   |
| Spouse income              | \$ _____     | \$ _____   |
| Other (describe)           | \$ _____     | \$ _____   |

**Medical/Behavioral Health History**

If any adult involved in the case is taking prescription medication, has any physical disability, chronic medical condition or has received psychiatric, psychological, or other behavioral health treatment, evaluation, or counseling please complete the following information (use additional pages as needed):

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Initial \_\_\_\_\_

| Person treated / Relationship | Treatment provider's name, address, telephone, and email | Reason for Treatment | Dates of Treatment |
|-------------------------------|----------------------------------------------------------|----------------------|--------------------|
|                               |                                                          |                      |                    |
|                               |                                                          |                      |                    |
|                               |                                                          |                      |                    |
|                               |                                                          |                      |                    |

List any prescription medications you currently take: \_\_\_\_\_

Anyone involved in the case have a history of/been treated for drug or alcohol abuse? ☐ Yes ☐ No

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

\_\_\_\_\_

### Criminal History

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

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

\_\_\_\_\_

Is any person involved in the case on probation or parole? ☐ Yes ☐ No

If yes, explain and provide the name, address, and telephone number of the probation or parole officer:

\_\_\_\_\_

Has a protective order been issued against any person involved in the case? ☐ Yes ☐ No

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

\_\_\_\_\_

**Identifying Information:** Children – List the child or children involved in the court action.

| Name | Date of birth & social security # | School/daycare name and address | Grade |
|------|-----------------------------------|---------------------------------|-------|
|      |                                   |                                 |       |
|      |                                   |                                 |       |
|      |                                   |                                 |       |

**If your child(ren) is home-schooled, please provide all documentation and records of the program used and any progress of the child(ren) when you submit this form.**

What is the current allocation of parenting time between parents (schedule of access/visitation arrangements):

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List all other children living in either party's home who are not involved in this case:

| Name/ Relationship | Date of Birth & Social Security | School/daycare name and address | Grade |
|--------------------|---------------------------------|---------------------------------|-------|
|                    |                                 |                                 |       |
|                    |                                 |                                 |       |
|                    |                                 |                                 |       |

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

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Have any of the children been treated for a current or chronic health problem? ☐ Yes ☐ No

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

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

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

Are any of the children prescribed any medication? ☐ Yes ☐ No

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

☐ Yes ☐ No

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

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

If yes, give their names, ages, and relationship to you: \_\_\_\_\_

## Family Violence

Has there been violence in your current or past relationship? ☐ Yes ☐ No

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

Has there been violence or neglect involving the children? ☐ Yes ☐ No

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

Has anyone involved in this case ever been involved with Child Protective Services? ☐ Yes ☐ No

If so, when and in what county? \_\_\_\_\_

**Please answer the following questions. This needs to be in your words, not your spouse's or other family member's words. 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 your children?
5. Describe yourself as a parent, focusing on your strengths.
6. List any concerns, not already stated, you have about the other parent or parties of this suit and how that would affect their parenting.
7. Briefly describe your marriage or partnership with the other parent and why it is ending or has previously ended.
8. What involvement or access schedule have the children had with each parent since the separation?
9. List the areas of agreement and disagreement you and the other party have concerning a parenting plan for the children.
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.