



Date: \_\_\_\_\_

Client Name: \_\_\_\_\_

**MODIFICATION or ENFORCEMENT WORKSHEET**

**CLIENT QUESTIONNAIRE**

Please begin filling out this questionnaire. It is important that you answer each question fully.

It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your situation, please indicate by marking the question "N/A". If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet. Refer to the question number to which your answer applies, and attach your answer to this questionnaire.

Your responses to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney-client privilege, except in cases of child abuse or neglect.

**NOTICE OF CONFIDENTIALITY**

THE INFORMATION IN THIS DOCUMENT IS SUBJECT TO THE ATTORNEY-CLIENT PRIVILEGE, AS PROVIDED IN THE TEXAS RULES OF EVIDENCE. THE CONTENTS OF THIS DOCUMENT CONSTITUTE ATTORNEY WORK PRODUCT. THE CONTENTS OF THIS DOCUMENT ARE CONFIDENTIAL AND ARE NOT TO BE DISCLOSED TO THIRD PERSONS OTHER THAN THOSE TO WHOM DISCLOSURE IS MADE IN FURTHERANCE OF THE RENDITION OF PROFESSIONAL LEGAL SERVICES

**FOR OFFICE USE:**

Ret.: \_\_\_\_\_ Type: STD | CLC | PPL | ZNE

OL: WTA | LBR | JAY | LC | JJM | EMB | MBR | DJS | JLG | GH | BW | KJS | MBC

RL: WTA | LBR | JAY | LC | JJM | EMB | MBR | DJS | JLG | GH | BW | KJS | MBC



**ABOUT YOU:**

1. Please give your *full* name, date and place of birth, and Social Security number.

Full legal name: \_\_\_\_\_

Maiden name: \_\_\_\_\_

Birth date: \_\_\_\_\_ City and State where born: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Driver's license number: \_\_\_\_\_

2. Where are you living now and what is your phone number?

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home phone (if different from above): \_\_\_\_\_

Business phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

3. How do you prefer that we contact you?

Mail       Home phone       Cell phone       Email

4. At what address do you wish to receive mail from this office? \_\_\_\_\_

\_\_\_\_\_

5. How were you referred to our office?

Personal referral by \_\_\_\_\_ to \_\_\_\_\_

Church referral from \_\_\_\_\_ to \_\_\_\_\_

**Internet:**

- Google
- Law.com
- Find Law
- Super Lawyers
- Avvo

**Newspaper/Magazine:**

- Dallas Morning News
- Plano Profile
- Frisco Style
- Dallas Business Journal
- D-magazine/D-CEO

**Radio:**

- 94.9 KLTY
- 100.7 KWRD
- 660 KSKY

**Yellow Pages:**

- AT&T Yellow Pages
- Your town Yellow Pages

**Other:**

- Previous client
- Prepaid Legal or CLC

**Other:** \_\_\_\_\_

6. **Have you consulted or retained any other attorneys on this matter before coming to this office?**  
\_\_\_\_\_. If so, please state who and when: \_\_\_\_\_
7. **Please complete the following information concerning your employment.**  
Employer: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
May we call you at work? \_\_\_\_\_  
Gross salary per month or annually: \_\_\_\_\_  
Length of employment: \_\_\_\_\_  
Education: \_\_\_\_\_

**ABOUT YOUR EX-SPOUSE/OPPOSING PARTY:**

8. **Please give the person's *full* name, date and place of birth, and Social Security number.**  
Full legal name: \_\_\_\_\_  
Maiden name: \_\_\_\_\_  
Birth date: \_\_\_\_\_ City and State where born: \_\_\_\_\_  
Social Security number: \_\_\_\_\_  
Driver's license number: \_\_\_\_\_
9. **Where is the opposing party living now and what is his or her phone number?** (If same as yours, please note "same").  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_  
Home phone: \_\_\_\_\_
10. **Please complete the following information concerning the opposing party's employment.**  
Employer: \_\_\_\_\_  
Job title: \_\_\_\_\_

