

**DAVID B. FRANKLIN, PH.D., LCSW**

19206 HUEBNER ROAD; SUITE 104

SAN ANTONIO, TEXAS 78258

TELEPHONE (210) 490-2648

[DRFRANKLIN@DRFRANKLIN.NET](mailto:DRFRANKLIN@DRFRANKLIN.NET)

The questionnaire below is a written interview that asks you to present background information about the parenting of your children, their care taking, their previous living situation, and their current living situation. It also asks you to describe how you think about different aspects of your parenting and the parenting of the other party. It helps me get to know you better and is intended to give you an opportunity to answer these questions in private, outside the stress of an in-office, face-to-face interview. Your answers need to reflect your own thoughts and your own words. Take your time. Feel free to take as many breaks as possible. Your goal is to provide a thorough, understandable answer. More information is better than less. You want to help me to understand your parenting history, how you see the other parent, and how you think about your role as a parent.

You will be asked to provide both facts and opinions. Answer all the questions that are presented. Mark any questions that are not applicable as N/A. Also, mark the questions that you believe address the most important issues in the evaluation with an \*.

The term "other parent" is used throughout the Parenting Questionnaire. In most instances, other parent refers to the child (ren's) biological parent. If it is more appropriate to indicate that the other parent refers to another caretaker, such as a stepparent, an aunt or uncle, please make a note of that in your answer.

**If you are able to provide answers on a floppy disk or CD-Rom, please make sure they are in Microsoft Word or WordPerfect format. Please note that your responses can be sent in the text of the email message or can be sent as an attachment. If it is sent as an attachment, please note that it is a "COSS Evaluation" in the subject line.**

There is no time limit to filling out this questionnaire. No one other than yourself is to complete this questionnaire and the answers presented on this form should be yours and yours alone.

I look forward to discussing the details of these responses with you during our scheduled evaluation meetings.

**FAMILY BACKGROUND QUESTIONNAIRE**

**Please answer all of the questions on this form before your next scheduled appointment with me. Please bring it with you to your appointment. Write on the back, if needed. Thank you.**

Name \_\_\_\_\_

Today's Date \_\_\_\_\_

Judge \_\_\_\_\_

Court Case # \_\_\_\_\_

Date of Next Hearing \_\_\_\_\_

Reason for Referral:  Custody,  Visitation,  Modification,  Other \_\_\_\_\_

Who is Petitioner \_\_\_\_\_

Respondent \_\_\_\_\_

CHILD(REN)'S NAMES (first and last) Put a * if they're a part of this evaluation	BIRTHDATES	AGES	√ If child lives with you

Regarding any child who does not live with you, with whom do they live and why?

OTHERS LIVING IN THE HOME Relationship/status	RELATIONSHIP	AGES

**HISTORY OF COURT ACTION:** (USE ANOTHER PAGE, IF NECESSARY)

I. Date: \_\_\_\_\_ Initiated by?  Father  Mother Attorney: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Result: \_\_\_\_\_

II. Date: \_\_\_\_\_ Initiated by?  Father  Mother Attorney: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Result: \_\_\_\_\_

III. Date: \_\_\_\_\_ Initiated by?  Father  Mother Attorney: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Result: \_\_\_\_\_

<b>FATHER</b>	<b>MOTHER</b>
First and last name:	First and last name:
Birth date:	Birth date:
Street Address:	Street Address:
City, State, Zip Code:	City, State, Zip Code:
DL#	DL#
Social Security #	Social Security #
Home Phone:	Home Phone:
Employer:	Employer:
Address:	Address:

Occupation:	Occupation:
Work Phone:	Work Phone:
Cell/Pager Number(s):	Cell/Pager Number(s):
Attorney's Name:	Attorney's Name:
Attorney's Street Address:	Attorney's Street Address:
Attorney's City, State, Zip Code:	Attorney's City, State, Zip Code:
Attorney's Phone Number:	Attorney's Phone Number:
Attorney's e-mail:	Attorney's e-mail:
Attorney's Fax Number:	Attorney's Fax Number:
Parent's Current Marital Status:	Parent's Current Marital Status:
If Applicable, Name of Father's Spouse or Living Together Partner (LTP)	If Applicable, Name of Father's Spouse or Living Together Partner (LTP)
Birth date of LTP/Spouse:	Birth date of LTP/Spouse:
Date of Marriage (to new spouse/LTP):	Date of Marriage (to new spouse/LTP):
If not married, is there a plan to get married? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not married, is there a plan to get married? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when?	If yes, when?
If LTP/Spouse has children, fill in the age/sex of all who live with you:	If LTP/Spouse has children, fill in the age/sex of all who live with you:
List the age/sex of all who visit with you:	List the age/sex of all who visit with you:

