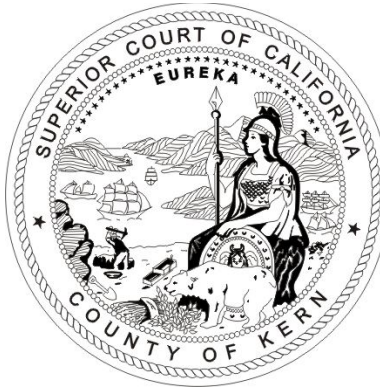




CHILD CUSTODY EVALUATION QUESTIONNAIRE

INSTRUCTIONS:

On the referral of a child custody investigation by the Court to the Family Court Services, the attached questionnaire MUST be completed and returned to the Family Court Services within ten (10) days, or within the time limit set by the court.

The investigation cannot be initiated until all parties to the action have submitted completed questionnaires.

Further, the investigation cannot be completed without the full cooperation of the parent/caregivers and requires that each be available, along with the children, for office and home appointments.

When Family Court Services is directed by the Court to conduct a custody investigation, the Court will make inquiry into the financial condition of the parent/caregiver(s) and if the Court finds the parent/caregiver able to pay the expense of the investigation, the Court may make an order requiring that the parent/caregiver repay to the court the expense of the investigation.

Informed Consent for Child Custody Evaluation

Superior Court of California, County of Kern, has referred your case to Family Court Services for an evaluation by a mental health professional. The Court wants to consider factors affecting the health, safety, welfare and best interest of the children involved in this case in making orders for your family.

1) Evaluation Procedures

A Family Court Services' Investigator will be gathering information from many sources, including but not limited to, law enforcement, financial documents and agencies, child protective services, schools, day care, driving records, and our own observation of you, the child(ren) and others involved in this case. We will not use psychological testing in our evaluation. We will talk to people whose opinions and information are relevant to this case. We will also ask you to sign a release of information form, which will provide us with access to medical, school, legal, and other information related to the issues under investigation. These releases will give permission to others to provide necessary information to us. All of these steps are designed to give us a complete understanding of the issues that the court has asked us to investigate.

2) Collateral Sources

We will generally phone those professionals with whom you have worked and who can give us necessary information about you or the child(ren). Generally, these collateral sources might include teachers, child care providers, law enforcement officers, pediatricians and other medical doctors and therapists. We can also include others as well. If you have been ordered to participate in drug testing or anger management, we will likely contact those sources. It is rare for us to interview all collateral parties that are suggested. We usually only phone those professional collateral sources who we believe will add information to the evaluation. If you have one or two collateral sources that you believe are crucial to our evaluation, please let us know. Please note that we will inform sources that the content of all interviews may be included in our written evaluation report, and we may be required to testify about these contacts in Court.

It is rare for us to interview friends or relatives, each of whom is often partial to one of the parents/caregivers. We encourage you to get letters from friends and/or relatives whom you believe might have pertinent information. We reserve the right to contact any of those persons if we need clarification of any written information given to us.

3) Confidentiality

Many parent/caregivers ask about confidentiality in an evaluation. Quite simply, within the process, there is no confidentiality. We may share information one parent/caregiver tells us with the other parent/caregiver or ask one of you questions about what we hear from a parent/caregiver, child, or any collateral source. We may ask the children about things we hear from either of you. We will inform the children their statements may not be confidential, though we may inform you, your attorneys, and the court if we believe it is in the child's interest to protect that confidentiality. The reason there is no confidentiality within the evaluation is to protect your due process rights and to ensure that we can clarify all issues and gather necessary information for our evaluation and recommendations.

Please note that California state law requires reporting to the appropriate agencies in cases where there is reasonable suspicion of child abuse, elder abuse, stated intention to injure another person and/or imminent danger of harming yourself, or inability to care for yourself.

No recording or recording devices of any kind are allowed during any contact. We do not consent to being recorded and non-consensual recordings are a violation of Penal Code § 632. If we discover that we are being recorded directly or indirectly, the violation will be referred to the Sheriff's Department for investigation.

4) **Fees**

The cost of the evaluation will be based upon the number of hours needed to complete the investigation and prepare the report at an hourly rate of \$90.00 plus administration fees and mileage. These costs will be included in the report.

