

DANE COUNTY FAMILY COURT SERVICES

Dane County Courthouse
215 S Hamilton St, Room 2030
Madison, Wisconsin 53703-3282
PH: 608-266-4607 | FAX: 608-266-6588
<https://familycourtservices.danecounty.gov/>

FAMILY STUDY QUESTIONNAIRE

Please complete this questionnaire prior to your first study appointment. Please answer every question. If more space is needed, attach additional pages. Write "none" if the question does not apply.

This form can be completed and returned by email to FamilyCourtServices@danecounty.gov, in-person, or by mail.

PLEASE WRITE IN PRINT

Parent:

First Name Middle Initial Last Name Other last names by which you are or have been known

Address City / State Zip Date of Birth

Birth Place Religion Phone Number Email

Other Parent:

Family Court Case Number

First Name Middle Initial Last Name

A) Children involved in Current Court Case:

Child's Full Name **Date of Birth**

School / Daycare, Address and Phone Number Teacher / Contact Person

Child's Full Name **Date of Birth**

School / Daycare, Address and Phone Number Teacher / Contact Person

Child's Full Name **Date of Birth**

School / Daycare, Address and Phone Number Teacher / Contact Person

Child's Full Name **Date of Birth**

School / Daycare, Address and Phone Number Teacher / Contact Person

2. If you have additional children NOT involved in this Court action, please list:

Child's Full Name	Date of Birth	Address
Child's Full Name	Date of Birth	Address

3. Please list what you believe the current custody and placement schedule is:

Custody (joint/sole)	Placement Schedule (time spent with each parent)

4. What was the child/ren told about how much time they will spend with each parent? _____

5. Who else is involved in providing care for the child/ren (relatives, partners, friends. etc.)? Please include contact information (phone/email) for these people.

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

Name _____ DOB _____ Relation to you: _____ Phone # _____
Name _____ DOB _____ Relation to you: _____ Phone # _____

B) Physical and Mental Health Information: Children

7. List the child/ren's physicians / health care providers

Child's name	Provider's Name	Clinic / Address	Phone Number
Child's name	Provider's Name	Clinic / Address	Phone Number
Child's name	Provider's Name	Clinic / Address	Phone Number

8. List any on-going medical or mental health issues or special needs for each child:

9. List all current medications for each child:

10. List any past or current mental health services for the children by a psychiatrist, psychologist, social worker or counselor:

Child's name	Provider's Name	Clinic / Address	Phone Number
Child's name	Provider's Name	Clinic / Address	Phone Number

11. Have any of the children ever been hospitalized for mental or physical health concerns? If yes, explain. Please include hospital name, address and dates.

C) Physical and Mental Health Information: Parent

12. List your physician(s)/ health care provider(s)

Provider's Name	Clinic / Address	Phone Number
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Provider's Name	Clinic / Address	Phone Number
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13. List any medical issues which require treatment and your current medications:

14. List any mental health services you have received by a psychiatrist, psychologist or counselor:

Provider's Name	Clinic / Address	Phone Number	Dates
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15. Have you ever been hospitalized for mental or physical health concerns over the past 5 years? If yes:

Hospital Name	Address	Dates
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16. Have you or anyone in your immediate family struggled with alcohol or drug use/abuse? Who? Describe the problem and any treatment:

17. Have you, the other parent, any of the children and/or other adults living in your household been involved with Child Protective Services or any Human Services Programs anywhere in the United States? If yes, explain. Please include dates, county/state and program(s) name(s):

D) Relationship With the Other Parent

18. Briefly describe your relationship problems: _____

19. Do you have concerns about the other parent's use of alcohol, illegal or prescription drugs? Yes No

If yes, explain: _____

20. How did you and your partner communicate and make decisions? _____

21. List the ways the child/ren benefit from their relationship with you: _____

22. List the ways the child/ren benefit from their relationship with the other parent: _____

E) Current Relationship / Significant Other Date of marriage, if applicable _____

Name	DOB	Address & Email & Telephone Number
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23. Are you currently living together? If yes, for how long: _____

24. If you have child/ren with this person please list:

Name	DOB
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Name	DOB
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25. If your current partner has child/ren from another relationship, please list:

Name	DOB	Address
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Name	DOB	Address
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26. Does your current partner have a criminal history? If yes, please explain _____

27. Has your current partner had contact with Child Protective Services regarding any child? _____

28. Describe how your current relationship affects the child/ren _____

F) Work and Residence History

29. Please list your places of employment for the past 5 years starting with your current or most recent employment. Include: Employer, address, telephone number, starting/ending date, and reason for leaving.

30. Please list your places of residence / addresses for the past 5 years. Please include dates and names of household members.

G) Legal History

31. Has either parent been arrested, charged, convicted, of a crime, placed in deferred prosecution (First Offenders) on probation/parole or otherwise been involved with law enforcement agencies in Wisconsin or any other state?

You: Yes No Other parent: Yes No

Please provide the following information: date of law enforcement contact, name of agency involved, charges or convictions, name and telephone number of probation/parole agent.

H) What would you like the placement schedule to be?

Days/times with you: _____

Days/times with the other parent: _____

How would major decisions regarding the child/ren be made? _____

How would you like to see your traditional holiday celebrations shared in your future placement arrangements?

I) Any Other Concerns

Please fill out additional information and sign and date at the bottom

FCS STUDY - ADDITIONAL INFORMATION

Children:

a) Identify each child's interests, fears, skills and problem areas: _____

b) Briefly describe your activities/how time is spent with each child: _____

c) Children misbehave. Describe what behaviors you consider misbehaving & how you handle them: _____

d) Please list any past schools/daycares that the child/ren have attended. Include the name of the school/daycare, address and dates of attendance: _____

e) Describe each child's progress in school/daycare. Do you have any concerns? _____

f) How does each child handle conflict and change? _____

g) How do you think the divorce/separation has affected your child/ren? _____

Your Family of Origin:

h) Describe your parents, including step or foster parents: _____

i) Describe how your parents handled their conflicts: _____

j) How is your parenting different / the same as how you were raised? _____

Personal History:

k) Briefly describe the 3 most stressful events in your life. Include your age, what happened and how you handled it.

l) Please list past relationships with the most recent first. Please include name, date of birth, dates when you were involved, when they moved in and out (if applicable) and dates of marriage/divorce (if applicable).

Signature: _____

Date: _____

Parenting References:

Each parent may choose to ask a maximum of five (5) people for parenting references who are willing to share information from their own first-hand experiences or observations about the child/ren's relationship with each parent. These references may include relatives, friends or neighbors. Letters should be sent to FCS as soon as possible after your first meeting with the evaluator. The letters should be signed and dated, include the writer's relationship to the parent and provide their contact information. Please note: the information provided by your references is not confidential.

