

DATE DUE TO COURT _____
CASE NUMBER _____
MAGISTRATE _____
DATE RECEIVED _____

PARENTAL QUESTIONNAIRE AND INFORMATION SHEET

The Court has referred your family for a Parental Evaluation to collect information necessary to assist the Court in reaching a decision concerning the residency of your minor child(ren).

Please fill out the attached questionnaire, neatly and completely. It can be typed or hand written with black ink. **It is very important that you answer all questions truthfully and accurately. Evasive and fraudulent statements WILL be taken into consideration.**

Fill out the questionnaire yourself, sign your name and return the form to the court address on or before the date ordered. **A CRIMINAL BACKGROUND CHECK WILL THEN BE PERFORMED.** Also, after the questionnaires are received, you will be contacted to schedule an appointment to meet with the Parental Specialist.

A. PERSONAL:

Case Name (last, first, middle) _____

Home Phone # _____ Work Phone # _____

Mailing Address _____

Cellular Phone # _____

City _____ State _____ Zip _____

SS # _____ DOB _____

Attorney Name _____

Attorney Phone # _____

Your email Address _____

Attorney Mailing Address _____

Attorney email Address _____

EMPLOYMENT:

Business Name _____

Position _____ Business Phone # _____

Business Address _____

Date employed _____ Hourly Rate/Salary _____

Work Hours and Days _____

Please circle highest grade completed (circle one) 6 7 8 9 10 11 12

College or Vocational training: _____

B. CHILDREN:

NAMES AND ADDRESSES OF CHILDREN INVOLVED IN THIS COURT ACTION

<u>NAME</u>	<u>DOB</u>	<u>LIVING WITH</u>	<u>ADDRESS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NAMES OF CHILDREN NOT INVOLVED IN THIS COURT (INCLUDE STEP-SIBLINGS)

<u>NAME</u>	<u>DOB</u>	<u>LIVING WITH</u>	<u>ADDRESS</u>

What school does(do) the child(ren) involved in this action attend?

<u>CHILD</u>	<u>GRADE</u>	<u>TEACHER</u>	<u>SCHOOL</u>	<u>ADDRESS</u>	<u>PHONE #</u>

In what interests and leisure time activities is/are the child(ren) involved?

<u>CHILD</u>	<u>ACTIVITIES</u>

C. MARITAL HISTORY:

What have been the major problems in the marriage?

Were there any previous separations?	No	Yes	If yes, list approximate date(s): _____
Who initiated the separation?	Husband	Wife	
Who left the home?	Husband	Wife	
Have you filed for divorce before?	No	Yes	
If so, where? _____	Date _____		

D. CUSTODY:

Is there a Court Order for custody?	No	Yes	If yes, who has custody? _____
Are you requesting Shared Parenting?	No	Yes	
Have you filed a Shared Parenting plan?	No	Yes	
Have you filed for custody?	No	Yes	
What is your desired parenting schedule? _____			

PLEASE DESCRIBE THE STRENGTHS AND WEAKNESSES OF YOU AND YOUR (EX)SPOUSE

MOTHER'S STRENGTHS

MOTHER'S WEAKNESSES

FATHER'S STRENGTHS

FATHER'S WEAKNESSES

Describe your current level of communication with your (ex)spouse: _____

What methods of communication do you use? (ie: phone, text, email, etc.) _____

What are your babysitting/day care arrangements? _____

<u>CARETAKER</u>	<u>RELATIONSHIP TO CHILDREN</u>	<u>ADDRESS</u>	<u>PHONE #</u>
_____	_____	_____	_____
_____	_____	_____	_____

If you feel your child(ren) has/have any physical or emotional problems or school issues which must be considered in the divorce, please describe: _____

Have any other parties or your spouse made allegations of physical or sexual abuse against you in regard to the child(ren)? If so, please explain: _____

Do you have any reason to believe your spouse has been physically or sexually abusive toward the child(ren)? If so, please explain: _____

Have the children ever been abused or neglected? No Yes If yes, by whom _____

If you have had involvement with Children's Protective Services, please provide:

<u>CHILD</u>	<u>YEAR</u>	<u>COUNTY</u>	<u>CASEWORKER</u>	<u>ALLEGATION</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please describe any conflict areas in your parenting styles; such as: differences in child rearing philosophy, discipline, religion, communication, hygiene, etc.: _____

E. MEDIATION:

Parents are encouraged to work together to make the best possible parenting arrangement for their children. Mediation provides a structured, open discussion of many options, a means for the parents to retain control of the outcome of their divorce, and is generally quicker, more satisfying, and less expensive than litigation.

