



# Ellis Evaluation & Consulting Services

## Mesha L. Ellis, Ph.D.

Licensed Clinical Psychologist

California . Georgia . Tennessee

CA: PSY20263

GA: PSY003274

TN: P0000002777

### CUSTODY EVALUATION QUESTIONNAIRE (No Confidentiality) (Step-parent / Significant Other / Domestic Partner)

#### A. IDENTIFYING DATA:

Case Name and Number: \_\_\_\_\_

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

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

Place of Birth: \_\_\_\_\_

Current Religion: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

List Occupants of Home: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

B. EMPLOYMENT

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

How long employed: \_\_\_\_\_

Work hours: \_\_\_\_\_

C. FAMILY OF ORIGIN

1. Where were you born and raised?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How long were your parents married?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Father (describe his occupation & relationship to you):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Mother (describe her occupation & relationship to you):

---

---

---

---

5. Parents (describe their relationship with each other):

---

---

---

---

6. How did your parents discipline you?

---

---

---

---

7. Siblings (give name, age, and description of current relationship with your brothers/sisters):

---

---

---

---

---

---

---

---

---

---

D. PERSONAL INFORMATION

1. Education: \_\_\_\_\_

---

---

2. Military history: \_\_\_\_\_

---

---

3. Medical history: \_\_\_\_\_

---

---

---

4. Prescribed medication: \_\_\_\_\_

---

5. Hospitalization history: \_\_\_\_\_

---

---

---

6. Psychiatric treatment: \_\_\_\_\_

---

---

---

---

7. Psychotherapy: \_\_\_\_\_

---

---

---

---

8. Alcohol abuse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Drug abuse: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Criminal history (all arrests and convictions, including DUI arrests and convictions): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. List all marriages and children:

| Name | Date of Marriage | Date of Divorce | # of Children |
|------|------------------|-----------------|---------------|
|------|------------------|-----------------|---------------|

|       |       |       |       |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |