SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN BENITO
FAMILY COURT SERVICES
450 Fourth Street, Hollister, CA 95023
(831) 636-4057

CHILD CUSTODY QUESTIONNAIRE

PLEASE complete this questionnaire and return it to family court Services within five (5) days unless other arrangements have been approved by the investigator. The investigator for this matter cannot begin until the questionnaire is received by the Family court Services investigator.

If additional space is needed for certain questions, please use the back or attach additional pages.

Has there been a prior investigation regarding this matter? ◯ Yes ◯ No

IDENTIFYING DATA

Name and phone number of your Attorney, if applicable: _____

Your present name _____

Other names that you use or are known by_____

Your age ____ Date of birth _____ Place of birth _____

Weight _____ Height _____ Eye color _____ Hair color _____ Religion _____

Driver's License # _____ Social Security Number _____

Home Phone # _____ Cell Phone # _____ Work Phone # _____

Your current address _____

How long have you lived at this address? _____

YOUR FAMILY HISTORY

Natural Father _____ Age _____ Year of birth _____

Address _____

Phone numbers: Cell _____ Home _____

Occupation _____ Employer _____

Natural Mother _____ Age _____ Year of birth _____

Address _____

Phone numbers: Cell _____ Home _____

Occupation _____ Employer _____

Are your parents divorced/separated? ◯ Yes ◯ No. If so, what year?

Do you have a stepfather/stepmother? ◯ Yes ◯ No. If so, what are their name(s):

Are you adopted? ◯ Yes ◯ No.. If so, what year

Do you have brother(s)/sister(s)? ◯ Yes ◯ No

If so, list names, ages and addresses:

SIBLING NAMES	AGES	ADDRESSES

How often do you see your parents? _____

How often do you see your brother(s) and sister(s)? _____

YOUR EDUCATIONAL HISTORY

Highest grade completed _____ Name of high school _____

Name of College _____ Degrees _____

Trade Schools _____ Certificates _____

YOUR EMPLOYMENT HISTORY

EMPLOYER	ADDRESS	POSITION	DATE BEGIN	DATE LEFT	REASON FOR LEAVING

Current working hours and days _____

FINANCIAL STATUS

INCOME SOURCE	GROSS	NET
From Employment		
Own Business		
Public Assistance		
Child Support		
Other income sources		
TOTAL	0	0

If you receive Public Assistance, please indicate:

CASE # _____

District _____

Case Worker _____

If not now, have you received assistance in the past? ◯ Yes ◯ No

Major monthly expenses:

House payment $ _____

Rent $ _____

Car payment $ _____

Childcare $ _____

TOTAL $ 0 _____

Other Expenses:

1. _____ $ _____
2. _____ $ _____
3. _____ $ _____
4. _____ $ _____

TOTAL **$** 0 _____

Has Child Support been paid as ordered? ◯ Yes ◯ No

If no, amount in arrears $ _____

PRIOR RECORD INFORMATION

Have you ever been arrested? ◯ Yes ◯ No

If yes, list:

DATE OF ARREST	TYPE OF OFFENSE	DISPOSITION

Are you on probation or parole? ◯ Yes ◯ No

If yes, give name of probation officer or parole agent _____

Area office _____ Phone # _____

Do you have any criminal action pending? ◯ Yes ◯ No

If yes, explain

MARTIAL STATUS

At the present time, are you:

◯ Married ◯ Single ◯ Divorced ◯ Common-law ◯ Widowed ◯ Separated

If married, name of present spouse _____ Age _____

Spouse's employer _____

Address _____

Occupation _____ Net Pay $ _____

How many times have you been married? _____

FORMER SPOUSE(S) NAME(S)	MARRIAGE DATE	HOW OR WHEN TERMINATED

Are you presently contemplating marriage? ◯ Yes ◯ No

If yes, please give name and address of prospective spouse:

His/her employment

PHYSICAL AND MENTAL HEALTH

Describe your health

Describe your use of alcohol or drugs (if any)

Do you take prescribed medication now? ◯ Yes ◯ No

If yes, what and why?

Have drugs or alcohol ever been a problem to you? ◯ Yes ◯ No

If yes, explain

Have you ever received counseling, treatment or therapy for any emotional, mental, addiction, or marital problems? ◯ Yes ◯ No

If yes, list:

TYPE OF TREATMENT	BY WHOM	WHEN

Do you belong to any clubs or organization(s)? ◯ Yes ◯ No

If yes, list

CHILDREN

List the child/children involved in this Court action:

NAME	BIRTHDATE	LIVING WITH	ADDRESS	SCHOOL	NAME OF OTHER PARENT

List all your other children not involved in this Court action:

NAME	BIRTHDATE	LIVING WITH	ADDRESS	SCHOOL	NAME OF OTHER PARENT

Since the separation, where have the children been living? (give dates)

HEALTH OF CHILDREN

List each child in this case who has recently been under the care of a doctor or Psychiatrist (including family physician):

NAME	DOCTOR	ADDRESS	DATE	REASON

Do any of the children presently have physical or mental problems? ◯ Yes ◯ No

If yes, explain:

PLAN OF CUSTODY/VISITATION

Place of residence for self and children:

Will children be under supervision of others? ◯ Yes ◯ No

If yes, list:

NAME	RELATIONSHIP TO CHILDREN	ADDRESS	PHONE #	WHAT PERIOD OF TIME

Please describe briefly the current relationship you have with your ex-wife/husband:

Please describe, briefly, what the present custody problem is:

How do your children feel about the divorce and/or child custody problems?

When you lived together as husband and wife, what was a typical week's schedule for each of you? (Explain in detail, giving days, times, and activities)

How much time did you spend with your children before the separation? (Explain activities)

How much time do you spend with your children now?

What do you do for your own pleasure and amusement?

What are your plans for your children's future? (Social, educational, religion, etc.)