

PARENT QUESTIONNAIRE

Your Name: _____ DOB: _____

Other Parent's Name : _____ DOB: _____

Your Address: _____

Your telephone numbers:(W) _____ (H) _____ (C) _____

Names and ages of others currently living in your home (excluding the children of this action)

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Do you work outside the home ? Yes No

Type of work: _____

Hours of work : _____

Employer's name and address: _____

CHILDREN of this action:

Name : _____ Birth Date: _____

School: _____ Grade: _____ Teacher: _____

Name : _____ Birth Date: _____

School: _____ Grade: _____ Teacher: _____

Name : _____ Birth Date: _____

School: _____ Grade: _____ Teacher: _____

Name : _____ Birth Date: _____

School: _____ Grade: _____ Teacher: _____

DAY CARE PROVIDER

PEDIATRICIAN

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

OTHER SERVICE PROVIDERS: (psychologist, psychiatrist, or social worker who has been involved with your family):

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Type of service: _____

SPECIAL NEEDS: (learning disabled, handicapped, emotional disturbance, special ed., gifted, etc.) _____

WHAT IS THE CURRENT VISITATION SCHEDULE?

Are you satisfied with it? Yes No
If not, why not, and how would you change it?

**PLEASE LIST ALL CONTACTS YOU WISH MADE
PLEASE GIVE RELATIONSHIP AND CONTACT INFORMATION AND WHY YOU WISH US TO CONTACT THEM.**

THIS IS A SAMPLE ONLY

Lined writing area for the top section of the page.

PLEASE DESCRIBE ANY SPECIFIC INCIDENTS THAT ILLUSTRATE YOUR CONCERNS. PLEASE GIVE SPECIFIC DETAILS AND USE ADDITIONAL PAGES IF NEEDED:

Lined writing area for the bottom section of the page.

THIS IS A SAMPLE ONLY

PLEASE DESCRIBE WHAT YOU WOULD PROPOSE FOR A PARENTING PLAN AND WHY?

Lined area for writing a parenting plan proposal.

HAVE YOUR CHILDREN EVER BEEN THE SUSPECT OF AN INVESTIGATION BY THE DEPARTMENT OF CHILDREN AND FAMILIES OR ITS COUNTERPART IN ANY OTHER STATE? If so, state when and explain:

Lined area for providing details of investigations.

IS THERE ANYTHING SPECIAL YOU WOULD LIKE ME TO KNOW ABOUT YOUR CHILD(REN)?

Lined area for providing special information about children.

DO YOU HAVE THE FOLLOWING:

- | | | | |
|----|----------------------|----------|---------------------|
| 1. | CRIMINAL RECORD | YES / NO | IF YES GIVE DETAILS |
| 2. | MENTAL HEALTH ISSUES | YES / NO | IF YES GIVE DETAILS |
| 3. | GUNS | YES / NO | IF YES GIVE DETAILS |
| 4. | DCF INVESTIGATIONS | YES / NO | IF YES GIVE DETAILS |
| 5. | RESTRAINING ORDERS | YES / NO | IF YES GIVE DETAILS |
| 6. | PROTECTIVE ORDERS | YES / NO | IF YES GIVE DETAILS |

THIS IS A SAMPLE ONLY

DOES THE OTHER PARENT HAVE THE FOLLOWING:

- | | | | |
|----|----------------------|----------|---------------------|
| 1. | CRIMINAL RECORD | YES / NO | IF YES GIVE DETAILS |
| 2. | MENTAL HEALTH ISSUES | YES / NO | IF YES GIVE DETAILS |
| 3. | GUNS | YES / NO | IF YES GIVE DETAILS |
| 4. | DCF INVESTIGATIONS | YES / NO | IF YES GIVE DETAILS |
| 5. | RESTRAINING ORDERS | YES / NO | IF YES GIVE DETAILS |
| 6. | PROTECTIVE ORDERS | YES / NO | IF YES GIVE DETAILS |

ARE YOU WILLING TO TRY ALTERNATIVES TO LITIGATION? YES / NO

HAVE YOU TRIED IT IN THE PAST: YES / NO

IF SO, PLEASE DESCRIBE WHAT ALTERNATIVE AND THE RESULT:

HAVE YOU HAD PRIOR ATTORNEYS? IF SO, WHO:

HOW MANY TIMES HAVE YOU GONE TO COURT AND WHY?