At least twenty-four-hour notice is required to cancel or reschedule an appointment without being charged. Without twenty-four hours notice, the parent/caregiver who misses the appointment may be billed an additional \$90.00 per appointment hour. Excessive missed appointments can result in termination of the evaluation with notification to the Court of what portion of the evaluation has been completed.

5) **Recommendations**

A written report will be prepared and filed with the Court. Please be aware that whatever we recommend, it will always be based on our analysis of all of the evaluation data and what we believe to be in the children's best interests. A copy will be given to each party without an attorney or to the attorney for the party if one is retained.

6) **Confidentiality of the Report**

California laws and rules of court forbid the unwarranted disclosure of the report. The court can impose a penalty for the unwarranted disclosure of the report. Form FL-328 outlining the provisions for confidentiality and who can have access to the report will be attached to your report: it outlines these laws and rules.

7) **Complaints**

If you have a concern or a complaint regarding the Investigator assigned to your case, you may contact Patricia Arredondo, Manager of Family Court Services at 1215 Truxtun Avenue, 3rd Floor, Bakersfield, CA 93301, (661) 610-6717.

8) **Change in Information**

It is your responsibility to keep us informed of any changes to your address or phone number. Failure to do so may result in the closing of the investigation.

9) **Consent**

I have read and understand this Consent for Custody and Guardianship Evaluation, and expressly consent to the Kern County Superior Court Family Court Services and its agents and employees to conduct an evaluation.

Signature

Printed Name

Date

Case Number _____

Identification Information

Your full legal name: _____

Any other names you use or have used (including maiden names): _____

Your relationship to the child(ren): _____

Your email address: _____

Your mailing address: _____ City: _____ Zip: _____

Street address if different: _____

If not living in Kern County, please list the county living in: _____

Home phone #: _____ Cellular phone#: _____ Message phone#: _____

**** Please Notify Family Court Services Of Any Changes To Your Address Or Phone Numbers ****

Date of birth: _____ Place of Birth: _____ Race: _____

Social security #: _____ Driver's license # or State ID # _____ State: _____

Marital Status (circle one) Separated Divorced Married Single Widowed Domestic partner

Occupation: _____ Current Employer: _____

Employer's Address: _____

Employer's phone #: _____ Length of employment: _____

Current working hours: _____ Days: _____

Circle highest grade completed: 6 7 8 9 10 11 12

High school graduate? Yes No If yes, date graduated: _____

High School attended: _____

City, State and Zip: _____

Years in College, University or Trade School: _____ Course of study: _____

Name of last College, University or Trade School attended: _____

Graduated: Yes No If yes, Graduation date: _____ Highest degree: _____

Have you served in the United States Military: Yes No Branch of service: _____

Date began active duty: _____ Date Discharged: _____ Type of discharge: Honorable Medical Other

your language of preference: _____ Language of preference in the home: _____

Do you or your child(ren) require special accommodations? YES NO Explain: _____

List all marriages beginning with current or most recent:

Name of Spouse	Date of Marriage	Date Separated	Date Divorced	#of Children

List all of your Children:

Name	DOB	Other parent/caregiver's name	With which parent do the children live?

Others living in the home (Adults and Children):

Name	DOB	Relationship to the child(ren)

All persons 18 years of age and older must complete the Identification Form and Information Release contained at the end of this questionnaire.

Financial Information:

Please fill out this form completely. Do not omit any information. This information is necessary to establish an account with Revenue Recovery for the cost of this investigation:

Income:

Net monthly Salary: _____ Source: _____

Spouse's net pay: _____ Source: _____

Child Support: _____ Source: _____

Public Assistance(AFDC, Social Security, Food Stamps): _____ County: _____ Case Worker: _____

Other income: _____ Source: _____

Total monthly income of the family: _____

Vehicles:

Year	Make	Model	Value	License#

Expenses:

Reference

	Balance owed	Monthly payment		Friend	Relative
Rent/House payment:	_____	_____			
Car payment(s):	_____	_____	Name:	_____	
Child care:	_____	_____	Address:	_____	
Utilities:	_____	_____	Phone#:	_____	
Credit cards:	_____	_____			
Loan payments:	_____	_____			
Child support paid:	_____	_____			

To be completed by parent/guardian of the child(ren). If more space is needed please attach a separate page(s) to questionnaire.

