

Date: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ Cause No.: \_\_\_\_\_

## **P E R S O N A L D A T A F O R M**

### **IDENTIFYING INFORMATION**

Name \_\_\_\_\_  
(Last) (First) (Middle) (Maiden)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Pager \_\_\_\_\_ Alternate \_\_\_\_\_  
Email \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver License No.: \_\_\_\_\_

### **CURRENT EMPLOYMENT**

Present Employer: \_\_\_\_\_ Date Of Employment: \_\_\_\_\_  
Street: \_\_\_\_\_ Title: \_\_\_\_\_  
Town: \_\_\_\_\_ State: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Schedule: \_\_\_\_\_

### **MILITARY SERVICE AND STATUS**

Branch \_\_\_\_\_ Dates Of Active Duty \_\_\_\_\_ Discharge Status \_\_\_\_\_

### **EDUCATIONAL HISTORY**

Education: \_\_\_\_\_ Highest level of education completed: \_\_\_\_\_  
Where: \_\_\_\_\_ When: \_\_\_\_\_

College or vocational training- dates and places:  
\_\_\_\_\_  
\_\_\_\_\_

### **CRIMINAL HISTORY**

Have you been arrested, convicted of a felony or misdemeanor, or do you have a police or criminal action pending?

**Yes No**

If Yes, please explain: \_\_\_\_\_

Are you on probation or parole? **Yes No**

If Yes, explain and provide the name, address and telephone number of the probation or parole officer:

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Has a protective order been issued against you?      Yes      No

If Yes, please explain: \_\_\_\_\_

**LIVING ARRANGEMENTS**

Type of residence: House    Apartment    Mobile Home      Do You: Own    Rent

# Of Bedrooms \_\_\_ # Of Bathrooms \_\_\_ Monthly Payment \_\_\_\_\_ Current Value \_\_\_\_\_

Name of complex or community: \_\_\_\_\_

Landlord and phone number if renting: \_\_\_\_\_

Names, relationship, and ages of all occupants:

Name	Age	Name	Age

Addresses:

Present \_\_\_\_\_ Since \_\_\_\_\_

Previous \_\_\_\_\_ Dates \_\_\_\_\_

Reason For Moving: \_\_\_\_\_

Previous \_\_\_\_\_ Dates \_\_\_\_\_

Reason For Moving: \_\_\_\_\_

Previous \_\_\_\_\_ Dates \_\_\_\_\_

Reason For Moving: \_\_\_\_\_

Previous \_\_\_\_\_ Dates \_\_\_\_\_

Reason For Moving: \_\_\_\_\_

Previous \_\_\_\_\_ Dates \_\_\_\_\_

Reason For Moving: \_\_\_\_\_

Previous \_\_\_\_\_ Dates \_\_\_\_\_

Reason For Moving: \_\_\_\_\_

(List all other addresses in the past five years on the other side)

# MEDICAL HISTORY

State your present health: \_\_\_\_\_

List any present medical concerns for you or your children:

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

List any medications you or your children take (include name, dosage and reason)

Name	Dosage	Reason

Have you consumed alcohol over the past year? Yes No

If yes, what do you drink (circle all that applies): Beer Wine Mixed Drinks Strait Alcohol

Frequency: \_\_\_\_\_ per \_\_\_\_\_ Amount: \_\_\_\_\_

Have you used illegal substances in the past? Yes No

If Yes, explain: \_\_\_\_\_

Have you used illegal substances in the past year? Yes No

If yes, what have you used: \_\_\_\_\_

Frequency: \_\_\_\_\_ per \_\_\_\_\_ Amount: \_\_\_\_\_

Do you have a history of, or been treated for drug or alcohol abuse? Yes No

If Yes, explain:

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

Has your spouse/live in relationship consumed alcohol over the past year? Yes No N/A

If yes, what do they drink (circle all that applies): Beer Wine Mixed Drinks Strait Alcohol

Frequency: \_\_\_\_\_ per \_\_\_\_\_ Amount: \_\_\_\_\_

Has your spouse/live in relationship used illegal substances in the past? Yes No N/A