IS THERE ANYTHING ELSE YOU WISH TO BRING TO MY ATTENTION?

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WHAT ARE YOUR EXPECTATIONS?

Are there any issues of substance abuse by either parent?

Are there any allegations of sexual abuse of the child?

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SCHOOL QUESTIONNAIRE/REQUEST FOR INFORMATION

Date: _____
School: _____ Fax #: _____
Parent(s)/Guardian(s): _____
Student: _____

The _____ has been court appointed to represent the above referenced child as guardian ad litem in a family court case. In order to complete our investigation, it is necessary for us to have an understanding of the child's educational status. We ask that you please complete this form and return it via facsimile at _____. A release of information regarding the above referenced child follows. Thank you in advance for your assistance in this matter.

Teacher's Name: _____ Grade: _____

of Days Absent: Excused ____ Unexcused ____; # of Days Tardy: Excused ____ Unexcused ____;

Significant school history information or areas concern:

Comments regarding student's academic performance:

Comments regarding student's present behavior:

Concerns regarding the student, siblings, or any other family members:

Comments regarding parental involvement in school:

Person Completing Form: _____ Date: _____

Parent Questionnaire

- 1. Your name/signature _____
- 2. Your spouse's name _____
- 3. Your address _____
- 4. Your social security number _____
- 5. Your date of birth _____
- 6. Your telephone number _____ (w) _____ (h)
- 7. Names and ages of others currently living in your home

_____ years old
_____ years old

- 8. Do you work outside the home? YES NO

Type of work _____

Hours _____

Employer's name and address _____

- | 9. | Child's Name | Birthdate | Social Security Number | Adopted? |
|----|--------------|-----------|------------------------|----------|
|----|--------------|-----------|------------------------|----------|

_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N
_____	_____	_____	_____	Y/N

- | 10. | School(s) | Grade | Teacher |
|-----|-----------|-------|---------|
|-----|-----------|-------|---------|

- | 11. | Day Care Provider | Name, Address & Phone |
|-----|-------------------|-----------------------|
|-----|-------------------|-----------------------|

- | 12. | Pediatrician | Name, Address and Phone |
|-----|--------------|-------------------------|
|-----|--------------|-------------------------|

13. Name, address and phone of any psychologist, psychiatrist or social worker who has been involved in counseling your child(ren).

14. Special needs? (i.e. learning disabled, handicapped, emotional disturbance, special ed, gifted)

15. What is the current visitation schedule?

Are you satisfied with it? YES NO

If not, why not, and how would you change it? _____

16. Have your children ever been the subject of an investigation by the Department of Children and Families or its counterpart in any other state? If so, when?

17. Names of child's closest friends?

18. What do your children call you?

19. Is there anything special you would like me to know about your child or children?

Please return questionnaire to:

Attorney Elmer Fudd

Authorization for Release of Family Relations File

Case Name : _____
Judicial District Court : _____
Docket Number : _____
Date : _____

The Plaintiff, the defendant and the attorney for the minor child(ren), if applicable, agree to allow the court appointed Guardian Ad Litem (hereinafter GAL) to gather information from the court assigned Family Relations Counselor in relation to the above referenced case through speaking with the Family Relations Counselor and/or reviewing documentation provided by the Family Relations Counselor, and to share information with the Family Relations Counselor in relation to the above referenced case through speaking with the Family Relations Counselor and/or allowing the Family Relations Counselor to review documentation from the GAL file.

Plaintiff *Date*

Defendant *Date*

Attorney for the Plaintiff *Date*

Attorney for the Defendant *Date*

Guardian ad Litem *Date*

Attorney for the Minor Child(ren) *Date*

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AUTHORIZATION FORM

Date

Re: CHILD'S NAME
CHILD'S D/O/B

I hereby request and authorize you to furnish, whenever requested to do so by Attorney _____, of _____, Connecticut, any and all information regarding myself, including psychological, psychiatric, drug/alcohol, and medical, and reports and records of social agencies, including the Department of Children and Families and the Family Relations Division of the Superior Court. I further authorize all officials to provide said information to her. A photocopy of this document shall have the same force and effect as the original.

Parent's Signature

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