



Columbine Counseling Center

PARENTAL RESPONSIBILITY EVALUATION INTAKE QUESTIONNAIRE

Name _____ Age _____ DOB _____

Other Parent's Name _____ Age _____ DOB _____

Court Case Number _____ Name of District Court _____

Attorney: _____

MARITAL HISTORY (If not married please indicated with N/A than give appropriate information on this specific relationship)

We married on _____, after a courtship of _____ years/months. This was my _____ marriage, and his/her _____ marriage.
1st, 2nd ... 1st, 2nd ...

We lived together from _____ to _____

During our marriage/relationship, we lived in:

1. _____ for _____ years/months.
City, State
2. _____ for _____ years/months.
3. _____ for _____ years/months.
4. _____ for _____ years/months.

Briefly describe by year your employment history during your marriage/relationship.

Briefly describe by year your spouse's employment history during your marriage/relationship.

What do you feel have been the principle causes for the breakup of your marriage/relationship?

When did you separate? (If more than once, explain with dates and length of separation for each time.)

Whose decision was it to divorce/separate? _____

What is the other's attitude toward the divorce/separation?

When were the divorce/separation papers filed? And Where?

By whom? _____

Outline the court proceedings that have taken place so far with regard to your divorce or attach all pertinent pleadings.

CHILDREN

List the children from this marriage/relationship:

1. Name: _____ Sex ____ Age _____ DOB: _____
2. Name: _____ Sex ____ Age _____ DOB: _____
3. Name: _____ Sex ____ Age _____ DOB: _____
4. Name: _____ Sex ____ Age _____ DOB: _____

Describe the residential and parenting time arrangements for each child since the separation.

List children from previous marriage/relationship:

	<u>Name/Age/DOB</u>		<u>Parent's Name</u>
1.	_____	Sex _____	_____
2.	_____	Sex _____	_____
3.	_____	Sex _____	_____
4.	_____	Sex _____	_____
5.	_____	Sex _____	_____
6.	_____	Sex _____	_____

Describe the childcare and decision-making arrangements for each child during your marriage/relationship, and since the separation. (Please include any adopted or foster care children.)

Please select five friends, acquaintances, work associates, or neighbors who can provide information helpful to this evaluation. (Do not list family members.) If possible, include references who knew you while still living with your spouse.

<u>NAME</u>	<u>ADDRESS</u> (Please include zip code)	<u>HOW KNOWN</u>	<u>LENGTH OF TIME KNOWN</u>
1. _____	_____	_____	_____

2. _____	_____	_____	_____

3. _____	_____	_____	_____

4. _____	_____	_____	_____

5. _____	_____	_____	_____

Please List any Family Members you might wish us to contact, separate from references above. These individuals may or may not be contacted.

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list any professional contact you might wish us to contact such as marriage counselor, individual therapist, child's therapist, etc. (Signed Release of Information required for each individual listed)

<u>NAME & TITLE</u> (Please identify individual, family or couples therapy)	<u>ADDRESS</u>	<u>PHONE</u>
1. _____ _____ _____	_____	_____
2. _____ _____ _____	_____	_____
3. _____ _____ _____	_____	_____
4. _____ _____ _____	_____	_____

I give my permission to have these individuals contacted for my therapy. Child therapist will involve separate releases.

Name (Please Print)

Signature

Date