ELLIS EVALUATION & CONSULTING SERVICES
(No Confidentiality between parents)

A. IDENTIFYING DATA DATE: _____

Case Name and Number: _____

Your Present Name: _____

Your Age: _____ Date of Birth: _____

Your Place of Birth: _____

Your Religion: _____

Your Home Address: _____

_____

Your Home Phone No._____ Your e-mail _____

Fax No._____ Cell Phone No._____

B. EMPLOYMENT

Employer: _____

Type of Employment_____

Length of Employment: _____

Address: _____

Phone No.: _____ Work Hours: _____

If you travel for employment, please describe: _____

_____

C. YOUR CHILDREN INVOLVED IN THIS CUSTODY CASE

Name Age Birthdate School/Grade

YOUR OTHER CHILDREN (not involved in this court case)

Name Age Birthdate School/Grade

Children's Personality and Special Emotional or Physical Needs (For each child involved in this case, describe your child as you would to a stranger. Then discuss any physical or educational disability, emotional or behavioral problems, history of psychotherapy or psychiatric care, and special talents or interests that may affect custody arrangements):

Brief school history for each child (performance, social adjustments, grade level, etc. *Please attach the latest school report card for each child.*):

D. PHYSICAL AND LEGAL CUSTODY

HISTORY OF CUSTODY AND VISITATION AGREEMENTS AND ORDERS UP TO THE CURRENT COURT ORDER/CUSTODY PLAN (Please attach a copy of all past and current agreements and court orders regarding custody and visitation to this questionnaire):

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YOUR REQUESTS REGARDING PHYSICAL CUSTODY (Please include a proposal for an exact schedule with times and place of exchange; if you would like a different schedule during the school year and summer school break, please state those separately):

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YOUR REQUESTS INVOLVING LEGAL CUSTODY (how parents should communicate and make decisions about health care, education, religion, activities, psychotherapy, etc.):

YOUR REQUESTS FOR A SCHOOL BREAK, VACATION AND HOLIDAY SCHEDULE (include Winter Break, Spring Break, Summer Break, Thanksgiving, New Years Eve, New Years Day, 4 th of July, Mother's/Father's Day, all national holidays on Friday or Monday, and relevant religious holidays such as Christmas Eve, Christmas Day, Hanukkah, Passover, Easter, etc.)

YOUR REQUESTS FOR COUNSELING AND/OR ANY OTHER TYPES OF ORDERS IN THIS CASE:

EXPLAIN THE REASONS FOR YOUR CUSTODY REQUESTS:

E. MARITAL AND RELATIONSHIP HISTORY

List all your marriages (and relationships that produced children):

	Name of Spouse or Partner	Date of Marriage	Date & How Terminated	Number of Children
First				
Second				
Third				

Are you remarried: YES_____ NO_____

If yes, please give name (and ask spouse to complete stepparent questionnaire):

_____

If No, are you in a relationship: YES_____ NO_____

If Yes, please give name and age of person and describe your relationship (dating, committed, engaged, etc.) and how much time you spend together and how much time that person spends around the children:

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Describe History with Other Parent in Dispute With:

Met (when, where), Relationship Before Marriage:

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If married, when and where:

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Responsibility for Care of Children During Relationship (include child care providers and description of parents' employment during that time):

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Separated from Former Partner (when and why): _____

Living Arrangements for Parents and Children after Separation and First Arrangements for Children Spending Time with Each Parent:

Were there any restraining orders requested or issued? If yes, describe:

F. YOUR BACKGROUND AND FAMILY OF ORIGIN

Where Born and Raised:

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If you were born in another country, when and why did you immigrate to the U.S. and when did you receive your permanent residency and/or citizenship?

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Your Mother: (Describe her occupation and your relationship with her when you were growing up and your relationship with her now. Where does she now live and is she involved with your children?)

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Father: (Describe his occupation and your relationship with him when you were growing up and your relationship with him now. Where does he now live and is he involved with your children?

Your siblings (age, where do they live, how often do you see them and/or talk to them?)

Describe the family you grew up in (your parents relationship, who took care of the children, how you had fun together, who was close to each other, how your parents disciplined, how conflict got resolved, significant events or problems that affected your upbringing.)

Describe any Alcohol Abuse, Drug Abuse, Arrests/Criminal History, Psychiatric History (prescribed psychiatric medication, psychiatric hospitalization, suicidal behavior) in members of your Family of Origin, and how it affected you.

G. PERSONAL DATA:

Education (give highest degrees, and area of study):

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Work History (briefly describe the kinds of occupations you have had and how long you have worked at your last three positions):

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Military History (describe the type of duty and whether you were in combat):

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Medical History: _____

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Current Prescribed Medication (and the condition for which is it prescribed):

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Psychiatric History (consultation with a psychiatrist, psychiatric hospitalization, suicidal behavior, eating disorder, psychosis. *If you have had a psychiatric hospitalization, please provide the hospital records*):

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List all psychiatric and pain medications you are currently taking:

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List all psychiatric and pain medications you have ever taken:

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Alcohol/Drug Use. (*If you have been in a drug or alcohol treatment program, please provide the hospital or clinic records)*
Have you ever experimented with or used the following substances:

		YES	NO
a)	Alcohol, more than 8 drinks in a day	____	____
b)	Marijuana or cannabis in other forms	____	____
c)	Cocaine	____	____
d)	Amphetamines/Methamphetamines	____	____
e)	Barbiturates	____	____
f)	Hallucinogens	____	____
g)	Heroin	____	____
h)	Ecstasy	____	____
i)	Other_____	____	____

If Yes, to any of above about alcohol/drug use, please give information about first use, how long you used, and last use.

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Psychotherapy including Marital Therapy: (reasons for treatment, names and phone numbers for psychotherapists, and dates of treatment)

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History of Arrests (for whatever reason), DUI violations, Criminal Prosecution, Dishonorable Discharge from Armed Forces (*If there is a history of any of the above, provide police, court, DMV, probation, discharge records)*

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H. ISSUES AND CONCERNS IN THE CURRENT CASE

History of any domestic violence, including specific incidents. (*Provide any police reports or restraining orders .)*

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History of any involvement of Department of Children and Family Services (Give dates of reports and investigations, names and phone numbers of investigators *Provide any paperwork you have on case and/or arrange for your attorney to subpoena the file from DCFS)*

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Concerns you may have about your former spouse that relate to your custody requests:

Your understanding of the concerns and issues your former spouse has about you, as they relate to his or her custody requests.

Your understanding of the children's thoughts and feelings about their custody arrangement and any concerns they have about the parents.

I. STEPPARENT OR OTHER HOUSEHOLD MEMBER INFORMATION:

If you have remarried or if you now share or plan to share your home with another adult, please complete the following questions in regard to the other adult.

Name: _____

Age: _____ Phone Number: _____

Occupation: _____

Relationship to You: _____

_____

_____

Names and ages of this person's children:

_____

_____

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_____

This Person's Relationship with the Child/Children at Issue:

_____

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