

**Supervised Access
Questionnaire for Parents**

1. Background Information on Parent:

Name: _____
Birthdate: _____ Social Security: _____
Home Address: _____ City: _____
County: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
E-mail address: _____

2. Employment Record:

Current Employer: _____
Address: _____
Job Description and/or Title: _____
Date of Employment: _____

3. Educational Background:

Indicate last grade completed and degree earned, if any: _____

4. Legal:

Have you or any members of your family ever been arrested or have a criminal record anywhere? _____
If yes, please explain: _____

Have you or any members of your family ever abused drugs or alcohol now or in the past? If yes, give details. _____

Have you or any members of your family ever been investigated for physical or sexual child abuse? If yes, give details. _____

Describe any court proceedings in progress, upcoming court dates or prior orders of protection. _____

Are there any restraining or protection orders in place at this time? If yes, please explain _____

Has it been necessary to have the police enforce the order? If yes, please give dates and circumstances. _____

Explain why you are participating in a supervised access program at this time. _____

In the past, have you had supervised access with the child(ren) involved in this action or any other child(ren)? If yes, please describe. _____

5. Marital History:

When were you married to the other parent of the child(ren) involved in this action? _____

When did you separate from the other parent of the child(ren) involved in this action? _____

Briefly, describe your life together. _____

Describe your relationship with the child(ren)? _____

What is your relationship with the other parent of the child(ren)? _____

6. Children:

Please list names and date of birth of **child(ren) involved in this action:** _____

Total number of children (step-children) between parents – what are their ages: _____

What activities do you and your child(ren) enjoy doing together? _____

Do any of your child(ren) have special needs? If yes, give details. _____

7. Medical:

Please list the names of any physician, psychologist or other health professional who has treated you or your child(ren) in the past three years: _____

Have you or any member of your family ever been in psychotherapy or counseling, or been hospitalized or received medication for mental or emotional difficulties? If yes, give details. _____

Do you currently have, or have had in the past, any chronic or recurrent health problems? If yes, give details. _____

Are you currently on any prescribed medication? If yes, provide details. _____

8. Additional Information:

What kind of relationship do you think your child(ren) needs with the other parent? _____

Do both parents cooperate in related issues about the child(ren)? How do you communicate? _____

What are your concerns and worries when the child(ren) is with the other parent? _____

What types of problems have you experienced with visitations in the past? _____

What is the current living and visitation arrangement for your child(ren)? _____

Do you have any of the following concerns about the other parent?

- | | | |
|--------------------------------|----------|---------|
| Abuse of alcohol? | Yes_____ | No_____ |
| Abuse of drugs? | Yes_____ | No_____ |
| Emotional abuse of child(ren)? | Yes_____ | No_____ |
| Physical abuse of child(ren)? | Yes_____ | No_____ |
| Sexual abuse of child(ren)? | Yes_____ | No_____ |
| Sexual behavior? | Yes_____ | No_____ |

Physical health? Yes _____ No _____
 Violent behavior? Yes _____ No _____
 Suicide attempts? Yes _____ No _____
 Child snatching? Yes _____ No _____

If yes to any of the above, please provide details. _____

Is the other parent likely to express any of these concerns about you? _____

What is your car Make/Model: _____ License Plate _____
 Second car Make/Model: _____ License Plate _____
 Drivers License Number: _____

Annual Income (Please check one):
 _____ Less than \$15,000
 _____ \$15,001 - \$20,000
 _____ \$20,001 - \$30,000
 _____ \$30,001 - \$40,000
 _____ \$40,001 - \$50,000
 _____ Over \$50,000

Please use this space for any additional comments you might have: _____

KIDS Services
 4900 N. Rosepoint Way, Suite A
 Boise, ID 83713
 375-5800

Please bring this questionnaire with you to your initial interview along with any legal documents relevant to this case (court order, protection orders, signed agreements by parents, etc.).