

As Guardian Ad Litem, I want to be sure to do a good and thorough job of gathering up the information we will need in order to assess the best interests of any child whose interest is subject to the Court's determination. This Questionnaire minimizes the possibility of anything being overlooked, and it allows me to focus the time we spend with you upon discussing your child's needs and your goals. All information you furnish to us with regard to this questionnaire will be held in strictest confidence.

Please complete this Questionnaire in advance of our initial meeting, and bring it with you to that meeting. If you need more space than is provided to answer any question, please use the back of the page or attach a separate sheet of paper. If you are unsure about any question, please go ahead and answer it as best you can and mark it with a question mark so I can discuss it with you when we meet.

**The Law Firm of Witt, Hicklin & Snider, P.C.
2300 Higgins Road
P.O. Box 1517
Platte City, Missouri 64079
(816) 858-2750
www.wittlaw.com**

TODAY'S DATE: _____

1. ABOUT YOU

Name: _____

Address: _____

Age: _____ **Date of Birth:** _____

Home phone: _____

Cell phone: _____

Email address:

Social Security Number:

Employer: _____

Position or Title: _____

Work phone: _____

2. ABOUT YOUR SPOUSE

Name: _____

Address: _____

Age: _____ **Date of Birth:** _____

Home phone: _____

Cell phone: _____

Email Address:

Social Security Number:

Employer: _____

Position or Title: _____

Work Phone: _____

3. ABOUT YOUR CHILDREN

Name	Age	Date of Birth	School Child Attends and School Address

PERSONAL PARENT INFORMATION – INFORMATION ABOUT YOU

LICENSE/INSURANCE

Do you have a valid and effective driver's license? _____ Yes _____ No

If not, please explain circumstances: _____

Do you have valid and effective car insurance? _____ Yes _____ No

If not, please explain circumstances: _____

Do you have a child safety seat? _____ Yes _____ No

Are you aware of any person that transports the child that does not have a valid license, insurance or a safety seat? If so, please provide the names of such persons and their relationship with the child.

CRIMINAL HISTORY

Have you ever been convicted of a felony? If so please describe the circumstances?

Jurisdiction: _____

Year of Conviction: _____

Charge(s): _____

Sentence: _____

Are you currently on probation? If so, please describe the circumstances?

Jurisdiction: _____

Probation Officer: _____

Expiration Date: _____

Have you ever been convicted of domestic violence? _____ Yes _____ No

Jurisdiction: _____

Year of Conviction: _____

Charge(s): _____

Sentence: _____

SUBSTANCE ABUSE

Have you ever been treated for substance abuse? _____ Yes _____ No

Drug(s): _____

Treatment Dates: _____

Treatment Facility: _____

Are you currently under treatment? _____ Yes _____ No

Treatment Dates: _____

Treatment Facility: _____

MENTAL HEALTH

Have you ever been treated for mental health care issues? _____ Yes _____ No

Diagnosis(es): _____

Treatment Dates: _____

Treatment Facility: _____

Are you currently under treatment? Diagnosis(es): _____

Treatment Dates: _____

Treatment Facility: _____

PHYSICAL HEALTH

Do you have any physical ailments that prevent you from caring for the child yourself? _____ Yes _____ No

Diagnosis(es): _____

Treatment Dates: _____

Treatment Facility: _____

EMPLOYMENT/EDUCATION

Are you currently employed? _____ Yes _____ No

If “yes,” please provide the name and address of your place of employment:

What is your work schedule? _____

If you are not currently employed, is this by choice? _____

Are you currently enrolled in any post-secondary education or training classes or courses? _____ Yes _____ No

If “yes,” please provide the name of your school or training facility and the current course/training schedule: _____

CHILD(REN) INFORMATION

Please make this section CHILD SPECIFIC. For more than one child, please copy this section and complete for each child or alternatively provide a separate set of responses on additional pages. Thank you.

Date of Birth? _____

Father/Mother, please provide me the following information about your {son/daughter} _____ (name). {Repeat this section for each child}

Where does he/she currently reside? _____

How long has he/she resided there? _____

If he/she attends daycare, what is the name, address and telephone number of the daycare provider.

Name: _____

Address: _____

Phone: _____

When did he/she start attending this daycare? _____

Who picked this daycare? _____

When does he/she attend daycare? (insert times on those attendance days)

Monday Tuesday Wednesday Thursday Friday

From: _____

To: _____

Who usually drops off and/or picks up _____ (child's name)? (insert name of appropriate person)

Monday Tuesday Wednesday Thursday Friday

Drop off: _____

Pick up: _____

Who at the daycare facility has the most interaction with _____ (name)?