If Yes, explain: \_\_\_\_\_

Has your your spouse/live in relationship used illegal substances in the past year? Yes No N/A

If yes, what have they used: \_\_\_\_\_

Frequency: \_\_\_\_\_ per \_\_\_\_\_ Amount: \_\_\_\_\_

Does your spouse/live in relationship have a history of, or been treated for drug or alcohol abuse? yes no

if Yes, explain: \_\_\_\_\_

Do you smoke? Yes \_\_\_ No \_\_\_ How many packs per day \_\_\_\_\_

Does your spouse/live in relationship smoke? Yes \_\_\_ No \_\_\_ N/A How many packs per day \_\_\_\_\_

**DOCTORS**

(List all doctors seen by yourself or your children in the past 5 years, including fax number or email)

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates Of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates Of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates Of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates Of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates Of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates Of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

(List any hospital or clinic used by you or your children in the past 5 years)

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates Of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates Of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates Of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
Town: \_\_\_\_\_ State \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
Patient: \_\_\_\_\_  
Reason: \_\_\_\_\_  
Dates Of Treatment: \_\_\_\_\_  
Fax or email: \_\_\_\_\_

## COUNSELING

List the full details of any and all counselors, investigators, or other mental health professionals you or the children have seen. Include any psychiatrists, psychologists, social workers, mediators, investigators, coaches, consultants, or religious counselors. Include all marriage, individual, and group therapies as well as any psychiatric hospitalizations.

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 Town: \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
 Patient: \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Dates Of Treatment: \_\_\_\_\_  
 Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 Town: \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
 Patient: \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Dates Of Treatment: \_\_\_\_\_  
 Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 Town: \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
 Patient: \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Dates Of Treatment: \_\_\_\_\_  
 Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 Town: \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
 Patient: \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Dates Of Treatment: \_\_\_\_\_  
 Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 Town: \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
 Patient: \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Dates Of Treatment: \_\_\_\_\_  
 Fax or email: \_\_\_\_\_

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 Town: \_\_\_\_\_ State \_\_\_\_\_  
 Zip Code: \_\_\_\_\_ Phone \_\_\_\_\_  
 Patient: \_\_\_\_\_  
 Reason: \_\_\_\_\_  
 Dates Of Treatment: \_\_\_\_\_  
 Fax or email: \_\_\_\_\_

Has child protective services ever been involved with you or this case? Yes No

If Yes, list workers name, date of involvement, reason, and final disposition :

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## CONSIDERATIONS

1. Parenting coordination/facilitation often occurs with both parents in the same room together. Do you have any concerns being in the same room with your coparent?  yes  no  
If yes, what concerns? \_\_\_\_\_  
Are these concerns reduced if a professional is the room at all times?  
 yes  no
2. Have the police ever been involved with you and your coparent?  yes  no  
If yes, please explain? \_\_\_\_\_
3. Have you been involved in more than one relationship where verbal, emotional, or physical abuse occurred?  yes  no  
If yes, please explain? \_\_\_\_\_
4. Are you psychologically intimidated by your coparent?  yes  no  
If yes, what intimidates you? \_\_\_\_\_
5. Are you physically intimidated by your coparent?  yes  no  
If yes, what intimidates you? \_\_\_\_\_
6. Are you afraid of your coparent for any reason?  yes  no  
If yes, what makes you fearful? \_\_\_\_\_
7. Have you ever applied for a protective order?  yes  no  
If yes, what was the outcome? \_\_\_\_\_
8. Has drug or alcohol use been a problem for you?  yes  no  
For your coparent?  yes  no  
If yes to either, please explain: \_\_\_\_\_
9. Have you ever experienced any of the following from your coparent?  
verbal abuse:  yes  no emotional abuse:  yes  no physical abuse:  yes  no
10. On a scale of 1 to 10 what best describes your level of concern for your physical safety when your coparent is present?  
*NOT CONCERNED AT ALL* *EXTREMELY CONCERNED*  
1      2      3      4      5      6      7      8      9      10
12. Have you ever threatened to harm yourself or to commit suicide?  yes  no  
If yes, did you attempt self harm?  yes  no were you hospitalized?  yes  no
13. Has your coparent ever threatened to harm themselves or to commit suicide?  
 yes  no      If yes, did he/she attempt self harm?  yes  no  
was he/she hospitalized?       yes  no
14. Have you ever threatened to hide or withhold the children?  yes  no
15. Has your coparent ever threatened to hide or withhold the children?  yes  no

