

PARENTING REFERENCE QUESTIONNAIRE

You are being asked to participate in a **Child Custody Evaluation**. The purpose of the evaluation is to make recommendations to the court when parents cannot agree on the best parenting plan for their child(ren). Each parent has been asked to identify references to complete a questionnaire regarding his/her parenting. Your participation is voluntary. **Your responses are not confidential**, as they may be shared with the court, the attorneys, and/or the parties involved in this suit. Please note that you may be called and asked additional questions about your responses as well.

Please do not return your response to the parent who asked you to complete this questionnaire. Send your completed questionnaire as soon as possible directly to:

Texas Premier Counseling Services
2770 Main St., Suite 159
Frisco, TX 75033

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 ("**This Parent**"): _____

THIS PARENT NAME: _____
First Last

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

5. Do you know the child(ren) in this case? YES NO If **YES**, how often do you see them? _____

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

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

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

STRENGTHS: _____

WEAKNESSES: _____

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

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

If so, please explain: _____

OTHER PARENT NAME: _____

First

Last

1. Do you know the **other parent**? YES NO If **NO**, please **STOP** here.

2. What is your relationship with the other parent? _____

3. How long have you known the other parent? _____

4. How often do you have contact with the other parent? _____

5. When was your last contact with the other parent? _____

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

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

8. Based on your observations of the other parent and their child(ren), describe their strengths and weaknesses as a parent.

STRENGTHS: _____

WEAKNESSES: _____

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

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

If so, please explain: _____

ADDITIONAL INFORMATION

Any additional observations or information that you believe an evaluator should know?

Signature: _____ Date: _____