

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

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.)?

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. Has anyone in your immediate family struggled with alcohol or drug use/abuse? Who? Describe the problem:

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:

Dates	County/State	Program(s)
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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: _____

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

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

Signature: _____ **Date:** _____

FCS STUDY - ADDITIONAL INFORMATION

Name & date: _____

Parenting References:

Each parent may choose to ask 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 and include the writer's relationship with the parent and his/her contact information. Please note: the information provided by your references is not confidential.

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).

