

Cher L. King, Ph.D.
Licensed Psychologist

CHILD CUSTODY AND PARENT TIME EVALUATION - INITIAL QUESTIONNAIRE

Full legal name: _____ Age: _____

Date of birth: _____ Highest grade completed in school: _____

Current address/city/state/zip: _____

Home phone: _____ Cell: _____

Work phone: _____ May we call you at work? Yes No

Your email address: *(optional; only list an email address if you have a personal email address, you check your email regularly, and you give your consent for Dr. King to contact you via email)*

Do you need any assistance reading, writing, or understanding forms due to learning disabilities or physical disabilities?
(If yes, you will be contacted to discuss how your needs can be met.) Yes No

Would like to have documents translated into another language or would you like an interpreter during interviews?
(If yes, you will be contacted to discuss how your needs can be met.) Yes No

List the following information for any adults (age 18 or older) who live in your home either part time or full time. Attach additional sheet if necessary.

Name of adult	Age	Your relationship to this person	What percentage of the time is this person in your home

List the following information for the children who are the focus of this evaluation. Attach additional sheet if necessary.

Name of child	Your relationship to the child	Age	Birth Date	Grade	Name of School	What days/times is the child in your care and custody

List the following information for any other children (under age 18) living in the same home with you either part time or full time. Attach additional sheet if necessary.

Name of child	Your relationship to the child	Age	Birth Date	Grade	Name of School	What days/times is the child in your care and custody

Are you currently working for salary/wages? Yes No
If yes, provide the following information:

Name of employer: _____
Address where you work: _____
Days and hours you work: _____

Do you have a second job? Yes No
If yes, provide the following:

Name of employer: _____
Address where you work: _____
Days and hours you work: _____

If you do not work for salary/wages, please explain your source of financial support:

If you are married or residing with a partner, does he or she currently work for salary/wages? Yes No

If yes, provide the following:

Name of employer: _____
Address where he/she works: _____
Days and hours worked: _____

Name of your attorney: _____

Attorney's address: _____

Your printed name

Your signature

Date signed