

CHILD CUSTODY AND PARENT TIME EVALUATION – ADULT QUESTIONNAIRE (A)

Full legal name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Highest grade completed in school: \_\_\_\_\_

Current address/city/state/zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work phone: \_\_\_\_\_

Do you have any learning disabilities, physical disabilities, physical or mental health disorders, or limitations of any kind that will require accommodation during the evaluation? (If yes, you will be contacted to discuss how your needs can be met.) Yes      No

Is your English language proficiency limited such that you would like to have documents translated and/or an interpreter during interviews? (If yes, you will be contacted to discuss how your needs can be met.) Yes      No

Names, ages, and birth dates of the children who are the focus of this custody evaluation and your relationship to them, e.g., natural parent, adoptive parent, stepparent, grandparent. (Attach additional page if needed.)

<u>Name and age of children who are the focus of eval</u>	<u>Date of birth</u>	<u>Your Relationship to the child</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Names and ages of any adults and any other children living in the same home with you part time or full time and your relationship to them, e.g., your step-child, your child by another relationship, your partner's child. Also list how much time they are in your home. (Attach additional page if needed.)

<u>Name and age of other children &amp; adults in the home</u>	<u>Relationship to you</u>	<u>% of time in your home</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of your attorney: \_\_\_\_\_

Attorney's address: \_\_\_\_\_

Attorney's phone number: \_\_\_\_\_

\_\_\_\_\_  
Your signature

\_\_\_\_\_  
Today's date