

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: _____

Your email address: *(list a personal email address, not one that is work-related; only list an email address if you give your consent for Dr. King to contact you via email)*

Email

Do you need assistance reading, writing, or understanding forms due to a disabling condition?

(If yes, you will be contacted to discuss how your needs can be met.)

___ Yes ___ No

Would 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	This person's relationship to you	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 spouse/partner: _____

Name of employer: _____

Address where he/she works: _____

Days and hours worked: _____

Name of your attorney, if you are represented: _____

Your printed name

Your signature

Date signed