Address: \_\_\_\_\_  
City, state, zip: \_\_\_\_\_  
Telephone number: \_\_\_\_\_  
Gross salary per month or annually: \_\_\_\_\_  
Length of employment: \_\_\_\_\_  
Education: \_\_\_\_\_

**ABOUT YOUR CHILDREN:**

11. **Please give the full name, date and place of birth, sex, and Social Security number of each child of this marriage or relationship.**

Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_  
With whom is this child currently residing? \_\_\_\_\_

Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_  
With whom is this child currently residing? \_\_\_\_\_

Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_  
With whom is this child currently residing? \_\_\_\_\_

Name: \_\_\_\_\_  
Sex (M/F): \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Place of birth: \_\_\_\_\_  
Social Security number: \_\_\_\_\_  
With whom is this child currently residing? \_\_\_\_\_

12. **Will there be a dispute over custody of the children?** \_\_\_\_\_ With whom will the children primarily reside? \_\_\_\_\_



**PENDING PROCEEDINGS, OTHER ATTORNEYS, AND WHAT BROUGHT YOU TO THIS OFFICE:**

13. Are there any court proceedings pending on this matter? \_\_\_\_\_

14. If so, give name of court, name of judge, date of filing, court docket number, and status of case. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Does your spouse/ex-spouse/opposing party have any other attorney? \_\_\_\_\_

16. If so, who? \_\_\_\_\_

**INFORMATION ABOUT DIVORCE FROM EX-SPOUSE:**

Date of divorce: \_\_\_\_\_ Place of divorce: \_\_\_\_\_

Court: \_\_\_\_\_

Name of judge: \_\_\_\_\_

Name of your previous attorney: \_\_\_\_\_

Name of your ex-spouse's previous attorney: \_\_\_\_\_

Have there been any changes in custody, visitation, or support, either formally or informally?  Yes  No

If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the order that is under dispute entered by agreement or after a contested trial? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ITEMS YOU WOULD LIKE TO BE MODIFIED:**

17. **POSSESSION/ACCESS**

**Ex-spouse's possession/access:** What aspects of your ex-spouse's access to the children would you like modified? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Your possession/access:** What aspect of your access to the children would you like modified?

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18. **CHILD SUPPORT**

**Amount of child support:** How would you like to alter your or your ex-spouse's child support payments? \_\_\_\_\_

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19. **CONSERVATORSHIP/CUSTODY**

What aspects of your custody arrangements would you like modified? \_\_\_\_\_

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20. **MAJOR MEDICAL AND HEALTH INSURANCE—QUALIFIED MEDICAL CHILD-SUPPORT ORDER**

What aspects of the children's medical care arrangement (that is, health insurance) with your ex-spouse would you like to modify, and in what way? \_\_\_\_\_

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21. **ENFORCEMENT OF PRIOR ORDER**

**Child support arrearages:** To what extent has you ex-spouse failed to make timely child support payments? \_\_\_\_\_

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**Medical-reimbursement arrearages:** To what extent has your ex-spouse failed to reimburse you for medical payments made? \_\_\_\_\_

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**Possession and Access:** To what extent and on what occasions have you been refused or denied visitation with the children? \_\_\_\_\_

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22. **BENEFITS ASSIGNED TO ATTORNEY GENERAL**

Have either you or your ex-spouse ever assigned benefits to the Attorney General's Office? If so, please describe the nature and circumstances of this assignment? \_\_\_\_\_

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### INSTRUCTIONS FOR UCCJEA AFFIDAVIT

On the following page is an affidavit that the State of Texas requires a party file in any suit involving one or more minor children. Please fill out the affidavit, including the addresses of residence for the child or children, names of persons residing with the child or children, and the dates of residence over the last five years.