**FAMILY OF ORIGIN INFORMATION**

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Age: \_\_\_\_\_ Current health status: \_\_\_\_\_  
 Deceased? Yes No Date/Cause of Death: \_\_\_\_\_

Describe your father during your childhood:
Father's career/occupation:
Hours worked per week:
Father's personality style:
Father's discipline style:
Describe your current relationship with your father:
Describe your relationship with your father during your teenaged years:

Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Current health status: \_\_\_\_\_

Deceased?  Yes  No Date/Cause of Death: \_\_\_\_\_

Describe your mother during your childhood

Mother's career/occupation:

Hours worked per week:

Mother's personality style:

Mother's discipline style:

Describe your current relationship with your mother:

Describe your relationship with your mother during your teenaged years:

How long were your parents married?

How many separations did they have?

Who was in charge in your family growing up?

Who was your father's favorite child?

Who was your mother's favorite child?

Were there other family members who played an important role in your life?

If so, who were they?

What were your father's strengths as a parent?

Father's weaknesses?

What were your mother's strengths as a parent?

Weaknesses?

How would your parents have described you as a child?

How would your friends have described you as a teenager?

How would your spouse have described you when you were dating?

Siblings	Education & Occupation	City, State	√ If divorced or remarried

Below, please give the dates that each listed event occurred. Write “N/A” if it does not apply to you. On the right, add any comments you think might be helpful.

EVENT	DATE(S)	COMMENTS
You and other parent met		
You and other parent married or began to live together		
Birth of 1 <sup>st</sup> child		
Birth of last child		
Separation(s)/break-up(s)		
Date divorce filed		
Who filed		
Divorce finalized		
Beginning of current parenting arrangement		

- 1) Who currently has legal custody of the child(ren)? Joint Father Mother Other (please describe)\_\_\_\_\_
- 2) Who currently has physical custody? Joint Father Mother Other (please describe)\_\_\_\_\_
- 3) If there are different custody arrangements for different children, please explain:
- 4) What is the current parenting time arrangement, if applicable?
- 5) What are you requesting from the court, regarding custody/parenting time?  
**Legal custody:** Joint Father Mother Other\_\_\_\_\_  
**Physical custody:** Joint Father Mother Other\_\_\_\_\_

Proposed parenting time for non-custodial parent:  
 How many weekends per month, from (time/day) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_  
 How many weekdays per week, from (time/day) \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Holiday Arrangements: \_\_\_\_\_

Birthday Arrangements: \_\_\_\_\_

**Other Considerations:** \_\_\_\_\_

6) Why are you requesting such an arrangement?

Why do you think it is in the child(ren)s best interest?

7) If you get the arrangement you are requesting, what will you do to ensure that childcare and other needs of the child(ren) are met?

8) Please describe each of your children—please include information on special needs:

9) Please describe your relationship with your children:

10) Please describe the other parent's relationship with your children:

11) Please describe the other parents style of parenting:

12) How do you discipline your children?

13) How does the other parent discipline your children?

14) What will the other parent say about you?

15) Describe the communication between you and the other parent:

16) Please describe your involvement in your child(ren)'s activities, both past and present (include extracurricular activities/school events, medical & dental appointments, etc).

17) Who pays for these activities and do you have problems agreeing on them?

18) In what ways do you and the other parent support your child's education?

19) Please describe your current timeshare arrangement, including days and times of exchange, who provides transportation and details of the holiday and vacation schedule:

20) With whom do you currently live?

How long have you lived there?

If applicable, how long have you lived with the individual(s) listed above?

Do you own your home?

21) How long have you lived in this area?

If you do not reside here, where do you live?

In addition, how long have you lived there?

Do you have any plans to leave this area? If so, when?

