

Cecilia Powers, LCSW-S
Court Ordered Child Custody Evaluations

Parent _____

Date _____

Please fill this form out completely and legibly. You need to fill it out yourself, not a spouse, partner, parent, employer, or anyone else.

I. NATURE OF THE DISPUTE & EFFORTS TO RESOLVE IT

1. Reasons for the Evaluation (check all that apply):

_____ There is a dispute about custody of the children, or a disputed request for a change in custody.

_____ There is a dispute about parenting time, or a disputed request for a change in the Parenting Time Schedule.

_____ There are allegations that one parent is not following the established Parenting Time Schedule without cause and that this parent is therefore interfering with the child's relationship with the other parent.

_____ There are allegations of Special Circumstances (e.g., possible physical or sexual abuse, neglect, previously undocumented domestic violence, mental illness, or substance abuse) that directly affects the child(ren). *Please describe (use another sheet of paper if necessary):*

2. How many minor children are involved in the dispute? _____

Name of Child Age & Date of Birth School/Grade Current Custodial / Residential Status

3. Previous efforts to resolve disputes (e.g., therapy, mediation, conciliation, evaluation., etc):

A. Date: _____ Type of process: _____ Professional: _____

Result:

B. Date: _____ Type of process: _____ Professional: _____

Result:

C. Date: _____ Type of process: _____ Professional: _____

Result:

4. History of Court Action – **Copies of all of the journal entries in the case should be provided to the evaluator.** (Use back of form or another sheet of paper if necessary).

A. Date: _____ Initiated by? Father: _____ Mother _____ Reason: _____

Result:

B. Date: _____ Initiated by? Father: _____ Mother _____ Reason: _____

Result:

C. Date: _____ Initiated by? Father: _____; Mother _____; Reason: _____

Result:

5. From your perspective, why haven't you and your coparent-partner been able to work out a solution before now?

II. HISTORY OF PARENTAL RELATIONSHIP & REACTION TO DIVORCE/BREAKUP

1. Date of Marriage/Living Together: _____ Date of Separation: _____ Date Divorce Filed: _____

Who filed: _____; Date of divorce (if applicable): _____

How long did you date the other parent before marriage/living together? _____

Describe efforts to reconcile (if any): _____

2. From your perspective, what led to the divorce or breakup?

3. Summarize the major aspects of the current situation from your perspective:

3. Summarize what you think the other parent would describe as the major aspects of the current situation:

4. How did the other parent contribute to the problems leading to the current custody/parenting dispute?

5. How did you contribute to the problems leading to the current custody/parenting dispute?

6. Were there problems in the parental relationship with any of the following issues?

- significant differences about how to parent the children: Yes / No. If yes, explain

- arguments about money or bills: Yes / No. If yes, explain

- physical or sexual spousal abuse: Yes / No. If yes, explain(include dates)

- suspected or alleged physical or sexual abuse of the children: If yes, explain(include dates)

- domestic violence towards partner: Yes / No. If yes, explain(include dates)

- substance abuse: Yes / No. If yes, explain(include dates)

- mental illness/psychiatric/psychological problems: Yes / No. If yes, explain(include dates)

- affairs/infidelity: Yes / No. If yes, explain(include dates)

Did both parents want the divorce/breakup when it was filed? _____

Did both parents want the divorce/breakup when it was final? _____

Describe your reaction to the divorce/breakup?

Describe the other parent's reaction to the divorce/breakup?

7. Do you believe you are "over" the impact of the divorce? _____

8. Do you believe the other parent is "over" the impact of the divorce? _____

9. I agree for Cecilia Powers, LCSW to interview the following professional collateral sources (please include both name and phone numbers). I also agree to contact sign appropriate professional/medical release of information forms allowing Cecilia Powers, LCSW to contact these parties.:

_____	City/State: _____	Phone #: _____
_____	City/State: _____	Phone #: _____
_____	City/State: _____	Phone #: _____
_____	City/State: _____	Phone #: _____
_____	City/State: _____	Phone #: _____

10. List the Names, Addresses, and Phone Numbers for Current or Former Therapists or Substance Abuse Detection or Treatment for You or Anyone in Your Family:

_____	City/State: _____	Phone #: _____
_____	City/State: _____	Phone #: _____
_____	City/State: _____	Phone #: _____
_____	City/State: _____	Phone #: _____
_____	City/State: _____	Phone #: _____

I also agree that Cecilia Powers, LCSW may choose to contact additional collateral sources at her discretion.

