

“SKELETONS IN THE CLOSET” – SENSITIVE TOPICS

It is important that you be open and honest in answering the following questions. If you reveal that a child, an elderly person, or a disabled person has been abused, exploited, or neglected, it is required by law that it be reported. Except for that you are assured of the confidentiality of your answers and are protected by the attorney-client privilege.

IF AN ANSWER TO ONE OF THE ANSWERS IS “YES,” PLEASE DESCRIBE THE SITUATION IN DETAIL ON THE BACK OF THE QUESTIONNAIRE.

Will anyone allege that you or your partner or ex-partner has done any of the following:

	You	Ex-Partner
1. Committed a crime?	_____	_____
2. Been arrested?	_____	_____
3. Been in jail or in prison?	_____	_____
4. Used illegal drugs?	_____	_____
5. Been hospitalized for using illegal drugs?	_____	_____
6. Abused prescription drugs?	_____	_____
7. Been hospitalized for using prescription drugs?	_____	_____
8. Abused alcohol?	_____	_____
9. Been hospitalized for abusing alcohol?	_____	_____
10. Been arrested for or convicted of DWI?	_____	_____
11. Engaged in gambling activities (legal or illegal)?	_____	_____
12. Engaged in other illegal activities?	_____	_____
13. Attempted suicide?	_____	_____
14. Threatened suicide?	_____	_____
15. Been hospitalized for an emotional or psychiatric disorder?	_____	_____
16. Suffered from or received treatment for an emotional or psychiatric condition?	_____	_____
17. Abused own partner?	_____	_____
If Yes, complete DV questionnaire		
18. Been accused of child abuse? If any individual has been accused of child abuse, was Child Protective Services involved?	_____	_____
19. Had a sexual relationship during the relationship with someone other than own partner?	_____	_____
20. Had a sexual relationship during or not during the relationship with someone other than own partner of which the children were aware?	_____	_____

If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship. _____

- 21. Had a homosexual/bisexual relationship? _____
- 22. Engaged in unusual sexual practice? _____
- 23. Had a pregnancy outside of marriage? _____
- 24. Drunk to excess? _____
- 25. Had a sexually transmitted disease? _____
- 26. OTHER: _____

27. If you or your partner or ex-partner has a relationship with someone the children see frequently and that person would answer "yes" to one or more of the questions above, describe the situation.

28. Do you or your partner or ex-partner suffer from any physical disability that would interfere with being able to care for the children? If so, please describe. _____

28. Have you or your partner or ex-partner made any photographs or audio or visual recordings of the other party? If yes, please describe; specify dates and purposes for same. _____

29. What medications are you currently taking and why?

30. What medications is your partner or ex-partner currently taking and why?
