

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)

Current marital status: ☐ Single☐ Married Date of marriage: _____☐ Separated Date of separation: _____☐ Divorced Date of divorce: _____

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"/> criminal homicide | <input type="checkbox"/> endangering welfare of children |
| <input type="checkbox"/> simple assault | <input type="checkbox"/> dealing in infant children |
| <input type="checkbox"/> aggravated assault | <input type="checkbox"/> cruelty to animal |
| <input type="checkbox"/> recklessly endangering another person | <input type="checkbox"/> aggravated cruelty to animal |
| <input type="checkbox"/> terroristic threats | <input type="checkbox"/> animal fighting |
| <input type="checkbox"/> stalking | <input type="checkbox"/> possession of animal fighting paraphernalia |
| <input type="checkbox"/> strangulation | <input type="checkbox"/> prostitution and related offenses |
| <input type="checkbox"/> kidnapping | <input type="checkbox"/> obscene and other sexual materials and performances |
| <input type="checkbox"/> unlawful restraint | <input type="checkbox"/> corruption of minors |
| <input type="checkbox"/> false imprisonment | <input type="checkbox"/> sexual abuse of children |
| <input type="checkbox"/> interference with custody of children | <input type="checkbox"/> unlawful contact with minor |
| <input type="checkbox"/> luring a child into a motor vehicle or structure | <input type="checkbox"/> sexual exploitation of children |
| <input type="checkbox"/> human trafficking | <input type="checkbox"/> contempt of a Protection from Abuse (PFA) order or agreement |
| <input type="checkbox"/> rape | <input type="checkbox"/> contempt of a Protection of Victims of Sexual Violence and Intimidation order or agreement |
| <input type="checkbox"/> statutory sexual assault | <input type="checkbox"/> driving under the influence of drugs or alcohol (DUI) |
| <input type="checkbox"/> involuntary deviate sexual intercourse | <input type="checkbox"/> manufacture, sale, delivery, holding, offering for sale or possession of any controlled substance or other drug or device |
| <input type="checkbox"/> sexual assault | |
| <input type="checkbox"/> aggravated indecent assault | |
| <input type="checkbox"/> indecent assault | |
| <input type="checkbox"/> indecent exposure | |
| <input type="checkbox"/> sexual intercourse with animal | |
| <input type="checkbox"/> conduct relating to sex offenders | |
| <input type="checkbox"/> arson and related offenses | |
| <input type="checkbox"/> incest | |
| <input type="checkbox"/> concealing death of child | |

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: _____