

**WINNEBAGO COUNTY
- FAMILY COURT SERVICES -
CUSTODY STUDY QUESTIONNAIRE**

(Use the back of the page or additional paper if needed for any section)

General Information

Today's date _____

Full name _____ Maiden/past legal names _____

Address _____ Date of birth _____

Phone number _____ Email _____

Name of attorney (if represented) _____

Current Household

List anyone, including the child(ren) subject of this study, who is presently living in your household.

FULL NAME	RELATIONSHIP	DATE OF BIRTH

For any child listed above that is *from a parent other than the parent involved in this current action*, please provide the father's / mother's name, date of birth, any court case number (if applicable) and the amount of time the child is in your home.

Please list the name and address of any current significant other/spouse that has contact with the child(ren) in this court action, their address if different than yours, and their birth date. Also, list any child(ren) of that person that reside or spend substantial time in the household, including names and ages of each child, and the amount of time spent in the household.

I. Child(ren)'s Information (Children of THIS court action only)

1. Please describe the current order regarding custody (joint/sole) and placement (current schedule). How long have you been following this schedule?

2. Please describe any prior placement schedule(s) that have been followed since the time of the separation/divorce. Include dates, length of time followed, and reason for change.

3. School Information (include daycare if one is utilized)

CHILD'S NAME	SCHOOL OR DAYCARE / GRADE	SCHOOL ADDRESS	TEACHER(S)

4. Please list the names of any school counselor, psychologist, or professional that has been involved with your child(ren), including speech/language therapists, OT/PT therapists, etc.

5. Does your child(ren) have an Individualized Education Plan (IEP) or receive any other special assistance (i.e., reading recovery, math assistance) with academics, behavior or social development in their school/daycare setting? If yes, please provide details.

6. Has your child(ren) been diagnosed with any chronic medical conditions (i.e., asthma, diabetes, autism, etc.)? If yes, please detail the diagnosis below and list the name of the provider(s) that he/she sees in relation to that condition, including the clinic address and dates of service.

7. Please list all providers that your child(ren) sees for general medical care (primary physician) or for any chronic medical conditions (specialists), including the clinic address and the dates of service.

8. Has your child(ren) been diagnosed with any mental health condition (i.e., depression, anxiety, ADD/ADHD, etc.)? If yes, please detail the diagnosis below and list the name of the provider(s) that he/she sees in relation to that condition, including the clinic address and dates of service.

9. Has your child(ren) seen a counselor/therapist (outside of school)? If yes, please list the name of the provider(s) that he/she sees, including the clinic address and dates of service. Why is he/she in counseling and what are the established goals?

***** For all medical providers, list the affiliation if it is known (i.e., Affinity, Aurora, ThedaCare, etc.) *****

10. Please describe how your child(ren) understands separation/divorce and the current conflict regarding custody and/or physical placement.

11. Child's name: _____ (copy this page in order to complete for additional children)

In general about this child:

Has this child...?	Please explain any YES responses on the reverse side
a. ...had any prolonged absences from school?	_____ yes
b. ...failed or repeated a grade?	_____ yes
c. ...had speech/language, O.T., P.T., or audiological testing or treatment?	_____ yes
d. ...been suspended or expelled from any activity or institution?	_____ yes
e. ...been involved with police or any legal matter?	_____ yes
f. ...run away from home or school or threatened to do so?	_____ yes
g. ...talked about, planned or acted to intentionally harm him/herself?	_____ yes
h. ...talked about, planned or acted to intentionally harm other people?	_____ yes
i. ...experimented with, used or became dependent on any substance?	_____ yes
j. ...been neglected, abused, molested or otherwise traumatized?	_____ yes
k. ...expressed concern about the family (e.g. wish to live with others or elsewhere)?	_____ yes
l. ...expressed concern about relationships (e.g. parents, siblings, stepparents, other)?	_____ yes
m. ...been exposed to (but not the victim of) violence?	_____ yes
n. ...had any serious injury, illness or surgery?	_____ yes
o. ...been on any prescription medication?	_____ yes
p. ...had difficulty with anxiety, worry or fears?	_____ yes
q. ...reported seeing, hearing or otherwise sensing things that were not there?	_____ yes
r. ...been uncharacteristically irritable or explosive, withdrawn or unresponsive?	_____ yes
s. ...blamed him/herself for family problems?	_____ yes
t. ...had difficulties with eating, sleeping or toileting?	_____ yes
u. ...had difficulty making or maintaining friendships?	_____ yes
v. ...been bullied or rejected?	_____ yes

