

The following form asks you to disclose significant information regarding your children's care, nurturing, welfare and education as well as your own medical, psychological, professional and social background. Some of the information requested is protected by law from forcible disclosure by privileges of confidentiality (such as the doctor-patient privilege). If you have concerns about disclosing any of the requested information or about signing Authorizations for the Release of Information regarding your children, please discuss this form and your particular concerns about its content with your attorney.

Please fill in all blanks and answer all questions as completely as possible. Please do not leave any blanks empty. If a particular matter does not apply to you, put "N/A" or a dash in the blank so it is clear that you have not simply overlooked the question. If you require additional space, please use the backs of these pages.

GENERAL INFORMATION

Name _____

Address _____

EMAIL _____

Date of Birth _____

SSN _____

School System _____

Work Phone _____

Home Phone _____

Cell Phone _____

Driver's License # _____

Date of Marriage _____

Date of Separation _____

Employer _____

Address _____

Length of
Employment _____

of days/mo. traveling _____

Average hrs. worked _____

Normal work hours weekly including overtime _____

Time is available weekly to spend with the child(ren) after work hours _____

Gross income monthly _____

Current Spouse/Significant Other _____

His/Her Date of Birth _____

His/Her Social Security Number _____

CHILDREN FOR THIS CASE

Name	Date of Birth	School Name and Phone #	Teacher	
			This Year	Last Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please indicate for any school aged child, his or her grade average and adjustment at school.

Costs of private school/daycare per month: _____

How long has each child attended said school? _____

Child's Name	Activity/Sport	Period of time in Activity
_____	_____	_____
_____	_____	_____
_____	_____	_____

Children born or adopted by you in another relationship:

Name	Date of Birth	School Name and Phone #	Teacher	
			This Year	Last Year
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FAMILY HEALTH AND WELLNESS

Mental and Physical health (past, present) of each family member or household resident:

Person's Name Health Condition, Physical or Mental (and any prescriptions prescribed)

Physician, Therapists or Counselor for family and household member:

Name Physician (Therapist/Counselor) Years Treated

Does any person residing with the child(ren), or, who comes in contact with your child(ren) now or in the past:

1. Abuse drugs not prescribed by a medical doctor or purchased over the counter? _____ yes _____ no
2. Abused alcohol? _____ yes _____ no
3. Abuse a child physically or sexually? _____ yes _____ no
4. Neglect a child? _____ yes _____ no
5. Been convicted of a criminal act? _____ yes _____ no
6. Been charged with domestic violence? _____ yes _____ no
7. Been investigated by any Law Enforcement Agency or Children's Services? _____ yes _____ no
8. Failed to provide financial, emotional or physical support for a child? _____ yes _____ no
9. Has the other parent ever kidnaped or refused to return any child? _____ yes _____ no

If the answer to any question 1 through 9 is yes, please describe:

If you or your co-parent have more than one child living at home, or any other person lives in your home or the other parents home, please describe the relationship between or among those living in your home and the child(ren).

Is child abuse, child neglect or domestic violence an issue of your case and if so, by whom?

Was Children's Services ever involved? _____

If so: Date became involved _____

Who contacted _____

Status of Investigation _____

Please state any crimes you have been arrested for, convicted of, or pled guilty to:

Please note that the doctors may require you to execute Authorizations for the Release of Information before allowing the Guardian access to the children's files. Please be prepared to execute such Authorizations at your first appointment with the Guardian.

A. Child's Name: _____ Date of Birth: _____

	Child's health Care providers	Date of last visit	Frequency of of visits	Who schedules visit/who takes child?
Pediatrician	_____	_____	_____	_____
Dentist	_____	_____	_____	_____
Counselor	_____	_____	_____	_____

B. Child's Name: _____ Date of Birth: _____

	Child's health Care providers	Date of last visit	Frequency of of visits	Who schedules visit/who takes child?
Pediatrician	_____	_____	_____	_____
Dentist	_____	_____	_____	_____
Counselor	_____	_____	_____	_____

C. Child's Name: _____ Date of Birth: _____

	Child's health Care providers	Date of last visit	Frequency of of visits	Who schedules visit/who takes child?
Pediatrician	_____	_____	_____	_____
Dentist	_____	_____	_____	_____
Counselor	_____	_____	_____	_____

PARENTAL RIGHTS

Describe current custodial arrangement pursuant to Court Order. (If Shared Parenting, who is the residential parent for school placement?)

If no Court Order, what are the arrangements?:

Are both parties complying? _____

What do you want the Court to award you?

_____ Shared Parenting Rights (if checked what do you mean?)

- _____ Be designated the Residential Parent
_____ Be designated the non-residential Parent
_____ Parenting rights in accordance with the Court's local Parenting Plan
_____ Other (Please be specific)

What do you want the Court to award to the other parent?