III. INTIMATE PARTNER VIOLENCE SCREENING

1. Has your partner ever hit you, hurt you, or threatened you?

2. Does your partner make you feel afraid?

3. Has your partner ever forced you to have sex when you didn't want to?

4. In the past, have you ever had a partner who hit you, hurt you, or threatened you?

5. In the past, have you ever had a partner who treated you badly?

6. In the past, have you ever had a partner who forced you to have sex when you didn't want to?

7. Have the police ever been involved with you and your coparent?

9. Have you been involved in more than one relationship where verbal, emotional, or physical abuse occurred?

10. Are you psychologically intimidated by your coparent?

11. Are you physically intimidated by your coparent?

12. Are you afraid of your coparent for any reason?

13. Have you ever applied for a protective order?

IV. DEVELOPMENTAL AND FAMILY HISTORY OF PARENTS

1. Describe the people living in your current household (Include children, relatives, boyfriend/girlfriends, etc). Include possible step-children who spend significant portions of time in the household.

<u>Others Living in your home</u>	<u>Age</u>	<u>Relationship to You</u>	<u>Amount of time in the household</u>

2. Have you been married or involved in significant relationships either before the relationship involving this dispute or after the relationship involved in this dispute? If yes, provide information below about these marriages or relationships. Include name of coparent-spouse, dates of marriage/separation and divorce. (Example: John Doe, September 2013, December 2015):

	Number of children:	
	Number of children:	
	Number of children:	

3. Describe your educational background including your highest diploma or degree as well as other vocational certifications you have achieved. Include the names and cities of the schools you attended as well as the dates you stopped or graduated. (Example: Sherman HS, Sherman, TX, graduated 2005).

4. Describe your employment history since you completed high school. If you have this information in a resume or vita format, you may submit this separately.

Employer: _____ Dates Employed: _____
 Job title(s) _____
 Reasons you left: _____

Employer: _____ Dates Employed: _____
 Job title(s) _____
 Reasons you left: _____

Employer: _____ Dates Employed: _____

Job title(s) _____

Reasons you left: _____

Employer: _____ Dates Employed: _____

Job title(s) _____

Reasons you left: _____

Employer: _____ Dates Employed: _____

Job title(s) _____

Reasons you left: _____

- List any additional employers on a separate page or on the back of this page.

5. Describe your childhood and family. Include information about your relationships with your parents (and step-parents), whether or not your parents were divorced, and what these relationships look like today. Use another page or the back pages of this form if you wish.

6. Have you had (or been accused of having) an alcohol or substance abuse problem?
Yes or No.

7. Have you ever been arrested or charged with a legal offense other than a minor traffic violation?
Yes or No.

8. Have you ever threatened to harm yourself or to commit suicide? Yes No
If yes, did you attempt self-harm? Yes No Were you hospitalized? Yes No

9. Has your coparent ever threatened to harm themselves or to commit suicide? Yes No
If yes, did he/she attempt self-harm? Yes No Was he/she hospitalized? Yes No

10. Have you ever threatened to hide or withhold the children? Yes No

11. Has your coparent ever threatened to hide or withhold the children? Yes No

V. PARENT-CHILD RELATIONSHIPS & PARENTING CAPACITIES

1. Describe your child(ren):

2. Describe your relationship(s) with your child(ren):

3. Do any of your children have "special needs"? If they do, what are they?

4. How do you discipline your children?

5. How do they respond to your discipline?

6. What are some of the rules your child(ren) doesn't (don't) like?

7. Describe your strengths as a parent.

8. Describe your weaknesses as a parent.

9. Tell me about a typical day when your child(ren) is(are) with you.

10. How much are you involved in your child(ren)'s activities?

11. Describe your (coparent) spouse's relationships with your child(ren).

12. How does your (coparent) spouse discipline your child(ren)?

13. How do your children respond to the discipline of your (coparent) spouse?

14. Describe your (coparent) spouse's strengths as a parent.

15. Describe your (coparent) spouse's weaknesses as a parent.

16. What will your (coparent) spouse say about you?

17. If you could ask your (coparent) spouse to change one behavior, what would you ask him or her to change?

18. What one behavior do you think your (coparent) spouse would ask you to change?

19. Have you ever been investigated by a social service agency for child abuse, child endangerment, or neglect? Yes or No.