Who is _____ (child's name) pediatrician or primary health care provider?

Name: _____

Phone: _____

If _____ (name of child) sees any physicians or other health care provider other than the above identified person, please identify who else he/she sees.

Name: _____

Phone: _____

Name: _____

Phone: _____

Does _____ (name) have any special health concerns, problems or issues? _____ Yes
_____ No

If so, please identify:

Specifically, does _____ (child name) have any physical or mental health disabilities? _____ Yes _____ No

If so, please describe:

Has your child ever received services from any mental health professional, including but not limited to, social workers, therapists, occupational therapists or physical therapists? _____ Yes _____ No

If so, please describe the dates of service, name of the service provider and the reasons for which the child was seen:

Does your child still take naps on a regular basis? _____ Yes _____ No

If so, please describe the schedule, including duration of naps, and any special needs to do so:

**Does your child have any food allergies or medicinal allergies? _____ Yes
_____ No**

If so, please describe in detail:

**Is your child taking any prescription or nonprescription drugs on a regular basis?
_____ Yes _____ No**

If so, please describe the drug, dosage, frequency and the reason for taking it:

If your child is attending any preschool or public school, please advise the name of the school, the current name of the teacher and the grade:

Has your child ever had any disciplinary issues at his or her school or schools in the past? _____ Yes _____ No If so, please describe:

Has your child ever experienced any significant behavior issues of concern by you or his school, at his school? _____ If so, please describe:

Father/Mother, please provide me the following information about your contact with _____ (child name).

Have you had regular contact with _____ (name) in the last three months?
_____ Yes _____ No

If yes, indicate in the table below the pattern of contact that has been followed by putting the appropriate times in the boxes when Father/Mother had contact with the child:

One week Monday Tuesday Wednesday Thursday Friday Saturday Sunday
From: _____
To: _____

Following week Monday Tuesday Wednesday Thursday Friday Saturday Sunday
From: _____
To: _____

When did you last have in person contact with _____ (name)? _____

If your contact has not been regular, describe the contact you have had with _____ (name) in the last three months?

Were you at the hospital when _____ (name) was born? _____ Yes _____ No

What hospital was _____ (name) born in? _____

What city, county and state was _____ (name) born in?

Are you identified on _____ (name) birth certificate? _____ Yes _____ No

Has Mother done anything that makes you think that you are not _____ (name) father? _____ Yes _____ No

Have you seen _____ (name) since he/she was born? _____ Yes _____ No

Have you done anything to acknowledge publicly that you are _____ (name) father? _____ Yes _____ No

Describe what you have done to acknowledge publicly that you are _____ (name) father.

Have you ever failed to show up for a scheduled contact or visitation period with _____ (name)? _____ Yes _____ No

Describe how often this has occurred and what happened each time:

Have you ever been late by more than one half hour for a scheduled contact or visitation period with _____ (name)? _____ Yes _____ No

Describe how often this has occurred and what happened each time:

YOUR PARENTING STYLE

Date: _____

Background:

1. Your Name: _____
2. Your Address: _____
3. Telephone Numbers where the Guardian may reach you: _____

4. Your email address: _____
5. Type of Case: _____
6. Child's Name: _____ Age: _____ Gender: _____
Child's Name: _____ Age: _____ Gender: _____
Child's Name: _____ Age: _____ Gender: _____
7. Have you previously been involved in a family law/domestic relations case? If so, please describe facts and circumstances:

Parenting Role:

8. What role do you foresee yourself having in your child(ren)'s life?

9. Do you believe your role will change as the child becomes older? If so, please describe.

Parenting Style:

10. Do you believe in co-parenting?

11. Please describe how you envision co-parenting.

12. Please describe your understanding of joint legal custody.

13. If you are the non-custodial parent, how much input do you expect to have regarding the child(ren)'s day-to-day activities?

14. If you are the non-custodial parent, how do you anticipate or plan to communicate with the custodial parent regarding the child(ren)'s day-to-day activities, needs or parenting decisions?

15. Is the other parent responsive to your requests for contact to discuss the child(ren)'s? _____ If so, please describe:

16. Are there any members of the other parent's extended family that concern you in regards to your child(ren)'s physical or emotional safety? _____ If so, please describe in detail:

Visitation:

17. How much time do you wish to spend with your child(ren) each week? Please describe in detail.

18. Will you wish to change the amount of time you spend with the child(ren) dependent upon the child(ren)'s age?

19. Do you believe it is appropriate to leave the child with someone else (i.e., friend, relative or babysitter) during your scheduled visitation time?

