

PERSONAL HISTORY QUESTIONNAIRE

*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.*

Identifying Information: Adult

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

Age: _____ Gender: _____ Preferred Pronouns: _____ Date of Birth: _____

Drivers License: _____
Number/State

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? _____

_____ 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. Use additional pages if necessary.

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

Are you presently contemplating marriage? Yes No

If yes, name & address of prospective spouse: _____

Budget/Expenses List all expenditures

Housing:		Gas:	
Utilities:		Groceries:	
Insurance:		Clothing:	
Daycare:		Medical:	
Car Payment:		Student Loans:	
Car Insurance:		Animal Expenses:	
Other_____:		Other_____:	

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

	Gross	Net
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):

Person treated	Treatment provider's name, address, and telephone	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

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

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

Name/lives with	Date of birth & social security #	School/daycare name and address	Grade

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

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? _____

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 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 on 8 1/2 x 11-inch, letter size, paper and return with this form. Please write on only one side of the paper. 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.

Parenting References:

Attached to this form is a parenting reference questionnaire. Please make copies and give the questionnaire to four separate individuals who know you and your children. Please ask the respondents to complete the questionnaire as best possible and return them directly to our office (not to you). Respondents may use additional paper as needed, but please ask them to use **only 8 1/2 x 11 inch paper** and **write on only one side**. Please inform them that the information will not be confidential and a copy could be provided to the Court and each attorney of record.