Are you interested in having the option to mediate with your spouse? No Yes

F. YOUR HEALTH:

Your health is: excellent good fair poor

Describe any physical problems: _____

Do you drink alcohol: no____ yes____ If yes, how often, explain: _____

Are you currently under the care of a physician? no____ yes____
If yes, please provide name, address, phone number and reason: _____

Are you currently on any kind of prescription(s)? no____ yes____ If yes, please provide the names of the prescription(s):

Have you ever been under the care of a psychologist or psychiatrist? no____ yes____
If yes, please provide the name, address, phone number and reason: _____

Have you ever been hospitalized for psychological reasons? no____ yes____ If yes, please provide:

<u>DOCTOR/HOSPITAL</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>DATE</u>	<u>REASON</u>

CHILDREN'S HEALTH:

<u>CHILD</u>	<u>PHYSICIAN'S NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>DATE</u>	<u>REASON FOR VISIT</u>

Are the children currently on any kind of prescription(s)? no____ yes____ If yes, please provide:

<u>CHILD</u>	<u>DOCTOR</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>DATE</u>	<u>RX</u>

Have the children ever been under the care of a psychologist or psychiatrist? no____ yes____ If yes, please provide:

<u>CHILD'S NAME</u>	<u>DOCTOR</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>DATE</u>	<u>REASON</u>

Have the children ever been in the hospital for psychological reasons? no____ yes____ If yes, please provide:

<u>CHILD</u>	<u>DOCTOR/HOSPITAL</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>DATE</u>	<u>REASON</u>

G. RESIDENCY:

Please provide the address of where you live or plan to live: _____

Type of dwelling: _____ Residents (names & ages) _____

Number of bedrooms _____

School District: _____

Rent or Own? _____

Monthly Payment: _____

Where have you lived in the last 5 years? (start with the most recent)

<u>ADDRESS</u>	<u>CITY</u>	<u>COUNTY</u>	<u>STATE</u>	<u>DATES</u>	<u>REASON MOVED</u>

H. CRIMINAL RECORD:

Has either you or your (ex)spouse ever been convicted of a crime, been on probation, or had criminal charges pressed against you/him/her?

<u>DATE</u>	<u>COURT</u>	<u>OFFENSE</u>	<u>DISPOSITION</u>	<u>STATE/COUNTY</u>

I CERTIFY THE STATEMENTS MADE WITHIN THIS FORM ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND FRAUDULENT STATEMENTS MAY BE BROUGHT BEFORE THE COURT FOR A POSSIBLE CONTEMPT ACTION.

Signature

Date

If you have provided school, caretaker/daycare, children’s protective services, physician(s) (children and yourself), psychological hospitalization (children and yourself), and/or prescription information in this questionnaire, you must fill out and sign a medical record information release for each institution.

COMPLETE AND RETURN TO:

**COURT OF COMMON PLEAS
DIVISION OF DOMESTIC RELATIONS
CLERMONT COUNTY, OHIO
Parental Specialist
Suite 200
2340 Clermont Center Drive
Batavia, OH 45103
513-732-7327
513-732-7333 FAX**

**Court of Common Pleas
Division of Domestic Relations
Clermont County, Ohio
2340 Clermont Center Drive
Suite 200
Batavia, OH 45103
513-732-7327**

AUTHORIZATION FOR RELEASE OF MEDICAL RECORD INFORMATION

Client Name

Date of Birth

I _____ hereby authorize the individual or agency identified below to release information regarding the services that I/my child/our family has received. This information is to be released only to the Court of Common Pleas, Division of Domestic Relations, Clermont County, Ohio and is limited to the form(s) of information and the purpose(s) specified. This may include information relating to sexually transmitted disease, AIDS or HIV. It may also include information about behavioral or mental health services and treatment for alcohol or drug abuse. It is not to be re-released to any other party. Include all public agencies, schools, private persons, medical doctors, psychologists, treating therapists, entities deemed appropriate, possessing information about you, or your minor children, confidential, or otherwise, to release this information to the Clermont County Domestic Relations Court. Such information is to be used by authorized persons to assist in the compiling of a residential parent investigation as ordered by the Clermont County Domestic Relations Court, under Section 3901.04(A) of the Ohio Revised Code.

Individual/Agency: _____

Specific information to be released:

Assessment Reports	Individual Service Plan	Treatment Summary
Intake Psychological/Psychiatric	Progress Notes	Medication Summary
Psychological Summary	Treatment Recommendations	
School records	Medical Reports	

This authorization terminates when the Parental Investigator has filed his/her recommendations. Authorization may not be granted for longer than 180 days. However, I understand that I have the right to revoke this authorization, in writing, at any time and that the revocation will be effective except to the extent that CCDRC has already taken action in reliance on my authorization. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

Client/Parent/Guardian Signature

Date

Parental Investigator

Date

**Court of Common Pleas
Division of Domestic Relations
Clermont County, Ohio
2340 Clermont Center Drive
Suite 200
Batavia, OH 45103
513-732-7327**

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Individual/Agency: _____

Specific information to be released:

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|----------------------------------|---------------------------|--------------------|
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| Intake Psychological/Psychiatric | Progress Notes | Medication Summary |
| Psychological Summary | Treatment Recommendations | |
| School records | Medical Reports | |

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Parental Investigator

Date

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Division of Domestic Relations
Clermont County, Ohio
2340 Clermont Center Drive
Suite 200
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Client/Parent/Guardian Signature

Date

Parental Investigator

Date

**Court of Common Pleas
Domestic Relations Division
Clermont County, Ohio**

Case Number: _____

Plaintiff

vs

Defendant

**Release Authorizing and Requesting
the Court to send the Completed
Report to Counsel of Record and
Self-Represented Parties**

By my signature below, I authorize and request the court to send a copy of the completed parenting investigation to all counsel of record and all self-represented parties.

Signature

Printed Name