## RELATIONSHIP HISTORY

List all intimate relationships (starting with the most recent) since age 18 or since meeting your coparent, whichever came first. Relationships are defined as anyone you were intimate with, dated, lived with, conceived a child with, or married.

1. Name: \_\_\_\_\_ Duration of relationship: \_\_\_\_\_  
Did you (Circle all that apply)? Marry Live With Date Only Sexual  
If you lived together, list duration: From \_\_\_\_\_ To \_\_\_\_\_  
If married, where and when was the marriage: \_\_\_\_\_  
If divorced, where and when was the divorce: \_\_\_\_\_  
Reason for separation or divorce: \_\_\_\_\_  
If you lived together or divorced, how many times did you separate? \_\_\_\_\_  
Was/Is there domestic violence in the relationship: Yes No  
Was your child(ren) introduced to this person? Yes No  
If yes, how long did you date this person before your child was introduced to that person? \_\_\_\_\_  
Were they presented to your child as "a friend" first? If so when? \_\_\_\_\_ When was your child told you were dating this person? \_\_\_\_\_

2. Name: \_\_\_\_\_ Duration of relationship: \_\_\_\_\_  
Did you (Circle all that apply)? Marry Live With Date Only Sexual  
If you lived together, list duration: From \_\_\_\_\_ To \_\_\_\_\_  
If married, where and when was the marriage: \_\_\_\_\_  
If divorced, where and when was the divorce: \_\_\_\_\_  
Reason for separation or divorce: \_\_\_\_\_  
If you lived together or divorced, how many times did you separate? \_\_\_\_\_  
Was/Is there domestic violence in the relationship: Yes No  
Was your child(ren) introduced to this person? Yes No  
If yes, how long did you date this person before your child was introduced to that person? \_\_\_\_\_  
Were they presented to your child as "a friend" first? If so when? \_\_\_\_\_ When was your child told you were dating this person? \_\_\_\_\_

3. Name: \_\_\_\_\_ Duration of relationship: \_\_\_\_\_  
Did you (Circle all that apply)? Marry Live With Date Only Sexual  
If you lived together, list duration: From \_\_\_\_\_ To \_\_\_\_\_  
If married, where and when was the marriage: \_\_\_\_\_  
If divorced, where and when was the divorce: \_\_\_\_\_  
Reason for separation or divorce: \_\_\_\_\_  
If you lived together or divorced, how many times did you separate? \_\_\_\_\_  
Was/Is there domestic violence in the relationship: Yes No  
Was your child(ren) introduced to this person? Yes No  
If yes, how long did you date this person before your child was introduced to that person? \_\_\_\_\_  
Were they presented to your child as "a friend" first? If so when? \_\_\_\_\_ When was your child told you were dating this person? \_\_\_\_\_

**(PLEASE LIST OTHERS BY DUPLICATING THIS PAGE)**

## CHILDREN

(List all biological or adopted children)

1. Name: \_\_\_\_\_ Name Of Other Parent: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's phone number: \_\_\_\_\_ Child's e-mail address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Name Of Other Parent: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's phone number: \_\_\_\_\_ Child's e-mail address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Name Of Other Parent: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's phone number: \_\_\_\_\_ Child's e-mail address: \_\_\_\_\_

4. Name: \_\_\_\_\_ Name Of Other Parent: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's phone number: \_\_\_\_\_ Child's e-mail address: \_\_\_\_\_

5. Name: \_\_\_\_\_ Name Of Other Parent: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's phone number: \_\_\_\_\_ Child's e-mail address: \_\_\_\_\_

