

### COURT-INVOLVED INTAKE QUESTIONNAIRE

Your thorough completion of this form will help greatly in understanding the needs of the child. The questionnaire may be reviewed with you in order to discuss some of the matters in more depth, if needed.

#### GENERAL INFORMATION

Date	
Referred by	
Last Name	
First Name	
Name of Child(ren)'s Other Parent	
Your Relationship to Child(ren)	
Full Address	
Email Address	
Contact Numbers	Home Work Cell
Preferred Contact Method	
Age	
Date of Birth	
Place of Birth (City/Country)	
Significant Others/Relatives Living in the Home	
Occupation	
Employer Name	
Employer Address	
Languages Spoken at Home	

**COUNSEL INFORMATION**

Firm Name	
Counsel Name	
Full Address	
Contact Numbers	
Email	
Do you have a court order to participate in therapeutic reintegration and/or counseling? If so, please list the name of the Judge and the jurisdiction.	
Do you have a recommendation other than a court order to participate in therapy? If so, please list relationship with this individual and their contact information.	
Has there been a custody evaluation (assessment) for your family? If so, please list name and contact information for evaluator.	
Was psychological testing done as a result of the custody evaluation? If so, please list name and contact information for the psychological testing individual(s).	
Approximately how many court appearances have you had since the court process began?	

**YOUR RELATIONSHIP HISTORY**

Present Marital Status	
Are you living in the same home with the children's other parent? If not, what are your current living arrangements?	

**MARRIAGE/COHABITATION**

Date you met:	Date of separation:
Date of marriage/cohabitation:	Date of divorce:
Who made the decision to end the relationship?	
How were the children informed?	
Reasons for final separation/divorce	

Please list previous marriages or common-law or serious relationships where the children have been involved.	
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**CHILDREN**

Put asterisk\* by child(ren) about whom you are seeking services.

Child's name	Age	Date of birth	Grade	Resides with

Children from previous or current relationships, other than above.

Child's name	Age	Date of birth	Grade	Resides with

Other persons in the home and their relationship to the children.	
Are you in a new relationship?	
<p>Have any of your children been assessed through school or privately as:</p> <p>Gifted, Learning Disabled, Emotionally Disturbed, Physically Handicapped, Developmentally Delayed, Having current or chronic health needs?</p>	
<p>If you have more than one child, describe for each child:</p> <ul style="list-style-type: none"> <li>- The sibling relationship</li> <li>- Their relationship with the other parent. If there are obstacles in the way of a relationship, how would you describe them?</li> <li>- Does your child say anything to you about the</li> </ul>	<i>(attach separate sheet, if needed)</i>

<p>other parent? If so, what does the child say and how do you respond?</p> <ul style="list-style-type: none"> <li>- Their relationship with the other parent's family. If there are obstacles in those relationships, describe those. What changes do you think can be made?</li> <li>- Is there any other information about your child we should know, please describe for each child.</li> </ul>	
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**YOUR FAMILY**

Your Mother's Name	
Age/Occupation	
Full Address	
Your Father's Name	
Age/Occupation	
Has anyone in your family abused drugs or alcohol?	
Been in psychotherapy?	
Been hospitalized for emotional reasons?	
Received medication for emotional reasons and/or been diagnosed with a mental illness that is not treated?	
Been arrested or convicted of a felony?	
Been investigated for physical or sexual child abuse?	
If yes, please provide details.	

**WERE YOUR PARENTS**

Ever separated/divorced?	
If yes, when?	
Your age at the time	
Ever remarried?	
If yes, when?	
Your age at the time	
Age when you moved out of your parent's home	

Reason for moving out	
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**PERSONAL & HEALTH HISTORY**

Do you have a religious affiliation?	
If so, please identify	
If you belong to a congregation, please indicate the frequency with which you attend services	
Do you have a chronic or recurrent health problem or physical disability?	
If so, please explain.	
Are you currently on any prescribed medications?	
If so, please identify pertinent details.	
Do you use any drugs or medications other than as prescribed?	
If so, please identify pertinent details.	
Please list all mental health professionals and/or agencies with whom you or your child(ren) have had contact, e.g., psychiatrist, psychologist, social worker, counselors. Include agency/address, dates seen, and telephone numbers, if known.	<ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ol>
Have you ever been psychiatrically hospitalized?	
If yes, please provide details.	
Have you ever been under investigation by the police?	
If yes, please provide details.	

