

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES
PARENT QUESTIONNAIRE FOR PARENTING PLAN ASSESSMENT/ CHILD INTERVIEW**

CASE NAME/NUMBER: _____	DEPARTMENT: _____	DATE: _____
<input type="checkbox"/> Parenting Plan Assessment	<input type="checkbox"/> Child Interview	

INSTRUCTIONS: This questionnaire is important for introducing you and your family to the Family Court Services (FCS) Specialist assigned to conduct your Parenting Plan Assessment. The purpose of this assessment is to develop and recommend a parenting plan in the best interest of your children.

Please consult the PPA brochure for further information. If you have any questions, please contact 213-830-0835.

Name: _____ **Date of Birth:** _____

First Middle Initial Last

Other names you are known by/Maiden name: _____

Address: _____ **Home Number:** _____

Cellphone Number: _____ **Work Number:** _____ **Drivers/ID Number:** _____

Address: _____

Street City State Zip

Email Address: _____

Occupation: _____

Street City State Zip

Do you require an interpreter? Yes No If so, What language? _____

Attorney: _____

Name Address Phone Number/Email Address

CHILDREN: List the Child/Children involved in this court action:

NAME	DATE OF BIRTH	AGE	GRADE LEVEL	NAME OF SCHOOL ADDRESS/TELEPHONE NUMBER

List the names and birthdates of other children in the home: _____

List the full names and birthdates of all other adults living in your home: _____

List each child in this case who has been receiving treatment from counselor, therapist, or psychiatrist:

CHILD	DOCTOR/ COUNSELOR	ADDRESS / TELEPHONE NUMBER	DATE

COUNSELING AND SUBSTANCE ABUSE TREATMENT HISTORY FOR PARENTS:

MOTHER	FATHER	COUNSELOR	ADDRESS/TELEPHONE NUMBER	DATE

CRIMINAL HISTORY

Has either parent been arrested? Mother: Yes No Father: Yes No

Date(s) of arrest(s):

Please review each statement below and check the boxes that apply:

- Yes No One or more of the following has occurred in your relationship with the other parent: slapping, punching, choking/ strangulation, kicking, shoving, grabbing, forced sex, threats of _____ (describe), or other violence _____.
- The violence occurred: Less than one year ago More than one year ago
- The violence occurred: Once between the parties More than once between the parties
- Yes No The children have been physically hurt by you or the other party.
- Yes No The police have been involved with you or the children due to domestic violence.
- Yes No There are protective/restraining orders in effect or pending as a result of domestic violence.
- Yes No The Department of Children and Family Services (DCFS) is currently, or has been, involved with children.
- Yes No There currently is, or has been, a Criminal or Children’s (Dependency) Court case filed.

CURRENT PARENTING PLAN: When are the children with you and when are they with their other parent?

PROPOSED PARENTING PLAN: Please describe the schedule for the parenting plan that you are requesting and include all options that you will consider.

REASONS FOR YOUR REQUEST: Please explain why you are requesting this parenting plan and include any concerns you have about your children or their relationship with their other parent.