6. Name: \_\_\_\_\_ Name Of Other Parent: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's phone number: \_\_\_\_\_ Child's e-mail address: \_\_\_\_\_

7. Name: \_\_\_\_\_ Name Of Other Parent: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's phone number: \_\_\_\_\_ Child's e-mail address: \_\_\_\_\_

8. Name: \_\_\_\_\_ Name Of Other Parent: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_  
Child's Address: \_\_\_\_\_  
Child's phone number: \_\_\_\_\_ Child's e-mail address: \_\_\_\_\_



## SCHOOLS

List all schools attended by the subject children or other children residing in your home.

Name of school: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of school: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of school: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of school: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

## CHILD CARE

List all child care providers who have cared for the subject children or other children residing in your home.

Name of provider: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of provider: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of provider: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

Name of provider: _____	Name of child: _____
Street: _____	Dates of attendance: _____ to _____
Town: _____ State _____	Fax: _____
Zip code _____ Phone _____	

## ISSUES

Briefly summarize your concerns regarding your coparent as it pertains to your children. Please use only the space provided:

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Mark with an “**R**” those behaviors you have participated in within the last six months and use “**P**” for behaviors you have participated in during the past:

- I have not shared coparenting information such as child out of town, professional appointments, etc. in a timely manner or at all
- I have insisted on following the portion of the order addressing the detailed schedule between the homes rather than encouraging the part of the order which addresses, “failing mutual agreement.”
- I have shared adult, legal, or other inappropriate information with our child regarding this case
- I have made negative comments to our child about my coparent
- I have made negative comments to other people in the hearing range of our child regarding my coparent
- I have made negative comments to our child or in the presence of our child regarding the child’s other family members
- I have made negative comments to our child or in the presence of our child regarding my coparent’s relationships
- I have allowed friends, family, or others to talk negatively about my coparent in the presence of our child
- I ask other’s to watch our child before asking my coparent
- I have encouraged our child love me more than my coparent or told our child I love them more than my coparent does
- I have discussed the current legal situation and/or dispute with our child
- I do not allow our child to carry his/her/their belongings to between their two homes
- I have used words such as custody, visitation, or possession in discussing our child with others
- I have used words such as custody, visitation, or possession in the presence of our child
- I have blamed my coparent for the separation or the conflict in the presence of our child
- I have let our child decide whether to spend time with his/her other parent or not
- I have attempted to interrupt or block our child’s physical time with his/her other parent
- I have attempted to interrupt or block our child’s phone or email contact with his/her other parent
- I have not made our child return my coparent’s call before bedtime
- I have asked our child where they “want to live” or “what schedule they want”
- I have made plans with our child that involve my coparent’s parenting time without receiving my coparent’s consent
- I have gathered information from our about what occurs during my coparent’s parenting time
- I have shared with our child’s teachers, coaches, tutors, child care, or doctors my concerns/frustrations regarding my coparent
- I undermined my coparent’s decision making in regards to our child
- I have discussed child support with our child
- I have moved, or have attempted to move, our child more than 30 miles from our child’s other home
- I have asked, encouraged, and/or facilitated our child to keep secrets from my coparent
- I have refused to take our child to extracurricular activities or interfered in our child’s ability to participate in these activities
- I do not facilitate our child to spending time with his/her friends living near their other household during my parenting time
- I have encouraged our child to view my coparent’s religious beliefs as wrong beliefs
- I have told our child “I miss you,” “I’m going to miss you,” or “I missed you” before, during, or after my coparent’s parenting time
- I have facilitated replacing my coparent’s relationship with our child with my current or a past relationship
- I do not walk up to the doorstep of our child’s other home when it is time to exchange at the other home
- I have given our child a cell phone or other communication device without the permission of my coparent
- I have others such as grandparents, my spouse, my paramour, my older child take on my responsibilities such as exchanges
- I have others such as grandparents, my spouse, my paramour, my older child take our child to appointments rather than offering my coparent the option first
- Our child does not have a picture of his/her other parent in his/her room in their house with me

Directions: Mark the behaviors you believe your coparent has participated in. Use a "P" in indicate past behaviors and an "R" for recent (in the past 6 months) or current behaviors.