II. Parent Information

1. Employment History (note current/most recent employer first)

EMPLOYER	TITLE	WORK HOURS	DATES OF EMPLOYMENT	REASON FOR LEAVING

2. Residential History (note current/most recent residence first)

ADDRESS	CITY	LENGTH OF TIME (DATES)	PEOPLE LIVING IN HOUSEHOLD	REASON FOR LEAVING

3. Where did you attend high school? When did you graduate? If you did not, provide details.

4. Did you attend college or other post-secondary educational institutions? If so, provide details, including where you attended, what you majored in and if you graduated. If you did not graduate, provide details.

5. Are you currently in school or do you plan to enroll? If so, where do you attend and when do you anticipate graduating? Please note your current class schedule/requirements.

6. Do you currently have your driver's license? If not, why and when may you get it back?

III. Medical History (please note all current providers you see for general or specialty care as well as any past providers that you have seen over the last 10 years).

NOTE: Mental health will be dealt with in the next section.

PROVIDER NAME	CLINIC ADDRESS & AFFILIATION	CONDITION(S) TREATED	DATES OF SERVICE
<i>Dr. John Smith</i>	<i>Aurora Health Care Clinic 2950 Jackson St., Oshkosh 54901</i>	<i>Primary Care General Medical Care</i>	<i>January 2010 to the present</i>

1. Are you currently on daily medications? If so, please provide details.

MEDICATION & DOSE	PRESCRIBER	REASON FOR MEDICATION	SIDE EFFECTS
<i>Allegra, daily</i>	<i>Dr. Smith</i>	<i>Seasonal Allergies</i>	<i>None. Drowsy, etc.</i>

2. Do you believe that any of the previously referenced medical conditions or the treatment for them impair your ability to parent the child(ren) during your periods of placement? If so, provide details.

3. Has the other parent ever alleged that your medical condition(s) impair your ability to adequately care for the child(ren)? If so, provide details.

IV. Mental Health History (please note all current providers, including therapists/counselors, psychologists or psychiatrists, as well as all past providers).

PROVIDER NAME / TYPE	CLINIC ADDRESS	DIAGNOSIS / REASON FOR SERVICE	FREQUENCY OF APPOINTMENTS	DATES OF SERVICE
<i>Dr. Jane Doe, Therapist</i>	<i>Theda Behavioral Health 1095 Midway Rd., Menasha, WI</i>	<i>None. Talk therapy, divorce adjustment</i>	<i>Monthly</i>	<i>Dec. 2017 to present</i>

1. Are you currently on daily medications? If so, provide details.

MEDICATION & DOSE	PRESCRIBER	REASON FOR MEDICATION	SIDE EFFECTS
<i>Xanax, 3x daily as needed</i>	<i>Dr. Smith</i>	<i>Anxiety</i>	<i>Tired, fall asleep</i>

2. Do you believe that any of the previously referenced mental health conditions/diagnosis or the treatment for them impair your ability to parent the child(ren) during your periods of placement? If so, provide details.

3. Has the other parent ever alleged that your mental health impairs your ability to adequately care for the child(ren)? If so, provide details.

4. Have you ever been placed on an inpatient mental health hold, either voluntarily or involuntarily? If so, please provide details, including the facility you were placed in, the reason for the admission, and dates of the admission. Please include all admissions.

5. Have you and the other parent ever been involved in marriage/couples counseling? If so, please provide details, including the service providers, clinic location, and dates of service. Please include all counselors seen during the course of the relationship.

