

FAMILY SERVICES OF THE CONCILIATION COURT
SUPERIOR COURT OF THE STATE OF ARIZONA
PINAL COUNTY

<http://pinalcountyz.gov/FSCC>

119 W. Central Avenue
Coolidge, AZ 85228

CHILD CUSTODY AND PARENTING REVIEW QUESTIONNAIRE

NOTE: COMPLETE THIS QUESTIONNAIRE AND BRING IT TO YOUR COURT ORDERED APPOINTMENT. This information is not confidential. PLEASE PRINT.

IDENTIFYING INFORMATION

Your Present Name Other names by which you are known

Mailing address City, Zip Home Phone Cell Phone Email address

Date of Birth Age Social Security Number Birth Place

Attorney Name Address Telephone number Email address

LIST PRIOR 5 YEARS OF ADDRESSES:

Street Address State Zip Code Dates

Street Address State Zip Code Dates

Street Address State Zip Code Dates

CHILDREN INVOLVED IN THIS ACTION

1. _____
Child's Full Name Date of Birth Age Who he/she lives with

2. _____
Child's Full Name Date of Birth Age Who he/she lives with

3. _____
Child's Full Name Date of Birth Age Who he/she lives with

4. _____
Child's Full Name Date of Birth Age Who he/she lives with

RELATIONSHIP STATUS with other party in this case (Check all that apply)

Never married Never lived together Married Date Married _____

Lived together from _____ to _____

Separated Date Separated _____

In the process of a divorce Already divorced Date Divorced _____

List other people who live in or regularly spend time in your home.

Name: _____ DOB: _____ Relation to you _____

Name: _____ DOB: _____ Relation to you _____

PAST AND PRESENT EMPLOYMENT (Past 5 years)

Present Employer	Date Begun	Current Work Schedule	Days off		
Former Employer	Date Begun	Date Ended	Former Employer	Date Begun	Date Ended
Former Employer	Date Begun	Date Ended	Former Employer	Date Begun	Date Ended

DRUG AND ALCOHOL USE (Answer questions 1 through 8, yes or no.)

1. Has either parent used illegal drugs?

Mother Yes No

Father Yes No

2. Does either parent currently use illegal drugs?

Mother Yes No

Father Yes No

3. Has either parent abused alcohol in the past 5 years?

Mother Yes No

Father Yes No

4. Does either parent currently abuse alcohol?

Mother Yes No

Father Yes No

5. Has either parent been treated for substance abuse?

Mother Yes No

Father Yes No

6. Has either parent participated in drug/alcohol testing in the past two years?

Mother Yes No

Father Yes No

7. Is there a current order to drug/alcohol test?

Mother Yes No

Father Yes No

a. When was the last test date? Mother _____ Father _____

b. What were the results? Mother _____ Father _____

8. Has either parent been convicted of any drug or alcohol-related matter?

Mother Yes No Date _____ Where? _____

Father Yes No Date _____ Where? _____

PHYSICAL and MENTAL HEALTH

Has either parent ever been treated for emotional or psychological problems?

Mother Yes No Diagnosis _____ Medications _____
Father Yes No Diagnosis _____ Medications _____

Does either parent have significant physical health issues?

Mother Yes No Diagnosis _____ Medications _____
Father Yes No Diagnosis _____ Medications _____

CHILDREN'S PHYSICAL and HEALTH

Have any of the children been evaluated or treated by a psychiatrist, psychologist, social worker or counselor?

Yes No Which child(ren) _____

Do any of the children have special needs?

Yes No Which child(ren) _____

Do any of the children have significant physical health issues?

Yes No Which child(ren) _____
Diagnosis _____ Medications _____

CRIMINAL HISTORY

Has either parent been arrested, charged, or convicted of a crime including domestic violence or sexual assault?

Mother Yes No
Father Yes No

Are charges pending against either parent?

Mother Yes No
Father Yes No

Has either parent or their significant other been on parole, on probation or otherwise been involved with law enforcement agencies?

Mother Yes No
Father Yes No

Has Child Protective Services (CPS) ever been involved with you or anyone else with whom your children have contact?

Mother Yes No
Father Yes No

RELATIONSHIP ISSUES

1. Have any of the following occurred regularly or often between you and the other parent?

Verbal confrontation Yes No If yes, mild moderate severe
Physical confrontation Yes No If yes, mild moderate severe
Violence to property Yes No If yes, mild moderate severe

2. If you answered "yes" to any of questions regarding domestic violence, did the incidents occur:
- a. During the relationship
 - At the end of the relationship
 - Since the separation
- b. Was/were the child(ren) witness(es) or harmed during any of these incidents?
3. Has an Order of Protection ever been issued against you or the other parent?
- Yes No
4. If there is a current Order of Protection when does it expire? _____
5. Are the children on the Order of Protection?
- Yes No

CONCERNS

List any concerns about the other parent's contact with the children or their ability to care for the children.

- 1. _____
- 2. _____
- 3. _____

CURRENT CUSTODY/PARENTING-TIME ARRANGEMENTS

With Mother: _____

With Father: _____

WHAT ARE YOUR PROPOSED CHANGES TO YOUR PARENTING PLAN

With Mother: _____

With Father: _____

SUMMARIZE YOUR CURRENT DISPUTES WITH THE OTHER PARENT

I hereby declare under penalty of perjury and under the laws of the State of Arizona that the foregoing is true and correct.