**Please do not sign the affidavit at this time.** The attorney will discuss the signing of the document with you during the consultation.





AFFIDAVIT FOR UCCJEA INFORMATION

STATE OF TEXAS §
COUNTY OF \_\_\_\_\_ §

On the below-referenced date \_\_\_\_\_, the undersigned affiant, appeared before me, the undersigned Notary Public, and stated the following under oath:

- 1. My name is \_\_\_\_\_. I am over the age of 18. I have never been convicted of a felony, and am fully competent to make this affidavit. I am a party to this case and as such, I have direct personal knowledge of the matters contained herein as described below, they are true and correct.
2. The child's present address is \_\_\_\_\_.
3. For the past five years immediately preceding the date of this affidavit, the child has lived at the following addresses with the following persons:
a. Address: \_\_\_\_\_
Persons lived with: \_\_\_\_\_
Dates: \_\_\_\_\_
b. Address: \_\_\_\_\_
Persons lived with: \_\_\_\_\_
Dates: \_\_\_\_\_
c. Address: \_\_\_\_\_
Persons lived with: \_\_\_\_\_
Dates: \_\_\_\_\_
d. Address: \_\_\_\_\_
Persons lived with: \_\_\_\_\_
Dates: \_\_\_\_\_

Further, Affiant sayeth not.

\_\_\_\_\_  
Affiant

SIGNED under oath before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

NO. \_\_\_\_\_

IN THE INTEREST OF § IN THE DISTRICT COURT  
 §  
 §  
 § \_\_\_\_\_ JUDICIAL DISTRICT  
 §  
 §  
 CHILDREN § \_\_\_\_\_ COUNTY, TEXAS

**HEALTH INSURANCE AVAILABILITY**

Name: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_

- Beside the name of each child, check all types of health insurance or benefits currently covering that child(ren):

|                      | <i>Father's<br/>Employer</i> | <i>Mother's<br/>Employer</i> | <i>Private</i> | <i>Medicaid</i> | <i>CHIP</i> | <i>Other</i> | <i>None</i> |
|----------------------|------------------------------|------------------------------|----------------|-----------------|-------------|--------------|-------------|
| <b>Child's Name:</b> |                              |                              |                |                 |             |              |             |
| DOB:                 |                              |                              |                |                 |             |              |             |
| SSN: XXX-XX-         |                              |                              |                |                 |             |              |             |
| <b>Child's Name:</b> |                              |                              |                |                 |             |              |             |
| DOB:                 |                              |                              |                |                 |             |              |             |
| SSN: XXX-XX-         |                              |                              |                |                 |             |              |             |
| <b>Child's Name:</b> |                              |                              |                |                 |             |              |             |
| DOB:                 |                              |                              |                |                 |             |              |             |
| SSN: XXX-XX-         |                              |                              |                |                 |             |              |             |
| <b>Child's Name:</b> |                              |                              |                |                 |             |              |             |
| DOB:                 |                              |                              |                |                 |             |              |             |
| SSN: XXX-XX-         |                              |                              |                |                 |             |              |             |

2. For each insurance source, please list:

- a. Name of insurance company: \_\_\_\_\_
- b. Group Policy ID number: \_\_\_\_\_
- c. Policy holder name and ID number: \_\_\_\_\_
- d. Name of child covered: \_\_\_\_\_
- e. Cost of premium to you (for children): \_\_\_\_\_

Are you paying the premiums?     Yes             No

- a. Name of insurance company: \_\_\_\_\_
- b. Group Policy ID number: \_\_\_\_\_
- c. Policy holder name and ID number: \_\_\_\_\_
- d. Name of child covered: \_\_\_\_\_
- e. Cost of premium to you (for children): \_\_\_\_\_

Are you paying the premiums?     Yes             No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name



THE FOLLOWING INFORMATION MAY BE COMPLETED AT HOME AFTER YOUR INITIAL CONSULTATION WITH THE ATTORNEY.

