Dana Schneider MA, MFT *Psychotherapy * Divorce Related Issues * High Conflict Co-Parenting *Special Master 718 Spring Street Santa Rosa, Ca. 95404 707.566-9303 fax 707.528-4876 licensed marriage and family therapist #M13811

Parent Questionnaire

Please till out this questionnaire as completely as possible and bring the completed form to our first meeting. All information given here will be kept confidential and will not be released without your written permission unless required by law. This exception is described in the Office Policies and Business Procedures.

PLEASE CIRCLE THE SERVICES YOU DESIRE:	Mediation	Consultation	Counseling/Ps	ychotherapy
Consultation with Attorney or other I	Professional	Document Review		
YOUR NAME		TODAY'	S DATE	
DATE OF FIRST MEETING REF	ERRED BY			
MAILING AD.DRESS	MAI	LE FEMALE	AGE_	
CITY	STATE		ZIP	
FAX: _()	PHONE-HOM	ME: _()		
E-MAIL:		CE: ()		
NAME OF ATTORNEY		PHONI	E_	
ATTORNEY ADDRESS				
YOUR OCCUPATION (or former occupations, if retired).			
No. of hours worked avg. per week Do y	ou travel out of town	n for business? N	No Yes,	a month/avg.
HIGHEST GRADE/DEGREE OR TRAINING:				
PERSON AND PHONE TO CALL IF AN EMERGENC	Y OCCURS IN THE	E OFFICE:		
CURRENT MARITAL STATUS, (please circle all that a	apply)			
Single Married Separated Divorced Remo	arried Living with I	Partner Not living	g with a partner	
IF MARRIED, NAME OF SPOUSE				
NAME OF PERSONAL THERAPIST,				
NAME OF CHILD THERAPIST				
CIRCLE ANY OF THE FOLLOWING THAT YOU BE	LIEVE NEED ATT	ENTION ? Circle	as many as apply	
Parenting Plan Modify an existing Parentin	ng Plan Sharing t	ime Custody I	Moving away	
Parents' communications Children (adjusti	nent schoolwork fi	riends health ac	tivities behavior	, etc.)
Parenting styles Parenting effectiveness Bo	undaries between h	omes House rules	Parenting relati	ionship
Co-Parenting Stepparenting Stepparent	Relationship Si	tepfamily living	Remarriage	Dating
Grandparents Relatives Specific issues	(write in)			

Answers to the following questions are required

ARE YOU NOW OR HAVE YOU EVER BEEN INVOLVED ANY OF THE FOLLOWING (Please circle Yes or No).

- 1. A child protective services investigation for alleged neglect, physical or sexual abuse? No Yes.
- 2. A domestic dispute where there were weapons, injury, or where the police were called? No Yes
- 3. Is there now or has there been over the past five years, a restraining order because of domestic violence, harassment, stalking, abuse, or threats? No Yes
- 4. Past or present drug or alcohol abuse? No Yes
- 5. Suicide artempt(s), clinical depression, or violent behavior? No Yes
- 6. Past or present legal or litigation history such as arrests, incarcerations, criminal litigation? No Yes
- 7. Do you feel that your child is safe alone with the other parent? No Yes

<u>If you answered '</u>	"Yes" to	any of these	questions,	please ca	ll and s	speak to	Ms.	<u>Schneider</u>	before	your	<u>first</u>
meeting.											

WHAT DO YOU HOPE TO ACHIEVE WITH MEDIATION AND/OR CONSULTATION?

IS THERE AN IMMEDIATE CRISIS OR ISSUES YOU WANT ADDRESSED AS SOON AS POSSIBLE?

WHAT ONE OR TWO ACTION STEPS OR UNDERSTANDINGS WOULD YOU LIKE TO HAVE AS SOON AS POSSIBLE?

WHAT DO YOU WANT TO BE SURE IS DISCUSSED IN DETAIL?

HOW COMFORTABLE ARE YOU BEING IN THE SAME ROOM WITH THE OTHER PARENT? CAN YOU BE AT THE SAME EVENT AT THE SAME TIME AT A CHILD'S ACTIVITY OR SCHOOL FUNCTION? Please describe briefly.