Medical History:

List all of your current physical illnesses or disabilities and any medications taken regularly:

Mental Health History:

Doctor/Therapist Name	Address and Phone #	Nature of counseling	When

Alcohol History:

Have you ever drank alcohol? YES NO

****If yes please answer the following questions****

What kind(s) of alcohol do you drink? _____

How often do you drink? _____ At what age did you take your first drink? _____

Has alcohol ever caused you to lose your job? YES NO Be arrested? YES NO

Has your drinking ever been an issue between you and your family and friends? YES NO

Drug History:

Have you ever used illegal drugs? YES NO Have you ever abused prescription drugs? YES NO

****If yes please answer the following questions****

Drug	How often	Age of first use	Date of last use

Have drugs ever caused you to lose your job? YES NO Be arrested? YES NO

Have drugs ever been an issue between you and your family and friends? YES NO

Arrest Record:

Have you ever been arrested? YES NO **If yes please answer the following questions**

Date	Charge	Arresting agency	Convicted?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Child Protective Services History:

Have you ever been investigated by Child Protective Services? YES NO **If yes please answer the following questions**

Date	Concern

Living Arrangements:

Number of people living in your current residence: _____ Number of bedrooms: _____

Length of time at your current residence: _____ years _____ months Are you: Renting Buying Own

List all residences in the past three years:

Address	Date moved	Reason for move

Parent/Care Giver Questions

Describe your strengths as a parent/caregiver.

Describe your weaknesses as a parent/caregiver.

Current Custody Arrangement

Do you have a custody order? **YES** **NO** Date order was made _____

Is the custody order a temporary order? **YES** **NO**

How many times have you been to court regarding your custody of this child(ren)? _____

Describe your current custody arrangement:

How would you like to share parenting with the other parent/caregiver?

Information About the Other Parent/Caregiver

List the strengths of the other parent/caregiver

1. _____
2. _____
3. _____
4. _____
5. _____

Your concerns about the other parent/caregiver (circle all that apply)

Cooperation Level	Not a Problem	Does not communicate	No follow through	Harassment
Fitness to Parent	Not a Problem	No discipline	Overly strict	No parenting skills
Child Abuse	Not a Problem	Neglect	Physical abuse	Sexual abuse
Hostility	Not a Problem	Frequent arguing between parent/caregivers and you	Verbal and emotional abuse by the other parent/caregiver toward you	Physical or sexual abuse by the other parent/caregiver toward you
Children's Attachment	Not a Problem	Parent/caregiver does not know the child well	Child and parent/caregiver have spent minimal time together	There is no connection between parent/caregiver and child
Drug and Alcohol Abuse	Not a Problem	Problems related to use	Frequent Intoxication	Addict or alcoholic

Arrest Record

Has the other parent/caregiver ever been arrested? **YES NO**

****If yes, please answer the following questions****

Date	Charge	Arresting agency	Convicted?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Child Protective Services History:

Has the other parent/caregiver ever been investigated by Child Protective Services? **YES NO**

****If yes please answer the following questions****

Date	Concern

Child Questionnaire Form

[illegible]

What kind of problems does your child have? (social, emotional, intellectual, physical)

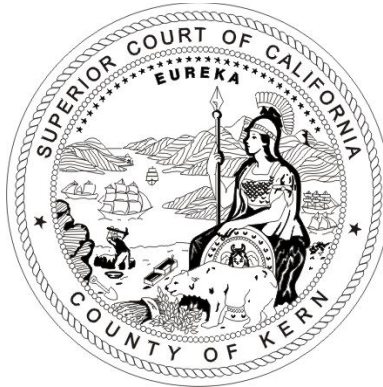
What have you done to try to help your child with these problems?

How does your family resolve problems?

Describe special interests/activities you and your child share?

What kind of discipline works with this child?