20. Do you believe it is appropriate to have members of the opposite sex over the age of 18 be an overnight guest when you have scheduled overnight visitation with your child(ren)?

21. Do you believe it is appropriate to have as an overnight guest an individual that you are in an intimate relationship with when you have scheduled overnight visitation with your child(ren)?

22. Do you believe that your payment or nonpayment of child support should impact your visitation?

Holiday/Special Event Visitation:

23. Do you believe the child(ren) should spend every holiday with both parents (i.e., one-half the day with Mom and one-half the day with Dad)?

24. Do you believe it is important to always follow the parenting plan schedule regarding holiday visitation or do you believe that flexibility is appropriate?

25. Do you have certain holidays that you believe you should always spend with your child(ren)?

Child Support

26. Do you believe that you have an obligation to pay child support even if you were not married to your child(ren)'s mother/father?

27. Do you believe that it is appropriate for you to withhold your child support payment if you disagree with a decision(s) the child(ren)'s mother/father made?

28. Do you believe that your monthly child support payment is your only financial obligation to your child(ren)? Please explain your answer:

29. Do you believe your child support obligation should increase with the child(ren)'s age?

30. Do you believe that you should contribute to the payment of medical insurance and unreimbursed medical expenses of your child? If so, what percentage?

31. Do you believe that you should contribute to the extracurricular expenses of your child(ren)? If so, what percentage?

32. Do you believe that you should contribute to the college or other post secondary education of your child(ren)? If so, what percentage?

INFORMATION ABOUT YOUR CHILD'S OTHER PARENT

1. Please tell me what you know about the other parent's residence.

Address: _____

Telephone Number where Father/Mother can be reached: _____

Father/Mother began residing at this address on: _____

Number of bedrooms in this residence: _____

Public School District this residence is located in: _____

Name, sex, age and relationship of people residing at this address:

Name: _____ Sex: _____ Age: _____ Relationship: _____

- 1.
- 2.
- 3.
- 4.
- 5.

Father/Mother owns residence: _____Yes _____No _____Unknown

Father/Mother leases/rents residence: _____Yes _____No _____Unknown

Residence has a yard? _____Yes _____No _____Unknown

Any pets at this residence? _____Yes _____No _____Unknown Number _____

Last time you were in this residence: _____

Do you have any concerns about the physical condition of the residence?

Do you have any concerns about the neighborhood where the residence is located? If so, describe the concerns:

Do you have any concerns about the people staying in this residence? If so, describe the concerns:

What is the highest level of education of Mother/Father completed? _____

What college degrees does Mother/Father have? _____

What certifications or professional licenses does Mother/Father have? _____

Does Mother/Father have any health issues that interfere with, impact on, or limit Mothers/Fathers ability to care for your child(ren)? _____ Yes _____ No

If your answer is yes, please explain what health issues you are referring to.

Has Mother/Father been hospitalized for any emotional or mental health issue in the last ten years? _____ Yes _____ No

If your answer is yes, please state where and when such hospitalization occurred.

Has Mother/Father been found guilty of or plead guilty to any criminal offense in the last five years? _____ Yes _____ No

If your answer is yes, please state what the offense was and when the guilty plea or conviction was entered.

Is Mother/Father on probation for any criminal offense now? _____ Yes _____ No

If your answer is yes, please state when the probation period expires: _____

Has Mother/Father ever been found guilty of or plead guilty to any offense involving operating a motor vehicle while under the influence of alcohol or drugs? Yes No

If your answer is yes, please state what the offense was and when the guilty plea or conviction was entered.

Has Mother/Father ever participated in a drug or alcohol counseling or evaluation program other than as a sponsor or employee of a facility that offers such programs?

Yes No

If your answer is yes, please describe the program and when the participation occurred.

Does Mother/Father have any firearms in her/his possession, control or residence?

Yes No

Has anyone ever accused Mother/Father of threatening someone with any firearms or any other weapon? Yes No

If your answer is yes, please describe what accusations were made, by whom, and when?

Has Mother/Father ever been the subject of or target of a restraining order related to claims of physical violence? Yes No

If your answer is yes, please describe what accusations were made, by whom, and when?

To assist me in my investigation please answer the following questions:

With regards to my investigation in this case, what issues or concerns do you want me to focus on? (Please list any and all issues you think I should spend time investigating.)

With regards to my investigation in this case, who do you think I should talk to? (Give the name of each person I should talk to, a telephone number where I can reach them, and a description of how you think they can help.)

With regards to my investigation in this case, what documentation do you think I should review or obtain? (If you have any documentation that you think I should review, please get me copies of what you have. If you do not have the documentation in question, but know where it is, please provide as much information as you can about the location of the documentation.)