INFORMATION FOR THIS MODIFICATION ACTION:

1. If you want primary custody of the children, please state why you think you should have primary custody. Please attach additional sheets as necessary.

2. With whom do the children currently live?

3. Period of time in which this living arrangement has been in effect:

4. Names and addresses of schools children attend, dates attended, and name of teacher or principal there who is familiar with child:

Child's name:

School:

Address:

Dates attended:

Grade:

Teacher and/or principal:

Child's name:

School:

Address:

Dates attended:

Grade:

Teacher and/or principal:

Child's name:

School:

Address:

Dates attended:

Grade:

Teacher and/or principal:

**CARE OF CHILDREN:**

To the extent that both you and your spouse or your ex-spouse have shared the responsibilities listed below, describe the degree to which the responsibilities have been shared:

- 5. Who helps the children get dressed in the morning? \_\_\_\_\_
- 6. Who bathes the children and grooms them? \_\_\_\_\_
- 7. Are any of the children nursing? \_\_\_\_\_
- 8. Who takes care of the children during the day? \_\_\_\_\_
- 9. Who arranges for getting children together with playmates? \_\_\_\_\_
- 10. Who puts the children to bed at night? \_\_\_\_\_
- 11. Who prepares meals? \_\_\_\_\_
- 12. Who arranges for medical and dental care and takes the children to the doctor? \_\_\_\_\_  
\_\_\_\_\_
- 13. Who takes the children to school? \_\_\_\_\_
- 14. Who picks the children up from school? \_\_\_\_\_
- 15. Who shops for the children's clothes? \_\_\_\_\_
- 16. Who transports the children to extracurricular activities? \_\_\_\_\_
- 17. Do you or your spouse/ex-spouse participate in recreational or educational activities with the children? \_\_\_\_\_
- 18. Describe the nature of the activities and how often you and your spouse/ex-spouse participate in them: \_\_\_\_\_  
\_\_\_\_\_
- 19. Do the children receive religious training? \_\_\_\_\_
- 20. If so, from whom? \_\_\_\_\_
- 21. Who arranges the children's birthday parties? \_\_\_\_\_
- 22. Who helps the children with their homework? \_\_\_\_\_
- 23. Who attends parent-teacher conferences? \_\_\_\_\_
- 24. Are the children more likely to turn to you or your spouse/ex-spouse when they have problems? \_\_\_\_\_  
\_\_\_\_\_
- 25. Do you feel the children are closer to you or to your spouse/ex-spouse? \_\_\_\_\_  
\_\_\_\_\_
- 26. Are the children in day care or with a sitter? \_\_\_\_\_
- 27. If so, how many hours per week? \_\_\_\_\_

- 28. Give name, address, and telephone number of the care service or sitter: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 29. Who arranges for the day care or sitter? \_\_\_\_\_
- 30. Who cares for the children when they are ill? \_\_\_\_\_
- 31. Who disciplines the children? \_\_\_\_\_
- 32. By what method? \_\_\_\_\_
- 33. Has the division of responsibility for child care changed over the years? \_\_\_\_\_
- 34. If so, describe: \_\_\_\_\_  
\_\_\_\_\_

**TIME AVAILABLE TO SPEND WITH THE CHILDREN & PLANS FOR THEIR FUTURE CARE:**

- 35. What are your working hours? \_\_\_\_\_
- 36. What time do you leave home? \_\_\_\_\_
- 37. What time do you return? \_\_\_\_\_
- 38. Do you have flexible working hours? \_\_\_\_\_
- 39. Does your work require travel? \_\_\_\_\_
- 40. If so, describe the frequency, time involved, and distances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 41. Is your work schedule likely to change in the future? \_\_\_\_\_
- 42. What are your plans for child care? \_\_\_\_\_  
\_\_\_\_\_
- 43. Describe your housing arrangements, including number of bedrooms: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 44. What are your spouse's/ex-spouse's working hours? \_\_\_\_\_
- 45. What time does your spouse/ex-spouse leave home? \_\_\_\_\_
- 46. What time does your spouse/ex-spouse return? \_\_\_\_\_
- 47. Are your spouse's/ex-spouse's working hours flexible? \_\_\_\_\_
- 48. Does your spouse/ex-spouse's work require travel? \_\_\_\_\_
- 49. If so, describe the frequency, time involved, and distances: \_\_\_\_\_  
\_\_\_\_\_
- 50. Is your spouse's/ex-spouse's work schedule likely to change in the future? \_\_\_\_\_

51. What are you spouse's/ex-spouse's plans for child care? \_\_\_\_\_

52. Describe your spouse's/ex-spouse's housing arrangements, including number of bedrooms: \_\_\_\_\_

**SPECIAL NEEDS OF THE CHILDREN:**

53. Do the children have any special or unusual educational or health-care needs? \_\_\_\_\_

54. If so, describe them: \_\_\_\_\_

55. Who has worked to meet those needs? \_\_\_\_\_

56. Are you or your spouse/ex-spouse better able to meet those needs? \_\_\_\_\_

57. Has the children's academic performance changed in the last few years or months? \_\_\_\_\_

58. If so, what is the reason for the change? \_\_\_\_\_

**INTERFERENCE WITH OTHER PARENT'S RELATIONSHIP WITH CHILDREN:**

59. Will it be alleged that you or your spouse/ex-spouse has interfered with the children's relationship with the other parent or spoken badly about the other parent to the children? \_\_\_\_\_

60. If so, explain: \_\_\_\_\_

61. Will it be alleged that you or your spouse/ex-spouse has blocked the other parent's visitation with the children? \_\_\_\_\_

62. If so, explain, giving dates and frequency with which visitation was allegedly blocked: \_\_\_\_\_

63. Will it be alleged that you or your spouse/ex-spouse has discouraged the children from having a good relationship with a stepparent or a "significant person" in the other parent's life? \_\_\_\_\_

64. If so, explain: \_\_\_\_\_

**FREQUENCY OF MOVES AND PLANS TO MOVE:**

- 65. Have you or your spouse/ex-spouse moved in the last ten years? \_\_\_\_\_
- 66. If so, when and where? (Include moves in the same city) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 67. Do you or your spouse/ex-spouse plan to move in the near future? \_\_\_\_\_
- 68. If so, when and where? \_\_\_\_\_  
\_\_\_\_\_
- 69. Does the parent who is not moving oppose the move? \_\_\_\_\_
- 70. Why? \_\_\_\_\_  
\_\_\_\_\_

**CHILDREN'S PREFERENCES:**

- 71. Have the children told you with whom they want to live? \_\_\_\_\_
- 72. If so, please answer the following questions:
  - a. What is the basis for the preference? \_\_\_\_\_  
\_\_\_\_\_
  - b. How strong is the preference? \_\_\_\_\_
  - c. How long has the preference been held? \_\_\_\_\_
  - d. Has the preference changed? \_\_\_\_\_
  - e. How would you feel about the children talking to the judge about their preferences? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHILDREN'S RELATIONSHIP WITH OTHER FAMILY MEMBERS:**

- 73. How do the children get along with each other? \_\_\_\_\_
- 74. How do the children get along with stepparents? \_\_\_\_\_
- 75. How do the children get along with stepbrothers and/or stepsisters? \_\_\_\_\_  
\_\_\_\_\_
- 76. Do the children have a particularly close relationship with either or both sets of grandparents? \_\_\_\_\_  
\_\_\_\_\_
- 77. Do the children have a strong relationship with anyone else that you believe is important? \_\_\_\_\_  
\_\_\_\_\_