- _____ Shared Parenting rights
_____ Be designated the Residential parent/non-residential parent (cross out one)
_____ Parenting rights in accordance with the Court's local Parenting Plan
_____ Limitations you wish imposed on the parent's rights, if any, and why

Is/are the child(ren) spending overnights at both parents' homes? _____

Do you and the other parent communicate generally well? yes no. If "no" why not

Are you presently experiencing any problems with the exercise of parenting rights?
_____ no _____ yes If so, what **specific** problems?

Is the current parenting arrangement in the child(ren)'s best interest, and why?

Describe the parenting arrangement that would be more in the child(ren)'s best interest and why:

Have you and the other parent attempted to resolve your differences through discussion, counseling or mediation? _____ yes _____ no If no, why not?

Driving time between residences? _____

How long do you plan to remain in this County?

Who is ordered to pay child support and how much?

How long has child support been ordered? _____

Are the payments current? (Why not?) _____

Describe the child support arrangement that would be in the child(ren)'s best interest and why:

PEOPLE WHO YOU WOULD LIKE ME TO TALK TO ABOUT YOUR CASE

A. At the Day Care Center [that any child attended in the last three years]

1. Name _____ Position _____

Address _____

Work Phone _____ Home Phone _____

What, specifically, should I discuss with this person?

B. Family Members.

1. Name _____

Address _____

Work Phone _____ Home Phone _____

Relationship to children: _____

What, specifically, should I discuss with this person?

2. Name _____

Address _____

Work Phone _____ Home Phone _____

Relationship to children: _____

What, specifically, should I discuss with this person?

C. Your Friends.

1. Name _____

Address _____

Work Phone _____ Home Phone _____
Length of involvement with your family: _____

What, specifically, should I discuss with this person?

2. Name _____

Address _____

Work Phone _____ Home Phone _____

Length of involvement with your family: _____

What, specifically, should I discuss with this person?

D. School

1. Name _____

Address _____

Work Phone _____ Home Phone _____

Length of involvement with your family: _____

What, specifically, should I discuss with this person?

E. Other

1. Name _____

Address _____

Work Phone _____ Home Phone _____

Length of involvement with your family: _____

What, specifically, should I discuss with this person?

AUTHORIZATION FOR RELEASE OF DENTAL INFORMATION

To: Keeper of Dental Records

(Dentist's Name)

(Street Address)

(City, State, Zip Code)

This is authority for you to permit the law firm of Khasawneh & Associates, LLC, 1170 Old Henderson Rd, Suite 116, Columbus, OH 43220, to copy, inspect, examine, forward any and all records, charts, reports, x-ray, x-ray reports, and bills in your possession pertaining to all examination, assessment and treatment rendered to and discuss treatment of:

CHILD'S NAME: _____

DATE OF BIRTH: _____

SOC. SEC # _____

PARENT'S SIGNATURE: _____

DATE: _____

A SIGNED COPY SHALL BE AS AN ORIGINAL

AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

To: Keeper of Medical Records

(Doctor's Name)

(Street Address)

(City, State, Zip Code)

This is authority for you to permit the law firm of Khasawneh & Associates, LLC., 1170 Old Henderson Rd, Suite 116, Columbus, OH 43220, to copy, inspect, examine, forward any and all records, charts, reports, x-ray, x-ray reports, and bills in your possession pertaining to all examination, assessment and treatment rendered to and discuss treatment of:

CHILD'S NAME: _____

DATE OF BIRTH: _____

SOC. SEC # _____

PARENT'S SIGNATURE: _____

DATE: _____

A SIGNED COPY SHALL BE AS AN ORIGINAL

AUTHORIZATION FOR RELEASE OF INFORMATION

To: Keeper of Records and School Personnel

(Name of School)

(Street Address)

(City, State, Zip Code)

This is authority for you to permit the law firm of Khasawneh & Associates, LLC, 1170 Old Henderson Rd, Suite 116, Columbus, OH 43220, to copy, inspect, examine, forward any and all records including, but not limited to: official administrative records, immunization records, attendance records, charts, courses, grade levels, grades/achievement scores, reports, notes, test assessments and the results, conclusions, and recommendation thereof (including, but not limited to, standardized achievements test results and intelligence test results), all information contained in the child's personal pupil file including personal data, testing profiles, psychological data and dates, special programs and discipline in your possession pertaining to and to discuss same for:

CHILD'S NAME: _____

DATE OF BIRTH: _____

SOC. SEC # _____

PARENT'S SIGNATURE: _____

DATE: _____

A SIGNED COPY SHALL BE AS AN ORIGINAL