6. Have you undergone any formal psychiatric evaluations, either voluntarily or court ordered in this case or any other case? If so, provide details, including the name of the evaluator and dates of evaluation.

7. Have you ever undergone counseling specifically to address anger management issues? If so, provide details, including the name of the therapist/group facilitator, the clinic of attendance and the dates of service. Include formal domestic violence programming.

V. Criminal and Law Enforcement History

1. Have you ever been convicted of any crimes? If yes, note the jurisdiction.

2. Have you been on probation or extended supervision for any convictions within the last 5 years? If yes, list the name of your agent and the office address.

3. Have you been convicted of any domestic violence crime to the other parent or any other partner? If so, provide details.

4. Please list all police agencies that you have had contact with, even if the contact did not result in arrest. Include all agencies if you were the subject of arrest or investigation or if you contacted the police as the victim or complainant. Include all civil complaints related to problems with placement.

5. Have you ever filed a restraining order against anyone? Or anyone against you? Please provide details, including the date of expiration if there is a current order in place.

VI. Alcohol and Drug History (please provide all treatment providers current and past, including assessments, outpatient treatment or inpatient admissions)

TREATMENT PROVIDER	CLINIC / INPATIENT FACILITY ADDRESS	LENGTH OF PROGRAM	DATES OF SERVICE	COURT ORDERED?
<i>John Smith</i>	<i>Winnebago Dept. of Human Services</i>	<i>Assessment only</i>	<i>May 2013</i>	<i>Yes – per 2000 OWI case</i>

1. Have you ever been fired from a job due to alcohol or other drug use, including use during working hours or for attendance issues related to use outside of work hours? If so, provide details.

2. Please describe your current level of use for alcohol and other drugs (including prescription medications).

3. Have you ever taken prescription opioid medications for any condition for more than 2 weeks? If so, provide details, including the reason for the prescription, type of medication, and length of time on the medication.

4. Are you currently under a narcotic contract with any providers? Have you ever had a provider terminate services because you broke your narcotic contract? If so, provide details.

5. Have you been convicted of driving under the influence of alcohol or other drugs? If so, where and when?

6. Has anyone alleged that you had in the past or currently have an addiction to alcohol or other drugs?

7. Have you ever failed to exercise placement because you have been impaired?

VII. Social Service History

1. Have you ever been investigated by any Department of Human Services/Child Protective Services department for any allegations of child abuse, neglect or maltreatment of any child or filed a report on the other parent for allegations of abuse, neglect or maltreatment?

COUNTY OF INVESTIGATION	SOCIAL WORKER	DATES OF SERVICE	ALLEGATIONS AND OUTCOME
<i>Winnebago, WI</i>	<i>Jane Doe</i>	<i>April 2016 to June 2016</i>	<i>Medical neglect (i.e., not taking child to the doctor). Unsubstantiated</i>

2. Was there a CHIPS or JIPS petition filed in conjunction with any of the above-referenced cases?

3. Did you ever work with an in-home training program (i.e. Family Training Program, Professional Services Group) as part of your involvement with the Department? If so, provide details.

4. Did the Department issue any protective orders, preventing you, the other parent or any other household member/third party from having contact with the child during the investigation? If so, provide details.

5. Have you ever been convicted criminally of child abuse or neglect? If so, where and when? How was the child related to you?

6. Have you ever had any child removed from your home and placed in foster care or had your parental rights terminated? If so, provide details.

VIII. Family of Origin

Biological Mother: _____ Age: _____

Biological Father: _____ Age: _____

Full-blood Siblings:

Name	Age	Current City of Residence

1. Did your parents separate/divorce? If so, when? _____

2. Did your parents re-marry? If so, please provide information related to all step-parents and extended family members (list all, including name, date range they were in a relationship with your biological parent, siblings with names and ages):

3. Were you raised by someone other than your biological parents (i.e., grandparents) or involved in the foster care system? If so, please provide more details.

