

PERSONAL DATA FORM and SOCIAL STUDY INFORMATION SHEET

PLEASE NOTE: Unless directed otherwise by the Court, your social study will not be assigned to a caseworker until the social study fee is paid in full. The Court ordinarily orders that each party pay a separate fee, but you may pay the entire fee if you want to insure that your case is assigned quickly.

Please be aware the social study will not begin for any party until the total amount of the fee is paid and you have attended Orientation. You may pay by check if you have a valid TX driver's license number and a Texas bank. You may pay through the Child Support Office, located on the 2nd Floor of the Family Law Center. Please make your check payable to Family Court Services.

When the full fee has been paid, the case will be assigned to a caseworker. The caseworker will contact you to schedule an interview, which is held in the Family Court Services Office during office hours.

At the time of the interview you will need to **bring this completed personal data form and a picture ID. Do not mail the form: bring it to the office on the day of your interview. The interview will not be held without this fully completed data form.**

Please fill in **all** areas appropriately, including full names, addresses, zip codes, phone and fax numbers where requested. You will be required to sign release of information forms allowing the caseworker to gather information on you and the children. The interview process takes approximately two hours.

A home visit will be made at a later date and only after the office interview has been conducted.

A full social study investigation is normally completed within 90 days. A copy of the social study is provided to each attorney of record and to the court. **A copy will not be provided to you.** Also your attorney, without authorization from the court, will not be allowed to provide a copy to you.

**Tarrant County Family Court Services
Advisement Form**

Your name: _____ Cause No. _____

Child(ren)'s names: _____

I, the undersigned, understand that a social study conducted by Family Court Services has been ordered by the Court.

I further understand that information shared with the caseworker is for the purpose of assisting the Court in making a decision that is in the best interest of the child/children.

I have been informed and I understand that any communications or statements I make will not be privileged or confidential in the context of this litigation and I understand specifically that:

- The caseworker may be required to testify in Court about my case and what information was gathered during interviews, collateral contacts and documentation.
- The caseworker may be required to make a report, either written or oral, to the Court and to the attorneys. A written report will not be provided to me, although I may review the report with my attorney. My attorney is prohibited from providing a copy to me.
- As part of the social study investigation, the caseworker may confer with mental health professionals, doctors, teachers, child care personnel, other governmental entities and other professionals, individual persons or agency representatives who have information related to me, my children or other parties to this litigation.
- **All information gathered in the social study investigation may become public record.**

Signed on _____, 20____.

Signature

Printed name

DATE: _____

Please answer each question in full. Use the back of the page and extra paper if needed.

NAME: _____ (_____)
(LAST) (FIRST) (MIDDLE) (MAIDEN or OTHER NAMES YOU HAVE GONE BY)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

PHONE NUMBER: _____ CELL NUMBER: _____

WORK NUMBER: _____ EMAIL: _____

WHAT IS THE BEST WAY TO CONTACT YOU? _____

BIRTHDATE: _____ BIRTHPLACE: _____

SEX: _____ RACE/ETHNICITY _____

SOCIAL SECURITY NO. _____ DRIVER'S LICENSE NO. _____
(SPECIFY STATE)

YOUR RELATIONSHIP TO THE CHILD/REN IN QUESTION: _____

FAMILY HISTORY:

YOUR FATHER'S NAME: _____ AGE: _____ PHONE NO. _____

ADDRESS: _____ OCCUPATION: _____

IF DECEASED, AGE AND YEAR HE DIED: _____

YOUR MOTHER'S NAME: _____ AGE: _____ PHONE NO. _____

ADDRESS: _____ OCCUPATION: _____

IF DECEASED, AGE AND YEAR SHE DIED: _____

NO. OF BROTHERS: _____ NO. OF SISTERS: _____ NO. OF HALF/STEP-SIBLINGS: _____

LIST: NAME, ADDRESS AND PHONE NUMBERS OF YOUR BROTHERS, SISTERS, HALF AND STEP-SIBLINGS

PERSONAL HISTORY

YOUR EDUCATION:

HIGHEST GRADE COMPLETED: _____ **WHERE:** _____ **YEAR:** _____

COLLEGE OR VOCATIONAL TRAINING – DATES AND PLACES:

MILITARY SERVICE: BRANCH: _____

DATE OF ENLISTMENT _____ **DATE AND TYPE OF DISCHARGE:** _____

CRIMINAL CHARGES, ARREST RECORD, NON-TRAFFIC CITATIONS--PLEASE LIST ALL:

ARRESTS/CITATIONS (NON-TRAFFIC)	DATE	PLACE	CHARGE	DISPOSITION
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YOUR LIVING ARRANGEMENTS: HOUSE: OWN OR RENT? _____

APARTMENT: NAME OF COMPLEX AND ADDRESS _____

LANDLORD'S NAME, ADDRESS AND PHONE NUMBER: _____

DO YOU HAVE A VEHICLE? _____ **IF SO, PLEASE STATE THE MAKE, MODEL, YEAR, AND COLOR OF**

YOUR PRIMARY VEHICLE: _____

NUMBER OF PEOPLE LIVING WITH YOU: ADULTS: _____ **CHILDREN:** _____

WHAT IS THE NAME OF AND YOUR RELATIONSHIP TO EACH PERSON LIVING WITH YOU:

YOUR PREVIOUS ADDRESSES (FOR LAST 5 YEARS):

ADDRESS	DATES YOU LIVED THERE	WHO LIVED THERE WITH YOU	REASON FOR LEAVING
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DO YOU MAINTAIN A RELATIONSHIP WITH YOUR IMMEDIATE FAMILY MEMBERS? _____

IF NOT, PLEASE EXPLAIN WHY NOT: _____

DID YOU ATTEND WORSHIP SERVICES AS A CHILD? IF SO, WHERE AND HOW OFTEN?

DO YOU PRESENTLY ATTEND WORSHIP SERVICES? IF SO, WHERE AND HOW OFTEN?

DO YOU CONSUME ALCOHOL? _____ IF YES, HOW OFTEN AND IN WHAT QUANTITY? _____

HAVE YOU EVER USED ILLEGAL NARCOTICS OR TAKEN PRESCRIPTION MEDICINE NOT INTENDED FOR YOU OR NOT AS PRESCRIBED? _____

IF YES, PLEASE STATE WHEN, WHAT DRUG, AND FREQUENCY: _____

YOUR EMPLOYMENT RECORD

List your employment over the **past five years** beginning with your present employer. If more space is needed please use the back of this sheet.

1. **PRESENT EMPLOYER:** _____

ADDRESS: _____

YOUR TITLE/POSITION: _____ DATE EMPLOYED: _____

SUPERVISOR: _____ PHONE NO.: _____ FAX NO. _____

WORK SCHEDULE: HOURS _____ DAYS _____ OVERTIME _____

YOUR SALARY OR HOURLY WAGE: _____

2. **EMPLOYER:** _____

ADDRESS: _____

YOUR TITLE/POSITION: _____ DATE EMPLOYED: _____ DATE LEFT: _____

SUPERVISOR: _____ PHONE NO.: _____ FAX NO. _____

REASON FOR LEAVING: _____

YOUR SALARY OR HOURLY WAGE: _____

3. **EMPLOYER:** _____

ADDRESS: _____

YOUR TITLE/POSITION: _____ DATE EMPLOYED: _____ DATE LEFT: _____

SUPERVISOR: _____ PHONE NO.: _____ FAX NO. _____

REASON FOR LEAVING: _____

YOUR SALARY OR HOURLY WAGE: _____

4. **EMPLOYER:** _____

ADDRESS: _____

YOUR TITLE/POSITION: _____ DATE EMPLOYED: _____ DATE LEFT: _____

SUPERVISOR: _____ PHONE NO.: _____ FAX NO. _____

REASON FOR LEAVING: _____

FINANCIAL STATEMENT

MONTHLY NET INCOME (LIST ALL SOURCES):

SOURCE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____
	TOTAL =====

If you pay child support, is it taken out of your pay check? YES NO

MONTHLY EXPENSES

Housing:	1.	Rent/House Payment	\$ _____
	2.	Insurance (Home/Tenant)	\$ _____
	3.	Maintenance, repair and service	\$ _____
	4.	Utilities (Gas, water, electric)	\$ _____
	5.	Telephone	\$ _____
Auto:	1.	Car Payments	\$ _____
	2.	Insurance	\$ _____
	3.	Gasoline & Oil	\$ _____
	4.	Maintenance & Repair	\$ _____
Insurance:	1.	Life	\$ _____
	2.	Health and Hospitalization	\$ _____
	3.	Other	\$ _____

