

PERSONAL DATA FORM and INFORMATION SHEET

PLEASE NOTE: Unless directed otherwise by the Court, your case will not be assigned to a caseworker until *all fees are paid in full*. The Court ordinarily orders that each party pay a separate fee, but you may pay the entire fee if you want to ensure that your case is assigned quickly. You should have been given a fee slip at the time of your initial intake. If you did not receive a fee slip or have lost it, please see the FCS front desk to be issued another one.

You may pay by check if you have a valid TX driver's license number and a Texas bank. Please make your check payable to *Family Court Services*. You may pay by credit/debit card – MC, VISA, DISCOVER or AMEX. Payments are made through the Child Support Office, located on the 2nd Floor East of the Family Law Center (across from the Family Court Services Offices).

When both parties have paid all fees, the case will be assigned to a caseworker. The caseworker will contact you to schedule an interview, which is held in the Family Court Services Office during office hours.

Please note that all parties *must have attended Orientation* before the caseworker begins services.

At the time of the interview you will need to **bring this completed Personal Data Form and a picture ID**. *Do not mail the form: bring it to the office on the day of your interview.* **The interview will not be held without this fully completed data form.**

Please fill in **all** areas clearly, including full names, addresses, zip codes, phone and fax numbers where requested. You will be required to sign release of information forms allowing the caseworker to gather information on you and the children if those releases were not obtained at intake. Each interview takes approximately two hours.

Home visits are generally made at a later date and only after the office interview has been conducted.

A full custody evaluation investigation requires a minimum of 90 days to complete. A copy of the custody evaluation report is provided to each attorney of record and to the court. **A copy will not be provided to you or any other litigants.** Also your attorney, without authorization from the court, will not be allowed to provide a copy to you.

If you are not a party, are 18 years or older, and are completing this questionnaire because you reside with, or are otherwise significantly involved in the current case, you only need to complete pages 1-11. Please contact the caseworker if you have any questions about this questionnaire.

**Tarrant County Family Court Services
Advisement Form**

Your name: _____

Cause No. _____

Child(ren)'s names: _____

I, the undersigned, understand that services conducted by Family Court Services have been ordered by the Court.

I further understand that information shared with the caseworker is for the purpose of assisting the Court in making a decision that is in the best interest of the child/children.

I have been informed and I understand that any communications or statements I make will not be privileged or confidential in the context of this litigation and I understand specifically that:

- The caseworker may be required to testify in Court about my case and what information was gathered during interviews, collateral contacts and documentation.

- The caseworker may be required to make a report, either written or oral, to the Court and to the attorneys. A written report will not be provided to me, although I may review the report with my attorney. My attorney is prohibited from providing a copy to me.

- As part of the investigation, the caseworker may confer with mental health professionals, doctors, teachers, child care personnel, other governmental entities and other professionals, individual persons or agency representatives who have information related to me, my children or other parties to this litigation.

Signed on _____, 20____.

Signature

Printed name

DATE: _____

Please answer each question in full. Use the back of the page and extra paper if needed.

NAME: _____ (_____)
(LAST) (FIRST) (MIDDLE) (MAIDEN or OTHER NAMES YOU
HAVE GONE BY)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PHONE NUMBER: _____ CELL NUMBER: _____

WORK NUMBER: _____ EMAIL _____

WHAT IS THE BEST WAY TO CONTACT YOU? _____

BIRTHDATE: _____ BIRTHPLACE: _____

SEX: _____ RACE/ETHNICITY _____

SOCIAL SECURITY NO. _____ DRIVER'S LICENSE NO. _____
(SPECIFY STATE)

YOUR RELATIONSHIP TO THE CHILD/REN IN QUESTION: _____

FAMILY HISTORY:

YOUR FATHER'S NAME: _____ AGE: _____ PHONE NO. _____

ADDRESS: _____ OCCUPATION: _____

IF DECEASED, AGE AND YEAR HE DIED: _____

YOUR MOTHER'S NAME: _____ AGE: _____ PHONE NO. _____

ADDRESS: _____ OCCUPATION: _____

IF DECEASED, AGE AND YEAR SHE DIED: _____

NO. OF BROTHERS: _____ NO. OF SISTERS: _____ NO. OF HALF/STEP-SIBLINGS: _____

LIST: **NAME, ADDRESS AND PHONE NUMBERS** OF YOUR BROTHERS, SISTERS, HALF AND STEP-SIBLINGS

PERSONAL HISTORY

YOUR EDUCATION:

HIGHEST GRADE COMPLETED: _____ **WHERE:** _____ **YEAR:** _____

COLLEGE OR VOCATIONAL TRAINING – DATES AND PLACES:

MILITARY SERVICE: BRANCH: _____

DATE OF ENLISTMENT _____ **DATE AND TYPE OF DISCHARGE:** _____

CRIMINAL CHARGES, ARREST RECORD, NON-TRAFFIC CITATIONS--PLEASE LIST ALL:

ARRESTS/CITATIONS (NON-TRAFFIC)	DATE	PLACE	CHARGE	DISPOSITION
--	-------------	--------------	---------------	--------------------

YOUR LIVING ARRANGEMENTS: HOUSE : OWN OR RENT? _____

APARTMENT: NAME OF COMPLEX AND ADDRESS _____

LANDLORD'S NAME, ADDRESS AND PHONE NUMBER: _____

DO YOU HAVE A VEHICLE? _____ **IF SO, PLEASE STATE THE MAKE, MODEL, YEAR, AND COLOR OF**

YOUR PRIMARY VEHICLE: _____

NUMBER OF PEOPLE LIVING WITH YOU: ADULTS: _____ **CHILDREN:** _____

WHAT IS THE NAME OF AND YOUR RELATIONSHIP TO EACH PERSON LIVING WITH YOU:

YOUR PREVIOUS ADDRESSES (FOR LAST 5 YEARS):

ADDRESS	DATES YOU LIVED THERE	WHO LIVED THERE WITH YOU	REASON FOR LEAVING
----------------	------------------------------	---------------------------------	---------------------------

DO YOU MAINTAIN A RELATIONSHIP WITH YOUR IMMEDIATE FAMILY MEMBERS? _____

IF, NOT, PLEASE EXPLAIN WHY NOT: _____

DID YOU ATTEND WORSHIP SERVICES AS A CHILD? IF SO, WHERE AND HOW OFTEN?

DO YOU PRESENTLY ATTEND WORSHIP SERVICES? IF SO, WHERE AND HOW OFTEN?

DO YOU CONSUME ALCOHOL? _____ IF YES, HOW OFTEN AND IN WHAT QUANTITY? _____

HAVE YOU EVER USED ILLEGAL NARCOTICS OR TAKEN PRESCRIPTION MEDICINE NOT INTENDED FOR YOU OR NOT AS PRESCRIBED? _____

IF YES, PLEASE STATE WHEN, WHAT DRUG, AND FREQUENCY: _____

YOUR EMPLOYMENT RECORD

List your employment over the **past five years** beginning with your present employer. If more space is needed please use the back of this sheet.

1. **PRESENT EMPLOYER:** _____

ADDRESS: _____

YOUR TITLE/POSITION: _____ DATE EMPLOYED: _____

SUPERVISOR: _____ PHONE NO.: _____ FAX NO. _____

WORK SCHEDULE: HOURS _____ DAYS _____ OVERTIME _____

YOUR SALARY OR HOURLY WAGE: _____

2. **EMPLOYER:** _____

ADDRESS: _____

YOUR TITLE/POSITION: _____ DATE EMPLOYED: _____ DATE LEFT: _____

SUPERVISOR: _____ PHONE NO.: _____ FAX NO. _____

REASON FOR LEAVING: _____

YOUR SALARY OR HOURLY WAGE: _____

3. **EMPLOYER:** _____

ADDRESS: _____

YOUR TITLE/POSITION: _____ DATE EMPLOYED: _____ DATE LEFT: _____

SUPERVISOR: _____ PHONE NO.: _____ FAX NO. _____

REASON FOR LEAVING: _____

YOUR SALARY OR HOURLY WAGE: _____

4. **EMPLOYER:** _____

ADDRESS: _____

YOUR TITLE/POSITION: _____ DATE EMPLOYED: _____ DATE LEFT: _____

SUPERVISOR: _____ PHONE NO.: _____ FAX NO. _____

REASON FOR LEAVING: _____

FINANCIAL STATEMENT

TOTAL MONTHLY GROSS INCOME (BEFORE TAXES/WITHHOLDINGS)(FROM ALL SOURCES) \$ _____

TOTAL MONTHLY NET INCOME (AFTER TAXES/WITHHOLDING)(FROM ALL SOURCES) \$ _____

SOURCE OF INCOME	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

If you pay child support, is it taken out of your pay check? YES NO

HEALTH INSURANCE :

NAME OF YOUR HEALTH INSURANCE COMPANY _____

NAME OF PRIMARY POLICY HOLDER _____

NAME OF CHILD(REN)'S HEALTH INSURANCE COMPANY _____

NAME OF PRIMARY POLICY HOLDER _____

MONTHLY EXPENSES

Housing:	1.	Rent/House Payment	\$ _____
	2.	Insurance (Home/Tenant)	\$ _____
	3.	Maintenance, repair and service	\$ _____
	4.	Utilities (Gas, water, electric)	\$ _____
	5.	Telephone	\$ _____
Auto:	1.	Car Payments	\$ _____
	2.	Insurance	\$ _____
	3.	Gasoline & Oil	\$ _____
	4.	Maintenance & Repair	\$ _____
Insurance:	1.	Life	\$ _____
	2.	Health and Hospitalization	\$ _____
	3.	Other	\$ _____
Food:	1.	Groceries	\$ _____
	2.	School and work lunches	\$ _____
Medical:	1.	Doctors	\$ _____
	2.	Dentists	\$ _____
	3.	Medications (prescription and over the counter)	\$ _____
Education:	1.	School Supplies, fees and other costs	\$ _____
Personal:	1.	Grooming (barber, hair dresser)	\$ _____
	2.	Clothing	\$ _____
	3.	Cleaning and Laundry	\$ _____
	4.	Uniforms for work	\$ _____
Child Care:	1.	Daycare/babysitter	\$ _____
Entertainment:	1.	_____	\$ _____
	2.	_____	\$ _____
	3.	_____	\$ _____
Dues:	1.	Union, professional, etc.	\$ _____
Other Payments:	1.	_____	\$ _____
	2.	_____	\$ _____
	3.	_____	\$ _____
	4.	_____	\$ _____
TOTAL EXPENSES:			\$ _____

MEDICAL HISTORY

How is your present health?

List your doctors' names, addresses, phone numbers and what you were treated for:

List your child(ren)'s doctors' names, addresses, phone numbers and what they were treated for:

List any prescribed medication you take and what it is for:

List any prescribed medication your child(ren) take and what it is for:

List any hospitalizations or major illness you have had and provide the hospital names, addresses, dates and specific problems. Include trips to emergency room.

List any hospitalizations or major illness your child(ren) have had and provide the hospital names, addresses, dates and specific problems. Include trips to emergency room.

******If you have a child with a physical or mental disability, please use the back of this page or a separate sheet of paper to describe the disability and how it is being handled or treated. Please attach any extra paper to this document.***

MENTAL HEALTH INFORMATION

Have you, your child(ren) or anyone involved in this case received psychiatric, psychological testing or counseling (marital or personal) or drug or alcohol counseling or treatment?

Yes ____ No ____. If yes, please list who received counseling or treatment, when and from whom and include the counselor's address, phone AND fax numbers.

List any hospitalizations for psychiatric, drug or alcohol treatment for you, your child(ren) or members of your household. Please include the name of the person who was treated, the dates of treatment, hospital name and address and doctor's name, address, phone AND fax numbers:

CHILD PROTECTIVE SERVICES

If you, any member of your family or household or anyone involved in this dispute has ever been involved in an investigation for abuse (sexual or physical), neglect or lack of supervision, list name, address and phone number of each child protective services caseworker or other investigator and the name of the person and child who was investigated and the date of investigation.

MARITAL/CO-HABITATION HISTORY

List all of your marriages or live-in relationships. List any children from that relationship. Please start with your first marriage or live-in relationship.

