

PERSONAL REFERENCE QUESTIONNAIRE

As you answer the questions below, please keep in mind that it is the responsibility of the court to safeguard the welfare and future development of the child(ren) in this family. You can help the court in meeting this responsibility by being objective and confining your statements to what you have personally seen. Answer each question as complete honestly as possible. Your questionnaire may be shared with the attorneys for any party to the lawsuit who might also share directly with their clients. You may be contacted personally to discuss the statement.

Because the court operates according to scheduled hearing dates, please send the questionnaire as soon as possible directly to:

Texas Premier Counseling Services
190 E. Stacy Rd., Suite 306 #325
Allen, TX 75002

Please answer the following questions as completely and objectively as possible, confining your answers to what you specifically have knowledge of first-hand. You may use additional paper if necessary, however, please use only **8 ½ x 11-inch** paper, and write on only one side.

Identifying Information: ADULT

Your Name: _____
First Middle Last

Present
Address: _____
Street Apt. # City State Zip Code

Telephone
Numbers: _____
Home Work Mobile Fax

Full name of the person who asked you to complete this questionnaire ("**Client**"): _____

CLIENT NAME: _____
First Last

1. What is your relationship with this **client**? _____
2. How long have you known this client? _____
3. How often do you have contact with this client? _____
4. When was your last contact / date? _____

5. Do you have a relationship with the child(ren) in this case? YES NO If **YES**, how often do you see them?

6. How often have you seen this client and the child(ren) together? _____

7. Based on those observations how would you describe their relationship? _____

8. Describe the physical environment the children are in when they are with the client. _____

9. Describe the child(ren)'s activities. _____

10. Does/do the child(ren) have any special needs? YES NO If **YES**, describe: _____

11. Based on your observations of this client and their child(ren), describe their strengths and weaknesses as a parent.

STRENGTHS: _____

WEAKNESSES: _____

12. Have you ever had any concerns about this client related to any of the following that may impact a person's ability to parent?

Emotional Stability Substance Use Anger Management Other Concern(s): _____

If so, please explain: _____

Signature: _____ Date: _____