Have you or a member of your family ever been under investigation by a child protection agency?	
If yes, please provide details.	
Do you ever drink alcohol?	
Do you or anyone else think that your use of alcohol or drugs is a problem?	
If yes, please provide details.	

### EDUCATION & EMPLOYMENT

Highest level of education completed	
School and degree	
Did you receive special education services?	
If yes, please provide details.	
Did you leave any educational program prior to completion?	
If yes, please provide details.	
Current occupation	
Annual income	
Current employer	
Hours of work	
Hire date	
Previous employer	
Dates of service	
Reason for leaving	
If 'previous employer' was less than 2 years, please provide further detail on employment.	

### YOUR RELATIONSHIP WITH OTHER PARENT

Describe your current relationship with your child's other parent in as much detail as you think will be helpful.	
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Describe your communication with the child's other parent.	
Describe the level of conflict with the child's other parent.	
Describe how you think your child views your relationship with his/her other parent. Have they witnessed arguing, fighting, and/or physical violence?	
During the relationship, have there been any incidents of physical aggression?	
If yes, please provide details.	

#### INFORMATION REGARDING OTHER PARENT

Do you have any of the following concerns about the other parent? (Indicate yes or no.)

Alcohol abuse	
Drug abuse	
Emotional abuse of children	
Physical abuse of children	
Sexual abuse of children	
Sexual behavior	
Physical health	
Criminal behavior	
Potential for violent behavior	
Potential for suicide attempt	
Child kidnapping	
Is the other parent likely to express any of these concerns about you?	

Does the other parent ever drink alcohol?	
During the relationship, important decisions were made by (whom) about:	
Household finances	
Purchases of family property	
Children's education	
Children's health care	
Children's religious training	
Children's extracurricular activities	
Were you able to discuss family issues openly with one another?	
Have there been any incidents of verbal abuse? <ul style="list-style-type: none"> <li>- In the past six months?</li> <li>- At any time in the relationship?</li> </ul>	
Have there been any incidents of physical abuse? <ul style="list-style-type: none"> <li>- In the past six months?</li> <li>- At any time in the relationship?</li> </ul>	
Have charges ever been laid against you or the other parent?	
Has either parent ever had a restraining order?	
If there is a current restraining order, please address how this order will allow your family to attend therapeutic visits.	

#### PARENTING SCHEDULE & DECISION MAKING

What is the current parenting-time schedule?	
Is there a current dispute about parenting?	
If yes, please provide details.	

#### DOCUMENTATION

Do you have a signed/executed separation agreement?	
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If so, what is the date?	
Do you have a signed parenting plan?	
If so, what is the date?	
Are there any court orders?	
If so, please list dates.	

### **YOUR OBJECTIVES & PRIMARY CONCERNS**

How do you imagine therapeutic reintegration can be of assistance to you and your family?	
What needs to be different about you or the other parent to improve the situation for your child(ren)?	
What needs to be different about your family to improve the situation for your child(ren)?	
If there are contact difficulties between you and your child(ren), please describe in detail.	
What is your greatest parenting strength?	
What is your greatest parenting challenge?	
What is the other parent's greatest parenting strength?	
What is the other parent's greatest parenting challenge?	
Provide any comments that you feel may be helpful to address/resolve the current situation.	
Has any professional indicated that your child has an emotional, academic, or social problem?	
If yes, please provide details.	

<p>What are your most important concerns regarding:</p> <ul style="list-style-type: none"> <li>- Your child(ren):</li> <li>- Your family:</li> <li>- Your child(ren)'s other parent:</li> </ul>	
<p>What do you think are the most important concerns the other parent has about you?</p>	

*Space provided here for any other information you would like to add:*

PARENT NAME: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_