WHAT STRENGTHS DO YOU VALUE IN THE OTHER PARENT AS A PARENT? DO YOU BELIEVE THE CHILDREN LOVE THE OTHER PARENT? YES NO OTHER, write in_

DO YOU BELIEVE THE CHILDREN CAN COUNT ON THE OTHER PARENT?

WHAT BEHAVIOR OR ATTITUDE EXHIBITED BY THE OTHER PARENT SEEMS TO CAUSE THE MOST DIFFICULTLY FOR YOU AS A PARENT OR FOR A CHILD?

WHAT BEHAVIORS DO YOUR CHILDREN HAVE THAT ARE TROUBLESOME OR DISRUPTIVE? Plea:	se
give a separate answer for each child.	

1.

3.

FAMILY HISTORY .

First name Of Partner	Year Married-	Year Separated-	Year Divorced	Number of Children	No marriage-Year Started Living Together	Separated	Number of Children

Name of Child and Year of Birth	First Name of other parent	Marital Status at time of child's birth-please circle				
	T. T.	married separated living together single				
		married separated living together single				
		married separated living together single				
		married separated living together single				

DO ANY OF YOUR CHILDREN HAVE SPECIAL NEEDS OR DISPLAY SIGNS OF ANXIETY, DEPRESSION, DANGEROUS OR UNCHARACTERISTIC BEHAVIORS?

EVEN IF YOUR CHILD DISPLAYS NO OUTWARD SIGNS OF DISTRESS, DO YOU HAVE CONCERNS?

WHO MADE THE DECISION TO SEPARATE OR DIVORCE? (Circle your answer)

More my idea More my partners idea By mutual agreement

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ARE YOU DATING OR LIVING WITH	SOMEONE? (Please circle as many	as apply) Not Do	iting Dating
Dating one person steadily	In a committed relationship	Engaged	Living with someone
HAVE YOU REMARRIED? NO			Please write on separate page Please write on separate page
Y	OUR TIME WITH YOUR CHILE	NOW	
ARE YOU LIVING WITH THE OTHER I briefly below:	PARENT NOW? YES NO II	F NO, Please des	cribe the current arrangement
A. Current Arrangement			
School week?			•
Weekends?			
Holidays?			
Summer vacations?			
Children's activities—your involv	ement?		
Child care-hours of the week, where, w	ith whom?_		
 We divide medical, One of us We don't We find i We have 	ss most or all important decisions let the decision making depending wanother education) (mother? father?) makes most of the often discuss decisions thard to discuss these things not decided as yet ease write in	rhat it might be (e e decisions	xample: one parent handles
C. If a medical or family emergency arises, IF NO, what stands in the way?	can you get in touch with the other	parent easily? N	O YES
 Almost always Ofte We avoid talking to one anoth We use text messaging and e- We just stick to the court orde We can discuss things and use Other, please write in 	our roles as parents our children's needs n one another about the children (circ en Sometimes Not Usually ther about most things mail to keep informed er (or Parenting Plan) ually be flexible when needed. the level of conflict between you		r
Lowest Conflict 1 2 3 4	5 6 7 8	Highest (Conflict 10

	rall, how g? (Circle			the <u>level</u>	of trust	between	you and	the oth	er parent	t over the last month when it comes to
	Lowest 1	Trust 2	3	4	5	6	7	8	9	Highest Trust 10
G. What	two or th	ree subje	ects woul	d be most	t likely t	o start an	argumen	or lead	to hard	
H. What	worries y	ou the m	ost abou	t your cui	rent situ	uation? (V	Vrite In)			
I. What	other info	ormation i	is especi	ally impo	rtant for	Ms. Schi	neider to l	know? ((Write In)
	Lucas	-l. C (1				-	for Lega			n land de sum ande frança and 'est
										er legal documents from earlier on may help our work together.

Your answers will help Ms. Schneider use your time together more effectively. Please feel free to discuss any of these questions with her at any time. 707.566.9303 danafschneider@gmail.com

Please add any additional comments below or attach a separate page. *Thank you.*