If yes, please explain including a description of the events, the date(s) and disposition(s) of the situation(s). _____

Have any of the other significant adults in the situation ever been investigated by a social service agency for child abuse, child endangerment, or neglect? Yes or No.

If yes, please explain including a description of the events, the date(s), and disposition(s) of the situation(s).

20. Prior Parent-Child Involvement in the Child’s (Children’s) Activities: For each category circle the percent of mom-dad involvement with the children:

Mostly Mom					Mostly Dad	
PLANNING						
100/0	80/20	60/40	50/50	40/60	20/80	100/0
HEALTH CARE						
100/0	80/20	60/40	50/50	40/60	20/80	100/0
SCHOOL						
100/0	80/20	60/40	50/50	40/60	20/80	100/0
HOMEWORK						
100/0	80/20	60/40	50/50	40/60	20/80	100/0
MEALS						
100/0	80/20	60/40	50/50	40/60	20/80	100/0
NURTURING						
100/0	80/20	60/40	50/50	40/60	20/80	100/0
DISCIPLINE						
100/0	80/20	60/40	50/50	40/60	20/80	100/0
PLAY						
100/0	80/20	60/40	50/50	40/60	20/80	100/0

VI. COOPERATIVE PARENTING PRACTICES

1. What do you do (or can you do) to demonstrate to your child that you value the relationship he or she has with your (coparent)spouse?

2. What can you do to make things better for your child(ren)? List at least three things:

3. If you have school or medical information about your child(ren), how do you get it to your (coparent) spouse? How does your (coparent) spouse get this information to you? Phone contact, communication notebook, email, etc.

4. How are the rules in your household the same (or different) from the rules in your (coparent)spouse's household? If the rules are different, how are they different?

5. When you were married/living together, how did you make decisions about school (doctors, vacations, religious training, etc.)?

6. When you and your (coparent) spouse were together, how were the parenting tasks divided or shared? Please comment on the division of parenting tasks such as discipline and help with school and homework.

7. Do you and your (coparent)spouse have current disagreements on discipline and other decisions about the children? If so, what are they and how do you resolve them?

8. If there are disagreements about discipline in the current dispute, what do you believe gets in the way of you and your (coparent) spouse developing an agreement about discipline?

9. If there are disagreements about the parenting time schedule in the current dispute, what do you believe gets in the way of you and your spouse developing an agreement about the parenting time schedule?

10. If the current dispute is about custody, what do you believe gets in the way of you and your spouse developing an agreement about custody?

11. What can you do to help disengage from the conflicts with your (coparent) spouse to help your children?

12. What can you do to share in the parenting with your (coparent) spouse more cooperatively?

13. Additional information about the Children. Please provide the name, address, phone number, or email address of each professional who has treated or is treating your child or any or your children. Provide as much of this information as possible. Be clear about how you usually contact these professionals.

- Oldest Child involved in Custody Case: _____

School: _____ City/State: _____ Phone #: _____

Teacher: _____ Grade: _____

Doctor: _____ City/State: _____ Phone #: _____

Counselor: _____ City/State: _____ Phone #: _____

Other: _____ City/State: _____ Phone #: _____

- Second Oldest Child involved in Custody Case: _____

School: _____ City/State: _____ Phone #: _____

Teacher: _____ Grade: _____

Doctor: _____ City/State: _____ Phone #: _____

Counselor: _____ City/State: _____ Phone #: _____

Other: _____ City/State: _____ Phone #: _____

- Third Oldest Child involved in Custody Case: _____

School: _____ City/State: _____ Phone #: _____

Teacher: _____ Grade: _____

Doctor: _____ City/State: _____ Phone #: _____

Counselor: _____ City/State: _____ Phone #: _____

Other: _____ City/State: _____ Phone #: _____

- If there are additional children, use a separate page or provide the same information on the back of this page.