4. Growing up, my parent's relationship with each other can be described as:

5. How did your parents resolve conflict that arose between them growing up?

6. Does anyone in your family abuse drugs or alcohol, either now or at a time in the past? Please provide details.

7. Has anyone in your family been treated or diagnosed with a mental health disease/disorder (i.e., depression, anxiety, bi-polar)? Please provide information about the treatment, including any inpatient hospitalizations.

8. Has anyone in your family been investigated for physical or sexual abuse of a child? Please provide details.

9. Describe your relationship with each of your parents growing up.

10. Describe your present relationship with your parents.

11. As a child, were you expected to complete parent-like tasks (caring for younger siblings, cleaning the home, caretaking parents) or were you treated like a peer by a parent?

12. If your parents separated/divorced, describe your placement plan. Were you ever prevented from having contact with one parent by the other?

13. If you answered 'yes' to the previous question, how did the schedule and/or interference impact you?

14. What happy, rewarding memories do you have of your childhood in relation to each of your parents?

15. What parenting techniques do you utilize from your own upbringing? What techniques have you decided you would not utilize?

X. Relationship History

1. How long were you and the other parent in a relationship? Please provide dates for when you began dating and when you separated/divorced, including if there were multiple separations.

2. What do you believe to be the reason for your separation/divorce?

3. During the relationship, did the other parent ever frighten or intimidate you with threats or harassing conduct, or act violently towards you by any means? This includes, but is not limited to, hitting, punching, choking, shoving or grabbing you? If yes, provide details.

4. Since the time of the separation, has the other parent behaved in a manner described in the previous question? If yes, provide details.

5. If there has been threatening or violent behavior, how do you feel this has or will impact your ability to co-parent with the other person?

6. How did you and the other parent make decisions for the children during the relationship?

7. How, if at all, have things changed in terms of decision making for the children since the separation?

8. Please comment on your level of communication and cooperation with the other parent. What is the primary method used (i.e., telephone, text messaging, e-mail, notebook, face-to-face)? What makes communicating and cooperating with one another difficult?
9. How do you or will you assist the child(ren) in maintaining contact with the other parent while placed in your home?
10. What do you do to encourage your child(ren) to have a positive relationship with the other parent?
11. Do you fear that the other parent speaks negatively about you or your household to your child(ren), or otherwise does not encourage your child(ren) to have a positive relationship with you? If yes, provide details.
12. What are your strengths and weaknesses as a parent? What are the other parent's strengths and weaknesses?
13. Please describe your relationship with your child(ren), including how you spend your time with your child(ren) when placed in your home.
14. Please describe your perception of the relationship between your child(ren) and the other parent.

15. Please describe your view of the relationship your child(ren) have with other household members of your home and the other parent's home. Does the child(ren) get along with step-parents or significant others, if applicable?
16. What do you perceive to be the differences between your household and the other parent's household with regard to routine, rules, expectations and discipline for your child(ren)?
17. Will the makeup of your household (who lives there) remain as listed on page one of this document? If there will be any change, please note that. Does anyone living in the home have any mental, physical or chemical addiction issues that may negatively impact your child(ren)?
18. To your knowledge, has the other parent, his/her significant other, or any other household member ever physically, emotionally or sexually abused or neglected your child(ren) or any other child? If yes, provide details.
19. Do you have any safety concerns for your child(ren) while placed with the other parent? If yes, provide details.
20. What allegations do you anticipate the other parent making about you during the course of this custody study (i.e., parenting skills, criminal history, domestic violence, alcohol/drug use, physical/mental health, etc.)?

21. Is your child(ren) involved in any sports or other activities that may require you and the other parent to transport the child(ren) to and from activities? If yes, list the activities, required time commitment and describe how you handle transportation.
22. What is your plan for childcare if you are unable to be with your child(ren) during your periods of placement (i.e., family, friends, private/public institution)? Would you ask the other parent to provide childcare?
23. Is there anything changing in your life that will affect the placement schedule or time you are able to spend with your child(ren) (i.e., employment, living situation, etc.)?
24. Please describe your child(ren's) adjustment to your home, daycare/school, religion and community. If there have been issues, what have you done to address them with your child(ren), the other parent, and/or others?
25. Under your current proposal, where would the child(ren) attend school? Would this require a change from the current school?
26. How often do you have contact with the school/teacher(s)? Do you attend parent-teacher conferences or other meetings?
27. Has your child(ren) expressed to you any desires regarding what the schedule should be? If yes, provide details.

