



STATE OF CALIFORNIA  
 MADERA SUPERIOR COURT  
 Family Court Services  
 760 North "I" Street, Suite 106  
 Madera, CA, 93637  
 PH #: 559-675-7810  
 FAX #: 559-673-8216

**CHILD CUSTODY INVESTIGATION  
 INTAKE/QUESTIONNAIRE**  
*Revised Oct. 2013*

CASE # \_\_\_\_\_ NEXT COURT DATE: \_\_\_\_\_

**NOTE: INVESTIGATION FEE OF \$600 / PARENT IS DUE ON THE DAY OF YOUR APPOINTMENT**

<b>SECTION 1: YOUR INFORMATION</b>			
NAME (Last, First, Middle Initial)		MAIDEN NAME	OTHER NAMES YOU ARE KNOWN BY
DATE OF BIRTH	PLACE OF BIRTH	ATTORNEY NAME / TELEPHONE # / FAX #	
HOME TEL. #	CELL TEL. #	E-MAIL ADDRESS:	
STREET ADDRESS		SOCIAL SECURITY #	DRIVER'S LICENSE # / STATE
CITY	STATE	ZIP CODE	HOW LONG AT THIS ADDRESS YEARS: _____ MONTHS _____
<b>SECTION 2: CONCERNS AND PROPOSALS</b>			
1. What are the <b>top three</b> most important concerns you would like to discuss with Family Court Services?			
_____			
_____			
_____			
_____			
_____			
_____			
_____			
2. Is there a current court order? <input type="checkbox"/> Yes <input type="checkbox"/> No			
3. <b>Whether there is a court order or not</b> , please answer the following questions regarding how things are now:			
a. At this time, who makes decisions about the child(ren)'s health, education and welfare? _____			
b. At this time, who do the children live with? _____			
c. At this time when do the children spend time with each parent? _____			
_____			
4. Do you want to change how things are now? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please answer the following:			
a. I want to <u>change</u> who makes decisions about the children's health, education and welfare) to: _____			
b. I want to <u>change</u> who the child/ren live with to: _____			
_____			
c. I want to <u>change</u> the schedule of when the children spend time with each parent to: _____			
_____			

5. If you want the current parenting plan to change, how would your proposed changes benefit the children?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION 3: CONTACT WITH THE COURTS AND OTHER STATE AGENCIES**

**A. CRIMINAL COURT**

1. List all **YOUR** arrests in the last 10 years:

Date of Arrest	Charge(s)	Law Enforcement Agency	Outcome

2. Have you ever been court ordered to attend:

- Batterer's Intervention Program?     Drug Treatment?     Anger Management?     Counseling?

3. Are you currently on Probation or Parole?  Yes     No    IF YES, please state the name, location and telephone number of your probation/parole officer: \_\_\_\_\_

4. Does anyone else currently living in your home have criminal arrests or convictions?  Yes     No  
IF YES, please state the dates of the arrests, charges and outcomes for all: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Has the **OTHER** parent ever been arrested?  Yes     No  
IF YES, please state the dates of the arrests, charges and outcomes for all: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Does anyone else currently living in the other parent's home have criminal arrests or convictions?  Yes     No  
IF YES, please state the dates of the arrests, charges and dispositions for all: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. CHILD PROTECTIVE SERVICES**

1. Has Child Protective Services ever received a referral on you, the other parent or your children?  Yes     No  
IF YES, please answer the following questions:

Date Investigated	Concerns/Allegations	Outcome of Investigation

**SECTION 4: INFORMATION ABOUT YOUR CURRENT BOYFRIEND, GIRLFRIEND, OR SPOUSE:**

Full name:	Date of birth:	Social Security #:
Other names used:	Driver's license #/State:	Date relationship began:
Home phone number:	Cell phone number:	Occupation:
Present employer:	Employer's phone #:	Days/Hours worked:

**SECTION 5: INFORMATION ABOUT ALL PRIOR BOYFRIENDS/GIRLFRIENDS OR SPOUSES**

Name:	Date relationship Began:	Date ended:	DOB:	Social security #:	Last known address:

**SECTION 6: EDUCATION AND EMPLOYMENT**

A. Education Level: Please list the highest grade or level of schooling you completed:  
 GED  High school graduate  College courses taken  College graduate  Post graduate work

1. Are you currently employed?  Yes  No

2. IF YES, what is your occupation, employer's name, telephone number and employer's address?  
 \_\_\_\_\_

3. How long have you been with your current employer? \_\_\_\_\_ Years \_\_\_\_\_ Months

4. Current workdays and hours (please list what time you start work and what time you end work each day):

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

5. Please list your employment history over the past 5 years:

Dates of employment	Name of employer	Telephone #	Occupation	Reason for leaving

6. Who takes care of the child(ren) while you are unavailable? Please provide their names and telephone #'s:

**SECTION 7: MENTAL HEALTH HISTORY**

1. Have you ever been in counseling or therapy?  Yes  No

IF YES, please list in chronological order (by year) the therapists, counselors, clergy and/or marital counselors who you gone to:

Date:	Doctor/Therapist name:	Complete mailing address:	Telephone #:

2. Have you ever been hospitalized for psychiatric treatment?  Yes  No

IF YES, please list hospitals or clinics attended and the dates of treatment:

Date	Hospital name	Complete mailing address	Telephone #:

3. Have you ever taken psychiatric medication?  Yes  No (for example, for depression, anxiety, etc.)

IF YES, please list the names of all medications and the name, telephone number and the complete mailing address of the physician who prescribed the medication. \_\_\_\_\_  
 \_\_\_\_\_

4. Has the other parent ever been in counseling/therapy or hospitalized for psychiatric treatment?  Yes  No

IF YES, please list the therapist, agency or hospital that provided the services and the dates of treatment:  
 \_\_\_\_\_

5. Has the other parent ever taken psychiatric medication?  Yes  No

IF YES, please list the names of all medications and the name, telephone number and the complete mailing address of the physician who prescribed the medication: \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 8: ALCOHOL AND SUBSTANCE ABUSE HISTORY**

1. What kind(s) of alcohol do you drink? \_\_\_\_\_

2. How often do you drink? \_\_\_\_\_

3. Has your drinking ever been an issue between you and your family or friends?  Yes  No

4. Are you currently in or have you ever received treatment for alcohol abuse?  Yes  No

If yes, please check all applicable treatment:

Counseling/Therapy     Detox     Rehab Inpatient     Rehab Outpatient     AA/NA

5. If a box was checked, please list, in chronological order, the therapist/agency/hospital utilized:

Date:	Therapist/Hospital:	Complete mailing address:	Telephone number:

6. Drug use history:

Name of drug:	How often:	Age of first use:	Date of last use:

2. Prescription drug use history:

Name of drug / # milligrams:	How often taken:	Prescribing doctor:	Doctor's phone number:

3. Do you have a medical marijuana card?  Yes  No Expiration Date: \_\_\_\_\_

4. Have drugs or alcohol ever caused you to lose a job?  Yes  No

5. Has your drug use ever been an issue between you and your family and friends?  Yes  No

6. Have you ever been court ordered for drug testing?  Yes  No IF YES, When:: \_\_\_\_\_

7. Were the results of the drug tests positive? For what drugs? \_\_\_\_\_

**SECTION 9: CHILD(REN)'S INFORMATION:**

CHILD # 1: / WHO THEY LIVE WITH:

Child's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level \_\_\_\_\_

School/Daycare Name: \_\_\_\_\_

School/Daycare Address: \_\_\_\_\_

School/Daycare Telephone # \_\_\_\_\_

Teacher/Daycare Provider Name: \_\_\_\_\_

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

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

Pediatrician's Address: \_\_\_\_\_

Pediatrician's Telephone #: \_\_\_\_\_

- Does this child presently have physical or emotional problems?  Yes  No  
If yes, what is the issue? \_\_\_\_\_

- Is this child presently in individual counseling or children of divorce group?  Yes  No

Professional's/Agency Name: \_\_\_\_\_

Therapist's Address/phone # \_\_\_\_\_

CHILD # 2: / WHO THEY LIVE WITH:

Child's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level \_\_\_\_\_

School/Daycare Name: \_\_\_\_\_

School/Daycare Address: \_\_\_\_\_

School/Daycare Telephone # \_\_\_\_\_

Teacher/Daycare Provider Name: \_\_\_\_\_

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

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

Pediatrician's Address: \_\_\_\_\_

Pediatrician's Telephone #: \_\_\_\_\_

- Does this child presently have physical or emotional problems?  Yes  No  
If yes, what is the issue? \_\_\_\_\_