Appendix A: ALCOHOL AND DRUG USE HISTORY QUESTIONNAIRE

Alcohol Use

1. Do you identify yourself as an alcoholic? Yes or No.
2. Do you believe you may have “problems” with alcohol but that you are not an alcoholic? Yes or No.
3. Do others identify you as an “alcoholic” or person with “problems” with alcohol? Yes or No.
4. Has drinking alcohol ever caused problems between you and your spouse, partner, boy/girlfriend? Yes or No.
5. Has drinking alcohol ever caused problems between you and your family? Yes or No.
6. Has drinking alcohol ever caused problems between you and your friends? Yes or No.
7. Have you ever been absent from work or been fired from work because of drinking? Yes or No.
8. Do you have any history of having temper tantrums or becoming aggressive or violent while drinking? Yes or No.
9. Have you ever been drinking when you committed a crime? Yes or No.
10. How old were you when you first drank alcohol? _____
11. What were your usual drinking situations as a teenager?

12. What are your usual drinking situations as an adult?

13. What is your drink of choice?

14. Have any of the following problems been a problem for you:
15. (a) Inability to reduce amount of intake: Yes or No.
- (b) Repeated efforts to abstain or quit: Yes or No.
- © Continuation of drinking despite serious physical problems caused by alcohol: Yes or No.
- (d) Blackouts, amnesic periods of events occurring while intoxicated: Yes or No.
- (e) Binges, remaining intoxicated for at least 2 days: Yes or No.
- (f) Tolerance, needing more and more alcohol: Yes or No.
- (g) Withdrawal or shakes relieved by drinking: Yes or No.

Substance Abuse

1. Do you identify yourself as an addict? Yes or No.
2. Do you believe you may have “problems” with drugs but that you are not an addict? Yes or No.
3. Do others identify you as an “addict” or person with “problems” with drugs? Yes or No.
4. Has drug use ever caused problems between you and your spouse, partner, or boy/girlfriend? Yes or No.
5. Has drug use ever caused problems between you and your family? Yes or No.
6. Has drug use ever caused problems between you and your friends? Yes or No.
7. Have you ever been absent from work or been fired from work because of drug use? Yes or No.
8. Do you have any history of temper tantrums or becoming aggressive or violent while using drugs? Yes or No.
9. Have you ever been high on drugs when you committed a crime? Yes or No.
10. How old were you when you first used drugs? _____ What did you use? _____
11. List all of the drugs that you have used:

12. What were your normal drug use situations as a teenager?

13. What are your normal drug use situations as an adult?

14. What do you consider your “drug of choice?” _____
15. Have any of the following problems been a problem for you:
- (a) Inability to reduce amount of drug use? Yes or No.
- (b) Repeated efforts to abstain or quit? Yes or No.
- © Continuation of drug use despite serious problems caused by drug use? Yes or No.

- (d) Blackouts, amnesic periods of events occurring while high or effected by drugs? Yes or No.
- (e) Binges, remaining high on drugs for at least 2 days? Yes or No.
- (f) Tolerance, needing more and more of a drug? Yes or No.
- (g) Withdrawal or shakes relieved by drug use? Yes or No.

Appendix B: HISTORY OF INVOLVEMENT WITH THE CRIMINAL JUSTICE SYSTEM

1. Have you ever been arrested or charged with a legal offense other than a minor traffic violation? Yes or No. If yes, please list the date(s) and charge(s). If you don't know the exact date, give an estimate.

2. Were you ever convicted of any of the above legal offense charges? Yes or No. If yes, please list the date(s), charge(s), and disposition or sentence. If you don't know the exact date, give an estimate).

3. Have you ever been in jail or prison? Yes or No. If yes, please list the date(s), place(s), and lengths of your confinement.

4. Have you ever been on parole, probation, or mandatory supervision? Yes or No. If yes, list the date(s), length of such supervision, and disposition (e.g., current, conditions satisfied, etc.).

5. If you have had problems in the past, what evidence can you provide that you have sufficiently rehabilitated yourself so that these problems will not reoccur in ways that negatively impact your child(ren) in the current situation or in the future.

Appendix C: STATEMENT OF REHABILITATION EFFORTS

1. Please review the treatments in which you have participated for problems related to alcohol, drugs, and/or criminal behavior. Include dates and locations of treatment programs and classes (e.g., anger management, etc.), as well as lifestyle changes that you feel demonstrate evidence of your ability to function problem-free so as to avoid these problems negatively impacting your child(ren).

My answers to the above questions are accurate to the best of my ability. I authorize Cecilia Powers, LCSW-S to evaluate me and my child(ren) to assist the Court in determining the most appropriate parenting time plan for our "family."

Parent Signature

Date Signed