



**SAN LUIS OBISPO SUPERIOR COURT
FAMILY COURT SERVICES (805) 781- 5423**

File # _____

CUSTODY EVALUATION PERSONAL DATA SHEET

Name: _____
Last First Middle (Aka's)

Address: _____
Street City/State Zip Code

Home Phone: () _____ Work Phone: () _____

Cell Phone/Pager: _____ e-mail: _____

Do you have an attorney? Yes No If Yes, Who?

Name Phone

Birth Date: _____ Age: _____ Social Security # _____

Calif. Driver's License # : _____ Out of State Drivers License # : _____

Place of Birth: _____ County of Residence: _____

Length of Residence: _____ Military Service? _____
Branch Dates

Education: Circle highest year completed: 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20

Do you hold a degree? Yes No If yes, where received and in what field?

Current Employer: _____ Position: _____
Title Dates

Contact Person: _____ Telephone # _____

Monthly gross income: _____ List any additional income/Source _____

Have you ever been arrested or convicted for a misdemeanor or felony? Yes No
If yes, please describe incident(s)

Minor children to be included in the evaluation:

Name Birth date Age Grade Current Parenting Plan

1.

2.

3.

4.

Other Minor children related to the evaluation, or living in the household

Name Birth date Age Grade Relationship to each child

1.

2.

3.

List all adults currently residing in your home other than yourself.

Name/Relationship Birth date Social Security # CDL

1.

2.

3.

4.

5.

PERSONAL HISTORY

Current Spouse or Significant Other: _____

DOB: _____ Social Security # _____ ^{Name} CDL # _____

List prior Marriages/relationships that you have children: Please list all children you have whether or not they are involved in this custody dispute.

<u>Person/s</u>	<u>Dates</u>	<u>Names of children & Ages</u>
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1.

2.

3.

1. How long have you known the other parent in this case? _____
When did your relationship begin? _____
Were you married? Yes No When did you separate? _____

2. Have you seen a counselor/therapist/religious advisor about issues in this relationship during the past two years? Yes No
If yes, who: _____ telephone # _____

3. Have any of the children seen a counselor/therapist/religious advisor about their feelings concerning your separation or divorce during the past two years? Yes No
If yes, Who: _____ Telephone # _____

4. Have you been in a Doctor's care over the past two years? Yes No
If yes, who: _____ Telephone # _____

5. Indicate which, if any, medications you take regularly:

6. What are you biggest concerns and conflicts about the other parent in this case?

7. Do you have any concerns about the children's physical or emotional safety while they are in your, or the other parent's household?

8. Are your parent's still living? Yes No Are they together? Yes No
If not, which parent raised you as a child? _____

Do you have brothers? Yes No How many? _____

Do you have sisters? Yes No How many? _____

Are you close to any of your family? Yes No Who? _____

Why? _____

9. You may list three people, who have knowledge of your parenting skills, the evaluator can contact:

1. Name: _____ Relationship to you: _____

Home phone: _____ Work phone: _____

Address: _____

2. Name: _____ Relationship to you: _____

Home phone: _____ Work phone: _____

Address: _____

3. Name: _____ Relationship to you: _____

Home phone: _____ Work phone: _____

Address: _____

10. Have you been abused by the other party at anytime, either physically, emotionally or sexually? Yes No If so, please describe what happened, and indicate what, if any, treatment you received:

11. Have any of the children been abused by anyone, at any time, either physically, emotionally, or sexually? Yes No If so, please describe what happened, and indicate what, if any, treatment the child/ren received:

Have any of your children had contact with Child Protective Services or the Juvenile Court? Yes No If so, describe what happened, and indicate what, if any, services/treatment the children received:

13. If more than one child, how do each of the children get along with each other?

14. Please describe your normal weekly work/school schedule: _____

15. Please describe your children's normal weekly school/activity schedule: _____

16. Who normally babysits with your children, or provides regular childcare? (include relatives)

A. _____ Telephone # _____

B. _____ Telephone # _____

17. Name of school your child attends: _____

Telephone # _____ Teacher name _____

Name of school your child attends: _____

Telephone # _____ Teacher name _____

18. Describe your abilities as a parent _____

19. Describe the other parent's abilities as a parent:

20. What do you think would be the ideal custody and parenting plan for your child/ren?

21. Is there anything more that you want the evaluator to know?

Please list all health care providers, including pediatricians, dentists, therapists, schools and child care providers that have had contact with you or the children.

1.	_____	_____
	Name	Address/Telephone #
2.	_____	_____
	Name	Address/Telephone #
3.	_____	_____
	Name	Address/Telephone #
4.	_____	_____
	Name	Address/Telephone #
5.	_____	_____
	Name	Address/Telephone #

Your Signature

Date