**GOALS:**

78. What are your future goals with the children and the reasons for your goals? \_\_\_\_\_

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79. To what extent do you believe that you and your spouse/ex-spouse should have joint custody (sometimes referred to as “shared parental responsibility”), under which you both would share equally in making major decisions affecting the children and/or being with the children for substantial periods of time? \_\_\_\_\_

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80. What are your spouse’s/ex-spouse’s goals with the children and the reasons for these goals? \_\_\_\_\_

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81. Have you and your spouse/ex-spouse attempted to work out a settlement of the case between yourselves? \_\_\_\_\_

82. What progress have you made? \_\_\_\_\_

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83. What are your positions? \_\_\_\_\_

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**WITNESSES:**

84. Who do you think would make good witnesses for you, and what do you think the testimony would be? (Possible witnesses include neighbors, the children’s teachers, friends, doctors, baby-sitters, day-care workers, clergy, and family members.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Testimony: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Testimony: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Testimony: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Testimony: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Testimony: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**“SKELETONS IN THE CLOSET” AND SENSITIVE TOPICS:**

*If you have answered these questions in another questionnaire, you may skip this section.*

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE.

If an answer to one of the questions below is "yes," please describe the situation in detail. Will anyone allege that you or your spouse or ex-spouse has done any of the following:

|   | <b>YOU</b>               | <b>YOUR SPOUSE<br/>or EX-SPOUSE</b> |
|---|--------------------------|-------------------------------------|
| 1. Committed a crime?   | <input type="checkbox"/> | <input type="checkbox"/>            |
| 2. Been arrested?   | <input type="checkbox"/> | <input type="checkbox"/>            |
| 3. Been in jail or prison?  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 4. Used illegal drugs   | <input type="checkbox"/> | <input type="checkbox"/>            |
| 5. Been hospitalized for using illegal drugs?   | <input type="checkbox"/> | <input type="checkbox"/>            |
| 6. Abused prescription drugs?   | <input type="checkbox"/> | <input type="checkbox"/>            |
| 7. Been hospitalized for abusing prescription drugs?  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 8. Abused alcohol?  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 9. Been hospitalized for abusing alcohol?   | <input type="checkbox"/> | <input type="checkbox"/>            |
| 10. Been arrested for or convicted of driving while under the influence of alcohol (drunk driving)? | <input type="checkbox"/> | <input type="checkbox"/>            |
| 11. Engaged in gambling activities (legal or illegal)?  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 12. Engaged in other illegal activities?  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 13. Attempted suicide?  | <input type="checkbox"/> | <input type="checkbox"/>            |
| 14. Been hospitalized for an emotional or psychiatric disorder?                                     | <input type="checkbox"/> | <input type="checkbox"/>            |
| 15. Suffered from or received treatment for an emotional or psychiatric condition?                  | <input type="checkbox"/> | <input type="checkbox"/>            |

- 16. Abused own spouse?
- 17. Been accused of child abuse?
- 18. Had a sexual relationship during the marriage with someone other than own spouse?
- 19. Had a sexual relationship (during or not during the marriage) with someone other than own spouse of which the children were aware?

If so, describe the children’s reaction to the relationship and the children’s feelings about the person(s) involved in the relationship: \_\_\_\_\_

- 20. Had a homosexual/bisexual relationship?
- 21. Engaged in unusual sexual practices?
- 22. Had a pregnancy outside of marriage?
- 23. Had a sexually transmitted disease?
- 24. Drunk to excess?

If so, what and how often? \_\_\_\_\_

- 25. Other?

26. If you or your spouse/ex-spouse has a relationship with a person whom the children see frequently and that person would answer “yes” to one or more of the preceding “skeleton-in-the-closet” questions, describe the situation: \_\_\_\_\_

27. Do you or your spouse/ex-spouse suffer from any physical disability that would interfere with being able to care for the children? \_\_\_\_\_

28. Have you or your spouse/ex-spouse made any photographs and/or audio or visual recordings of the other party? \_\_\_\_\_

If so, describe the content: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_