My coparent:

- \_\_\_ 1. has repeated negative comments about me to our child
- \_\_\_ 2. has used terms like "adulterous," "abandoner" to describe me to our child
- \_\_\_ 3. has distorted the "truth" when speaking to our child
- \_\_\_ 4. has shared divorce and other adult information with our child
- \_\_\_ 5. has insisted that our child can not bring me into the house
- \_\_\_ 6. has destroyed items in the home that remind them of me, have removed or destroyed pictures of me and my relatives
- \_\_\_ 7. has used "us" language when discussing the conflict with our child, implying that my behaviors with the coparent have been "done" to our child also. For example: "Your father has left us." Or "Your mother will try to hurt us in court." "He will not give us any money," "Your mother has abandoned the family."
- \_\_\_ 8. has exaggerated my problems. For example, one time not notifying them of an appointment is reported as NEVER.
- \_\_\_ 9. has implied that I may be dangerous in some way, creating anxiety for our child
- \_\_\_ 10. has interrupted my parenting time with our child by calling or texting frequently or planning our time
- \_\_\_ 11. has made negative comments, used negative body language and sighs at transfers to imply that they are unhappy about our child leaving them or to make me look bad. For example, "I'll get into trouble if you do not go. Try to have a good time. I'll be here waiting for you."
- \_\_\_ 12. has attempted to make our child feel guilty about time spent with me or loving me
- \_\_\_ 13. has attempted to create a belief that he/she is the good parent and I am the bad parent
- \_\_\_ 14. has used the answering machine to screen calls, my calls are rarely returned and our child is unaware of my attempts to reach our child
- \_\_\_ 15. has used other people to care for our child rather than give me extra time
- \_\_\_ 16. has gather information from our child to find out information about me
- \_\_\_ 17. has blocked midweek visits by stating that "our child needs continuity"
- \_\_\_ 18. has been rigid with regard to our child's schedule, if I am unable to see our child the coparent will not allow me to make up my time
- \_\_\_ 19. has refused to open the door if I arrive early and has left early if I am running late
- \_\_\_ 20. has threaten to withhold visitation
- \_\_\_ 21. has threatened to take me back to court
- \_\_\_ 22. has threatened to move away as a means of blocking my access to our child
- \_\_\_ 23. has refused to let me pick up our child if our child is ill
- \_\_\_ 24. has used sarcasm when speaking to me in front of our child
- \_\_\_ 25. has refused to send copies of school reports, photos and records without being asked
- \_\_\_ 26. has failed to inform me of school conferences, well checkups, doctor's appointments, etc
- \_\_\_ 27. has created a loyalty bind for our child by refusing to attend activities that I am planning to attend
- \_\_\_ 28. has labeled my attempts to speak with them as "harassment"
- \_\_\_ 29. has taken our child to therapy and refused to include me or to allow me to get information
- \_\_\_ 30. has asked our child to keep secrets from me
- \_\_\_ 31. has asked our child to spy on me for him/her
- \_\_\_ 32. has expressed neutrality regarding visitation by telling our child things like, "If you choose to go I will respect your decision." He/she repeatedly insist that our child should be the one to decide if he/she will go for visitation.
- \_\_\_ 33. has used guilt to manipulate our child. "How can you leave your poor old parent?"
- \_\_\_ 34. has made negative comments about me in front of our child and then said, "I'm just kidding"
- \_\_\_ 35. has openly blamed me for our failed marriage
- \_\_\_ 36. has openly stated to our child that they were never happy in the marriage
- \_\_\_ 37. has implied that our child has "Separation Anxiety" when it is time for my parenting time, yet our child does not have any anxiety about spending the night at a friend's home
- \_\_\_ 38. has refused to consider that our child has two homes and refers to their home as our child's only "real" home
- \_\_\_ 39. has used religion as an alienating maneuver by telling our child that I am a sinner or that I will need to be prayed for
- \_\_\_ 40. has tried to replace your relationship with the child with their current relationship
- \_\_\_ 41. other:

Mother's behavior only:

- \_\_\_ 42. has encouraged our child to use a hyphenated last name that includes her maiden name or encouraged our child to use her new married name.