How would the child benefit from a change in the way the child shares time with each parent/caregiver



RELEASE OF INFORMATION

For Parent/Caregiver

I, _____, as _____
Print name Relationship to child

specifically authorize any public agency, private person, employer or past employer, medical doctor, psychologist, treating therapist, hospital, public or private school districts (including teacher) possessing information about me or the minor child(ren), including psychiatric information, confidential or otherwise, to release same (including copies) to the Superior Court through its duly appointed Court Mediator/Investigator, such information to be used as the Court may deem fit and proper. I understand that Family Court Services will conduct a criminal and Child Protective Services' background check on me in the course of this investigation.

A copy of this release shall be as valid as the original.

This release shall remain in effect for one year from this date unless otherwise revoked.

Signature: _____ Date: _____

Case Number: _____

Adult Identification Information

These 3 pages and the Release of Information must be filled out for anyone, other than the parent/caregiver, over 18 who is living in the home.

Your full legal name: _____

Any other names you use or have used (including maiden names): _____

Your relationship to the child(ren): _____

Your email address: _____

Your street address: _____ City _____ Zip _____

Mailing address if different: _____

If not living in Kern County, please list the county living in: _____

Home phone # _____ Cellular phone: _____

Date of birth: _____ Place of birth: _____ Race: _____

Social security #: _____ Driver's license # or State ID #: _____ State: _____

Marital Status(circle one): Separated Divorced Married Single Widowed

Occupation: _____ Current Employer: _____

Employer's Address: _____

Employer's phone #: _____ Length of employment: _____

Current working hours: _____ Days: _____

Circle highest grade completed: 6 7 8 9 10 11 12

High school graduate? Yes No If yes date graduated: _____

High School attended: _____

City, State and Zip: _____

Years in College, University or Trade School: _____ Course of study: _____

Name of last College, University or Trade School attended: _____

Graduated: Yes No If yes, Graduation date: _____ Highest degree: _____

Have you served in the armed forces: Yes No Branch of service: _____

Date began active duty: _____ Date Discharged: _____ Type of discharge: Honorable Medical Other

List all marriages beginning with current or most recent:

Name of Spouse	Date of Marriage	Date Separated	Date Divorced	#of Children

List all Children:

Name	DOB	Other parent/caregiver's name	With which parent do the children live?

Medical History:

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Arrest Record:

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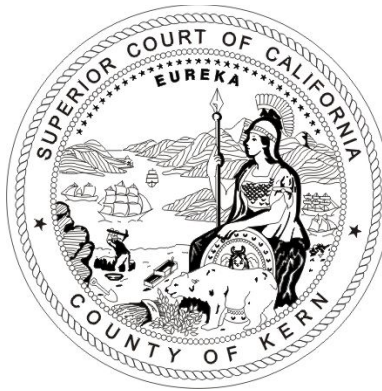
Date	Charge	Arresting agency	Convicted?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Child Protective Services History:

Have you ever been investigated by Child Protective Services? YES NO

****If yes please answer the following questions****

Date	Concern



RELEASE OF INFORMATION

I, _____, as _____
Print name Relationship to child

specifically authorize any public agency, private person, employer or past employer, medical doctor, psychologist, treating therapist, hospital, public or private school districts (including teacher) possessing information about me or the minor child(ren), including psychiatric information, confidential or otherwise, to release same (including copies) to the Superior Court through its duly appointed Court Mediator/Investigator, such information to be used as the Court may deem fit and proper. I understand that Family Court Services will conduct a criminal and Child Protective Services' background check on me in the course of this investigation.

A copy of this release shall be as valid as the original.

This release shall remain in effect for one year from this date unless otherwise revoked.

Signature: _____ Date: _____

Case Number: _____

Witness Statement

Please provide each of your witnesses with a Witness Statement, which you can include with your questionnaire. You must include the case number and your name on the bottom of the form.

Your witnesses must sign their statements and must include their names, addresses and phone numbers so that our investigators can contact them. If this items are not completed, we cannot consider their statements. Please understand we are not looking for witnesses of your good character.

Thank you for your cooperation.

What have you seen which could help the Court in determining a custody and visitation plan for the children in this matter?

Signature _____ Date _____

What is your relationship with the parent/caregiver? _____

How long have you known this person? _____

In order for our investigator to contact you, please complete the following information.

Name _____ Street Address _____

City _____ State _____ Zip _____

Home phone _____ Work phone _____

Case Number _____ Parent/caregiver's Name _____