22) Do you plan to continue with this living arrangement for the near future?  Yes  No

If not, describe your plans, with the time periods involved:

23) Do you expect the other parent to move or change living arrangements in the next six to 12 months?

No  Yes If yes, please describe:

24) Have the children said anything to you or others about their perceptions, feelings, opinions, and/or preferences about parenting, visitation, or residence?  No  Yes If yes, please describe:

25) Have you been married previously?:  No  Yes

Do you have children from other relationships?  No  Yes

If yes, please describe in detail giving dates and ages:

26) If you have an LTP (living together partner) or spouse with child(ren), and/or if you have other child(ren) by a previous or current relationship, what are your plans for contact among the children?

What are your plans for how you will coordinate your contacts with the child(ren) in question vis-à-vis the other child(ren) (always all together, always separate, a combination, etc.)?

27) Describe any mental or physical problems you are aware of with either parent:

28) List any information you think is relevant about your own or the other parent's capacity to provide for the child(ren)'s

Education:

Religion/Cultural awareness/involvement

Food, clothing, & shelter:

Medical care:

Other care:

29) Describe any issues/concerns regarding moral fitness (of either parent):

30) Do you have any concerns about domestic violence, drug, or alcohol abuse? Yes  No  
If Yes, Please describe in detail:

If yes, have these concerns ever been reported? No Yes  
If yes, please describe.

31) Has protective services or the court ever been involved with your child(ren) regarding suspected or confirmed child abuse or neglect? No Yes  
If yes, is the court currently involved in a child abuse or neglect matter concerning your child(ren)?

Do you have concerns about neglect or sexual or physical abuse or the safety of your children?  
No Yes If yes, please describe:

32) What are the other parent's strengths (as a parent)?

Weaknesses?

33) What would the other parent describe as the problem(s) with your parenting of the child(ren), and what is your response?

34) Describe any problems your child(ren) are having at home (health, behavior, etc.):

At school (academic, social, behavior, etc.):

In the community (friends/associates, behavior, etc.):

35) How would you describe the child(ren)'s current relationship with their other parent?

- Warm and friendly, because \_\_\_\_\_
- Cool and cautious, because \_\_\_\_\_
- Cold and fearful, because \_\_\_\_\_
- Other, because \_\_\_\_\_

36) How would you encourage a close and continuing parent-child relationship between the child(ren) and the other parent?



37) If one parent has custody, is the parent who receives parenting time given as much time with the child(ren) as the court order calls for?

If there is no current order, what is a fair amount of time with the child(ren)? (Please explain in detail)

38) Do both parents have equal access to school records and information, medical/dental records and information, and other important information/documents about the child(ren)? No Yes If no, why?

39) Any prior arrests for anyone in the family? No Yes If yes, please include dates and jurisdiction, along with details of the arrest:

40) Who takes care of your children when you are not at home? (include address and telephone number)

41) Please describe your current work hours, when you would need daycare and who would provide daycare under your proposed schedule:

42) List Names, addresses and phone numbers for current or former therapists or substance abuse detection or treatment for you or anyone in your family.

**General Information**

EMPLOYMENT HISTORY (List most recent first)

Employer	When Started	Why did you leave

EDUCATIONAL HISTORY

School	Years of Attendance	Graduation Date or Reason for Leaving

**RESIDENTIAL HISTORY**

Years	Place	Reason for Living

**CHILD(REN)'S SCHOOL HISTORY.** Please list each child's teacher/school for the last two years, include names of additional school personnel who have had a significant influence on the child. Add any relevant comments.

**Children's School History**

Child	Grade/School/Teacher	Comment

Do you believe the child(ren) could benefit from any special services related to speech, hearing, or sight?  No  Yes If yes, please explain:

Do you believe the child(ren) could benefit from any special services related to physical or Psychological problems, developmental or educational delays, or chemical addictions?  No  Yes If yes, please explain:

Is there any additional information, either positive or negative, that has not been discussed and that you believe should be considered in this evaluation? If so, please describe below and provide any documentation you might have.

**PLEASE READ AND SIGN UPON COMPLETION OF QUESTIONNAIRE**

I have completed this questionnaire myself without the assistance of any other person.

Signed \_\_\_\_\_ Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signed \_\_\_\_\_ Dated: \_\_\_\_\_

Printed Name: \_\_\_\_\_