## CHILD ASSESSMENT

*Directions: Please make a copy of this assessment for each of your children.*

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

1. How old was your child when you first separated?

2. When was your child told about the separation?

A month or more before    A few weeks before    A week before    A day or less

3. Who told your child about the separation?

Mother    Father    Parents Together    Parents Separately    Other

4. How was the separation explained to the child?

5. Did either parent blame the other for the separation to the children?

6. How did your child react to the news of the separation?

7. Mark each of the changes your child has experienced since the separation

\_\_\_\_\_ loss of a home (change in homes)

\_\_\_\_\_ loss of step siblings

\_\_\_\_\_ loss of step parents

\_\_\_\_\_ loss of contact with one parent

\_\_\_\_\_ loss of a pet

\_\_\_\_\_ loss of activities due to finances

\_\_\_\_\_ loss of friends

\_\_\_\_\_ loss of other relative(s)

\_\_\_\_\_ change of schools

8. Additional changes:

\_\_\_\_\_ one parent remarriage

\_\_\_\_\_ more than one move

\_\_\_\_\_ "at home" parent goes to work

\_\_\_\_\_ both parents remarry

\_\_\_\_\_ new step siblings

\_\_\_\_\_ started a new school

Other changes/losses: \_\_\_\_\_

9. Explain your child's adjustment to the separation, divorce, or conflict

10. Has your child adjusted to the two home schedule?

11. Circle any "transitional behaviors" your child may exhibit when they return from the other house

Tearfulness    Clingy    Irritable    Demanding    Eating Problems    Sleep Problems

Discipline Problems    Angry Outbursts    Withdrawn    Other: \_\_\_\_\_

12. Circle the usual recovery time needed by your child before they are resettled.

A few minutes    About 30 minutes    About an hour    A few hours    Several hours    Full day

13. Does your child seem to be manipulating you or the coparent? If so, explain.

## TWO HOME ISSUES

Mark on this continuum your discipline or management style with an "S" and place a double "CP" to represent the coparent's style.

Minimal limits  
No consequences

Maximum limits  
Corporal Punishment

Please circle a number to rate the consistency regarding rules and consequences between the two homes?

1

2

3

4

5

Very similar  
Two united homes

Very different  
Mom's House vs. Dad's House

When and how do the exchanges of the child(ren) occur:

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Describe the child(ren)'s current schedule between their two homes:

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Describe the current holiday schedule between homes:

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Description of current school arrangements:

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How is the child(ren)'s property exchanged?

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What phone/internet/text communications is your child(ren) and their other parent allowed during your parenting time?

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What is the distance in miles between homes?

Description of any current restraining orders or parole conditions currently in effect:

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Does your order restrict when and how exchanges of the children occur? Yes No If yes, please explain.

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Have the police ever been called during exchanges? Yes No If yes, please provide details:

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11. List 4 things you do that are helpful to your coparenting relationship

- 1.
- 2.
- 3.
- 4.

12. List 4 changes you could make to improve your coparenting relationship

- 1.
- 2.
- 3.
- 4.

13. What does your coparent do that is helpful to your coparenting relationship?

- 1.
- 2.
- 3.
- 4.

14. List 5 specific good qualities in your coparent's parenting ability

- 1.
- 2.
- 3.
- 4.
- 5.

15. What are the top 4 things you would like to see improve in your coparent to help your coparenting relationship?

- 1.
- 2.
- 3.
- 4.



16. What are your goals for your coparenting relationship:

In 10 years:

In 5 years:

In 1 year:

This month:

17. Based on what has occurred since the separation, what do you think your child's worst memory of your coparenting relationship will be? (A specific incident)

18. Based on what has occurred since the separation, what do you think your child's best memory of your coparenting relationship will be? (A specific incident)

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_