1. SPOUSE OR LIVE-IN'S NAME: _____

ADDRESS AND TELEPHONE NO. _____

DATE AND PLACE OF MARRIAGE OR LIVING ARRANGEMENT: _____

DATE AND PLACE OF DIVORCE/SEPARATION/BREAKUP: _____

CHILD'S NAME	BIRTHDATE	VISITATION/ CUSTODY ARRANGEMENT
---------------------	------------------	--

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

2. SPOUSE OR LIVE-IN'S NAME: _____

ADDRESS AND TELEPHONE NO. _____

DATE AND PLACE OF MARRIAGE OR LIVING ARRANGEMENT: _____

DATE AND PLACE OF DIVORCE/SEPARATION/BREAKUP: _____

CHILD'S NAME	BIRTHDATE	VISITATION/ CUSTODY ARRANGEMENT
---------------------	------------------	--

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

3. SPOUSE OR LIVE-IN'S NAME: _____

ADDRESS AND TELEPHONE NO. _____

DATE AND PLACE OF MARRIAGE OR LIVING ARRANGEMENT: _____

DATE AND PLACE OF DIVORCE/SEPARATION/BREAKUP: _____

CHILD'S NAME	BIRTHDATE	VISITATION/ CUSTODY ARRANGEMENT
---------------------	------------------	--

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

4. SPOUSE OR LIVE-IN'S NAME: _____

ADDRESS AND TELEPHONE NO. _____

DATE AND PLACE OF MARRIAGE OR LIVING ARRANGEMENT: _____

DATE AND PLACE OF DIVORCE/SEPARATION/BREAKUP: _____

CHILD'S NAME	BIRTHDATE	VISITATION/ CUSTODY ARRANGEMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

Information for any of your children who were not born to a relationship listed on page 9:

CHILD'S NAME	BIRTHDATE	VISITATION/ CUSTODY ARRANGEMENT
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide the name, address and telephone number of the other parent for any child listed immediately above.

NAME	ADDRESS	TELEPHONE NUMBER
_____	_____	_____
_____	_____	_____
_____	_____	_____

If you are in a current relationship, please provide that person's name, telephone number and address.

INFORMATION ABOUT ALL CHILDREN IN YOUR HOUSEHOLD

(whether living primarily with you or visiting you, including step-children or unrelated children)

NAME	NAME AND <u>ADDRESS AND PHONE NUMBER</u> OF SCHOOL	GRADE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

COLLATERAL WITNESSES

Collateral witnesses must be brought to the attention of the caseworker. It is your responsibility to notify the caseworker by completing this form if there are any collateral witnesses who need to be contacted. Collateral witnesses are generally professionals who have factual information to provide in the case, such as doctors, nurses, teachers, childcare providers, psychologists/counselors, etc. Collaterals may also include persons who have relevant, significant information about you, the child/ren, or the other party to this suit, such as ex-spouses, adult children, neighbors, etc.; however this generally **does not** include family and friends, except as noted. If this is a final Custody Evaluation and you provide the name, address, phone number and a brief description of the relevant information the collateral should provide, the case worker will contact the collateral, either in writing or by telephone. If this is a temporary Custody Evaluation, the caseworker will contact collaterals to the extent time will permit.

COLLATERAL WITNESS INFORMATION:

NAME	ADDRESS	PHONE	BRIEF DESCRIPTION OF RELEVANCE
1. _____ _____	_____	_____	_____
2. _____ _____	_____	_____	_____
3. _____ _____	_____	_____	_____

PLEASE PRINT

Please state the frequency and times you think the child(ren) should spend with each parent. Please consider work schedules and the child(ren)'s schedules and needs. Explain your reasons this arrangement would be in the child(ren)'s best interests:

Please list your preferences for holidays and summer visitation times for the child(ren) with each parent:

Prior to this proceeding, please state who handled the following duties, if applicable:

Transport to and from school or daycare: _____

Doctors, Dentist etc. visits: _____

Homework: _____

Meal preparation: _____

Briefly describe how you discipline your child(ren). _____

Briefly summarize the events leading up to the present custody/visitation dispute:

Why do you believe you should have primary custody of your child(ren)?

Why do you think the other person wants custody of the child(ren)?

Are there reasons the other party to this action should not have custody/visitation? Be specific:

Please state whether you, the other parent or both of you should have the right to: 1) make educational decisions for the child; 2) make medical, dental and psychological decisions for the child; and 3) determine the child's residence. For each question, please state why you answered the way you did.
