

Cause Number: _____

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.

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: _____ Date of Birth: _____ Driver's License: _____
 Number/State

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 _____ How long at that address: _____

_____ How long at that address: _____

Your Education

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

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

Are you presently contemplating marriage? Yes No

If yes, name & address of prospective spouse: _____

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

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: _____