XI. Proposed Parenting Plan

Complete only what you are proposing be included in your court order. Provide complete answers by using the back of the page or a different page if needed.

1. Legal Custody (decision-making authority for major life choices):

_____ Joint OR _____ Sole (with whom? _____)

a. If sole, list which area(s) (i.e., non-emergency medical care, choice of school, religion, etc.)

b. Are there any conflicts related to legal custody decisions? If yes, provide details.

c. Why is that proposal best for the child(ren)? Provide specific examples in which custody decisions for the child(ren) are/have been problematic.

2. Physical Placement: _____ Shared OR _____ Primary Placement (with whom? _____)

a. What schedule (on a calendar) will the child(ren) follow? Is the schedule the same for all children, if applicable? If not, provide details.

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Week 1							
Week 2							

b. Do you need specific times for placement exchanges? If so, what are the exchange days and times?

c. Is the placement schedule you are proposing a year round calendar, or is the school year different from the summer months? If different, provide details.

d. Why is this proposed schedule best for your child(ren)?

3. Right of First Refusal (provision in which you must call the other parent first for childcare if you are unavailable during your placement): Yes OR No

a. If yes, provide details (i.e., four (4) hours or more, overnight, etc.).

4. Activity Clause (provision that addresses a procedure to follow when enrolling children in activities that span both parents' placement time): _____ Yes OR _____ No

a. If yes, provide details.

5. Transportation (exchanges of the child(ren))

a. The physical transfer of the child(ren) for placement should be as follows:

- _____ Shared and arranged by mutual agreement.
 _____ All transportation to/from provided by the mother.
 _____ All transportation to/from provided by the father.
 _____ Transportation will be shared with:
 1. _____ Parent with children shall deliver.
 2. _____ Parent without children shall pick up.

b. Transfers of the child(ren) shall take place at:

- _____ Parent's home.
 _____ Halfway point: _____
 _____ Other location: _____
 _____ Inter-spousal battery/domestic violence is an issue in this relationship. In order to ensure the safety of the child(ren) and/or parent, transfers of the child(ren) between the parents shall be:
 1. _____ Supervised by: _____
 2. _____ At a neutral, public location: _____
 3. _____ At the home of the following person: _____
 4. _____ Other: _____

6. Vacation clause (provision that provides details for number of days, amount of notice, information provided, etc., for parents taking a vacation that interferes with the other parent's placement time):

_____ Yes OR _____ No

a. If yes, provide details:

7. Holiday placement schedule:

- a. _____ We will arrange holidays by mutual agreement and do not need a set plan.
- b. _____ We need a set plan, as listed below.

HOLIDAYS

Note specifics if you feel details are necessary
(i.e., exchange times and/or location)

With Mother the following years			With Father the following years			
Every year	Even years	Odd years	/	Every year	Even years	Odd years

a.	Easter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Mother's Day:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Memorial Day:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Father's Day:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	July 4 th :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Labor Day:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	Halloween:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	Thanksgiving:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Christmas Eve:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> - <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOLIDAYS

Note specifics if you feel details are necessary
(i.e. exchange times and/or location)

With Mother the following years			With Father the following years			
Every year	Even years	Odd years	/	Every year	Even years	Odd years

j.	<u>Christmas Day:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>								
k.	<u>New Year's Eve:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>								
l.	<u>New Year's Day:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>								
m.	<u>Father's Birthday:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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n.	<u>Mother's Birthday:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>								
o.	<u>Children's Birthday:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>								
p.	<u>School Spring Break:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>								
q.	<u>School Winter Break:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>								
s.	<u>Other:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>								

Signature: _____

Date: _____