

PARENT QUESTIONNAIRE

Your Full Name: _____

Your Current Spouse (if any): _____

Your Street Address: _____

Your Mailing Address (if different): _____

Your Telephone Numbers: Home: _____

 Cell: _____

 Work: _____

Your Date of Birth: _____

Your Social Security Number: _____

The Names and Ages of other persons who currently live in your household (excluding your current spouse listed above and the children involved in this case):

_____ years old
_____ years old
_____ years old
_____ years old
_____ years old
_____ years old

Do you work outside of the home? Yes No

Type of work: _____

Hours of work: _____

Employer's Name and Address: _____

CHILDREN of this action:

Name: _____ DOB: _____ Soc. Sec. #: _____

School: _____ Grade: _____

Home Address: _____

School Address: _____

Teachers: _____

Name: _____ DOB: _____ Soc. Sec. #: _____

School: _____ Grade: _____

Home Address: _____

School Address: _____

Teachers: _____

Name: _____ DOB: _____ Soc. Sec. #: _____

School: _____ Grade: _____

Home Address: _____

School Address: _____

Teachers: _____

Name: _____ DOB: _____ Soc. Sec. #: _____

School: _____ Grade: _____

Home Address: _____

School Address: _____

Teachers: _____

Name: _____ DOB: _____ Soc. Sec. #: _____

School: _____ Grade: _____

Home Address: _____

School Address: _____

Teachers: _____

Day Care Providers:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Primary Care Physicians / Pediatricians:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

Psychologists, Psychiatrists, and/or Social Workers who have been involved with your children:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

SPECIAL NEEDS? (Learning disabled, physical or mental disabilities, emotional disturbance, special education, gifted, etc.)

What is the current visitation schedule?

Are you satisfied with this schedule? Yes No
If not, why not, and how would you change it?

Have you, your children, or any other persons in your household ever been the subject of an investigation by the Connecticut Department of Children and Families (DCF) or any similar agency of any other State? If so, state who, when, where and explain:

Is there any other information you would like me to know about this case and/or your children?

Signature

Date