



Custody & Access Assessment – Parent/Guardian Questionnaire

Date _____

Name of Parent/Guardian _____ Date of Birth _____

CONTACT INFORMATION:

Full Address:

Phone (home): _____ Alternate Phone Number: _____

Relationship to Children _____ (Mother/Father/Aunt etc)

Religion: _____ Place of Birth: _____ If not in Canada, how many years have you been living in Canada? _____

What is your first language? _____ Do you want to access services in French? _____

Language(s) spoken in the home: English French Other (Specify _____)

SPOUSAL HISTORY:

Married/Common-Law Relationship	Dates of Marriage or start of Common-Law Union	Date of Separation/Divorce
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Date(s) of Death of Spouse(s) _____

Present Marital Status: Married Single/Divorced Common-Law

CHILDREN INVOLVED IN THE ASSESSMENT:

Childs Name:

Date of Birth:



Do you live with the children? Yes No (If not, please give details of how long apart, access arrangements, etc.)

Other persons in your home and relationship to the children we are assessing:

YOUR EDUCATION/EMPLOYMENT: (please specify the highest level completed):

- Elementary (1-8) Secondary (9-13) Some College College Grad Some University
- University Grad Other (Specify) _____

Employment at present: _____

Hours of work (include shifts if applicable) _____

If disabled or unemployed, please give details:

Any serious illness? No Yes (Specify) _____

Any serious accidents? No Yes (Specify) _____

Any history of psychiatric illness, mental health issues or alcohol/drug problems? No Yes (Specify)

To what extent can you and your (ex) spouse talk about the children?

What are your personal objectives for the children in terms of custody, access and other issues?



What do you feel are obstacles to achieving the objectives above?

Was there a history of high conflict or domestic violence during this relationship? If yes, please elaborate.

Are you in agreement with this referral? No Yes

ADDITIONAL COMMENTS:

Our office hours are usually Monday to Friday, 8:30 to 5:00. What are your best days and times for appointments within these days? **Please note that all appointments are at our office.**

COLLATERAL CONTACTS:

Please note that we require full name with addresses and phone numbers of ALL professionals that you and/or the children have been involved with at present or in the recent past. You will be asked to sign a consent form to release information for each contact indicated and the information received will be reviewed as part of the assessment process. If there is not sufficient space, please attach a separate sheet.



This information should include the following: Family Doctors, police services in your area, Children's Aid Society, counsellors, Psychiatrists, community agencies (Supervised access, etc.) that either yourself or the child(ren) have had contact with (either alone or together with your (ex) spouse).

Name:	Address:	Phone # or Email:	Type of Contact:

Child(ren)'s Present School	Principal	Telephone Number: