

CUSTODY CONFERENCE QUESTIONNAIRE

Name: _____

Date of Birth: _____

Current Address: _____
(Street) (Apt.)

(City/Town) (Zip) (County)

Telephone Number: (home) _____ (work) _____

How long have you lived at this address? _____ Years _____ Months

Size of residence (check and/or provide number of rooms in the spaces provided):

(____) Bedrooms (____) Living Room (____) Family Room
(____) Kitchen (____) Dining Room (____) Bathroom(s)
(____) Other _____ (____) Other _____

Do you (check one): ☐ Rent ☐ Own ☐ Sharing ☐ Joint ownership

☐ Other _____

Provide information about all persons currently living at your address:

(Name) (Relationship) (Date of Birth)

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Employment status: ☐ Employed ☐ Unemployed ☐ Unable to work ☐ Student

My employment requires that I be away from home on an overnight basis: ☐ Yes ☐ No

Employer information:

(Name)

(Address)

(Telephone Number)

1. _____

2. _____

Work schedule for each employer, or school schedule if student:
(circle days worked/class times)

Employer #1: M T W TH F SAT. SUN. From _____ to _____

Employer #2: M T W TH F SAT. SUN. From _____ to _____

(shifts worked) (total hours)

Employer #1: _____

Employer #2: _____

How long have you been employed with each employer?

Employer #1: _____ Employer #2: _____

Present earned vacation (days/weeks/months): _____

Present physical condition is: ☐ Good ☐ Fair ☐ Poor

Present mental condition is: ☐ Good ☐ Fair ☐ Poor

I am presently under a doctor's care: ☐ Yes ☐ No

If yes, please explain: _____

Name of doctor: _____

Do you use illegal drugs? ☐ Yes ☐ No

Do you use alcoholic beverages? ☐ Yes ☐ No ☐ On occasion

List others who supervise your child(ren) when you are not able to do so:

(Name)

(Address)

(Age)

(Relationship)

Marital status:

- ☐ Single
☐ Married Date of marriage: _____
☐ Separated Date of separation: _____
☐ Divorced Date of divorce: _____
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HAVE YOU **OR A MEMBER OF YOUR HOUSEHOLD** BEEN CONVICTED OF OR CHARGED WITH ANY OF THE FOLLOWING (*please check all that apply*)?

- | | |
|--|--|
| <input type="checkbox"/> DUI—alcohol or controlled substance | <input type="checkbox"/> Involuntary Deviate Sexual Intercourse |
| <input type="checkbox"/> Driving After Imbibing Alcohol or Utilizing Drugs | <input type="checkbox"/> Aggravated Indecent Assault |
| <input type="checkbox"/> Violation of the Controlled Substance, Drug, Device and Cosmetic Act (to the extent it prohibits the manufacture, sale or delivery, holding, offering for sale or possession of any controlled substance or other drug or device) | <input type="checkbox"/> Statutory Sexual Assault |
| <input type="checkbox"/> Aggravated Assault | <input type="checkbox"/> Prostitution and Related Offenses |
| <input type="checkbox"/> Contempt for Violation of PFA Order or Agreement | <input type="checkbox"/> Stalking |
| <input type="checkbox"/> Unlawful Restraint | <input type="checkbox"/> Terroristic Threats |
| <input type="checkbox"/> Endangering Welfare of Children | <input type="checkbox"/> False Imprisonment |
| <input type="checkbox"/> Indecent Exposure | <input type="checkbox"/> Arson and Related Offenses |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Murder |
| <input type="checkbox"/> Kidnapping | <input type="checkbox"/> Dealing in Infant Children |
| <input type="checkbox"/> Luring a Child Into a Motor Vehicle or Structure | <input type="checkbox"/> Sexual Intercourse with Animal |
| <input type="checkbox"/> Criminal Homicide | <input type="checkbox"/> Incest |
| <input type="checkbox"/> Indecent Assault | <input type="checkbox"/> Concealing Death of a Child |
| <input type="checkbox"/> Rape | <input type="checkbox"/> Corruption of Minors |
| <input type="checkbox"/> Sexual Abuse of Children | <input type="checkbox"/> Unlawful Contact with Minor |
| | <input type="checkbox"/> Sexual Exploitation of Children |
| | <input type="checkbox"/> Offense Relating to Obscene and Other Sexual Materials and Performances |
| | <input type="checkbox"/> Conduct Relating to Sex Offenders |
| | <input type="checkbox"/> Strangulation |
| | <input type="checkbox"/> Human Trafficking |
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I, the undersigned, hereby certify that the preceding information is true and correct to the best of my knowledge and belief. I further understand that this information will become part of the record in this case.

Date: _____ Signature: _____