- Is this child presently in individual counseling or children of divorce group?  Yes  No

Professional's/Agency Name: \_\_\_\_\_

Therapist's Address/phone # \_\_\_\_\_

CHILD # 3: / WHO THEY LIVE WITH:

Child's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level \_\_\_\_\_

School/Daycare Name: \_\_\_\_\_

School/Daycare Address: \_\_\_\_\_

School/Daycare Telephone # \_\_\_\_\_

Teacher/Daycare Provider Name: \_\_\_\_\_

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

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

Pediatrician's Address: \_\_\_\_\_

Pediatrician's Telephone #: \_\_\_\_\_

- Does this child presently have physical or emotional problems?  Yes  No  
If Yes, what is the issue? \_\_\_\_\_

- Is this child presently in individual counseling or children of divorce group?  Yes  No

Professional's/Agency Name: \_\_\_\_\_

Therapist's Address/phone # \_\_\_\_\_

CHILD # 4: / WHO THEY LIVE WITH:

Child's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Level \_\_\_\_\_

School/Daycare Name: \_\_\_\_\_

School/Daycare Address: \_\_\_\_\_

School/Daycare Telephone # \_\_\_\_\_

Teacher/Daycare Provider Name: \_\_\_\_\_

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

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

Pediatrician's Address: \_\_\_\_\_

Pediatrician's Telephone #: \_\_\_\_\_

- Does this child presently have physical or emotional problems?  Yes  No  
If Yes, what is the issue? \_\_\_\_\_

- Is this child presently in individual counseling or children of divorce group?  Yes  No

Professional's/Agency Name: \_\_\_\_\_

Therapist's Address/phone # \_\_\_\_\_

**SECTION 10: YOUR OPINION OF THE OTHER PARENT**

1. In what ways is the other parent a good parent?  
\_\_\_\_\_  
\_\_\_\_\_
2. In what ways is the other parent **not** a good parent? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What parenting responsibilities did each parent have in the past? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What is the other parent's relationship with each child? (For example, Close? Strained? None? Needs improvement?) \_\_\_\_\_  
\_\_\_\_\_
5. Has the other parent's relationship with each child changed over time? How has it changed? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What does the other parent need to do to be a better parent? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 11: YOUR RELATIONSHIP WITH EACH CHILD**

1. Please describe each child (check off and circle those that apply):
  - a. Activity level:  high energy     low energy
  - b. Attention:     able to focus     easily distracted
  - c. Level of intensity when upset:  reacts dramatically     becomes quiet
  - d. Gets hungry or tired:  at predictable times     at unpredictable times
  - e. Response to stimulation:  startles easily to sounds     remains calm
  - f. Appetite:  picky eater     will eat anything
  - g. Adaptability:  approaches new situations easily     takes a long time to become comfortable
  - h. When faced with obstacles (for ex: putting together a puzzle,  child is patient  
 child gives up easily
  - i. Mood: In general,  the child is positive and happy     the child focuses on the negative
2. What does each child do well? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. What kinds of problems does each child have (Social, emotional, intellectual)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What have you done to try to help each child with these problems? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Describe special interests and/or activities that you and each child share: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. What kind of discipline works with each child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. When you and each child talk about the other parent, what do you say? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 12: YOUR FAMILY BACKGROUND AND OTHER INFORMATION**

1. What are/were your parents'/stepparents' names and occupations?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. What are your siblings' names? What place are you in the birth order? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Who lived with you growing up? What role did they play in your life? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What was the quality of your parents' relationship with each other growing up? What is it like now?  
\_\_\_\_\_  
\_\_\_\_\_
5. Did your parents divorce? If so, who did you live with? What effect did the divorce have on you?  
\_\_\_\_\_  
\_\_\_\_\_
6. Were there any issues in the home growing up such as substance abuse or mental health issues?  
\_\_\_\_\_  
\_\_\_\_\_
7. What is your current relationship with each of your siblings? (for example, Close? Strained? None? Needs improvement?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. What issues, if any, did you experience during your early adulthood in school, with peers, with substance abuse or mental health? \_\_\_\_\_  
\_\_\_\_\_
9. What was the parenting role of your mother and your father growing up? \_\_\_\_\_  
\_\_\_\_\_