Food: 1. Groceries \$ _____

2. School and work lunches \$ _____

Medical: 1. Doctors \$ _____

2. Dentists \$ _____

3. Medications (prescription and over the counter) \$ _____

Education: 1. School Supplies, fees and other costs \$ _____

Personal: 1. Grooming (barber, hair dresser) \$ _____

2. Clothing \$ _____

3. Cleaning and Laundry \$ _____

4. Uniforms for work \$ _____

Child Care: 1. Daycare/babysitter \$ _____

Entertainment: 1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

Dues: 1. Union, professional, etc. \$ _____

Other Payments: 1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

4. _____ \$ _____

TOTAL EXPENSES: \$ _____

HEALTH INSURANCE:

NAME OF YOUR HEALTH INSURANCE COMPANY _____

NAME OF PRIMARY POLICY
HOLDER _____

NAME OF CHILD(REN)'S HEALTH INSURANCE
COMPANY _____

NAME OF PRIMARY POLICY HOLDER _____

MEDICAL HISTORY

How is your present health?

List your doctors' names, addresses, phone numbers and what you were treated for:

List your child(ren)'s doctors' names, addresses, phone numbers and what they were treated for:

List any prescribed medication you take and what it is for:

List any prescribed medication your child(ren) take and what it is for:

List any hospitalizations or major illness you have had and provide the hospital names, addresses, dates and specific problems. Include trips to emergency room.

List any hospitalizations or major illness your child(ren) have had and provide the hospital names, addresses, dates and specific problems. Include trips to emergency room.

******If you have a child with a physical or mental disability, please use the back of this page or a separate sheet of paper to describe the disability and how it is being handled or treated. Please attach any extra paper to this document.**

MENTAL HEALTH INFORMATION

Have you, your child(ren) or anyone involved in this case received psychiatric, psychological testing or counseling (marital or personal) or drug or alcohol counseling or treatment?

Yes ____ No ____ . If yes, please list who received counseling or treatment, when and from whom and include the counselor's address phone AND fax numbers.

List any hospitalizations for psychiatric, drug or alcohol treatment for you, your child(ren) or members of your household. Please include the name of the person who was treated, the dates of treatment, hospital name and address and doctor's name, address phone AND fax numbers:

CHILD PROTECTIVE SERVICES

If you, any member of your family or household or anyone involved in this dispute has ever been involved in an investigation for abuse (sexual or physical), neglect or lack of supervision, list name, address and phone number of each child protective services caseworker or other investigator and the name of the person and child who was investigated and the date of investigation.

MARITAL/CO-HABITATION HISTORY

List all of your marriages or live-in relationships. List any children from that relationship. Please start with your **first** marriage or live-in relationship.

1. FIRST SPOUSE OR LIVE-IN'S NAME: _____

ADDRESS AND TELEPHONE NO. _____

DATE AND PLACE OF MARRIAGE OR LIVING ARRANGEMENT: _____

DATE AND PLACE OF DIVORCE/SEPARATION/BREAKUP: _____

CHILD'S NAME	BIRTHDATE	VISITATION/ CUSTODY ARRANGEMENT

2. SPOUSE OR LIVE-IN'S NAME: _____

ADDRESS AND TELEPHONE NO. _____

DATE AND PLACE OF MARRIAGE OR LIVING ARRANGEMENT: _____

DATE AND PLACE OF DIVORCE/SEPARATION/BREAKUP: _____

CHILD'S NAME	BIRTHDATE	VISITATION/ CUSTODY ARRANGEMENT

3. SPOUSE OR LIVE-IN'S NAME: _____

ADDRESS AND TELEPHONE NO: _____

DATE AND PLACE OF MARRIAGE OR LIVING ARRANGEMENT: _____

DATE AND PLACE OF DIVORCE/SEPARATION/BREAKUP: _____

CHILD'S NAME	BIRTHDATE	VISITATION/ CUSTODY ARRANGEMENT

Information for any of your children who were not born to a relationship listed on page 9:

CHILD'S NAME	BIRTHDATE	VISITATION/ CUSTODY ARRANGEMENT
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Please provide the name, address and telephone number of the other parent for any child listed immediately above.

NAME	ADDRESS	TELEPHONE NUMBER
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If you are in a current relationship, please provide that person's name, telephone number and address.

INFORMATION ABOUT ALL CHILDREN IN YOUR HOUSEHOLD
(whether living primarily with you or visiting you, including step-children or unrelated children)

NAME	NAME AND <u>ADDRESS AND PHONE NUMBER</u> OF SCHOOL	GRADE
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1.		
2.		
3.		
4.		

CHILD CARE

List name, address and phone number of all people or agencies providing childcare over the last 5 years (including relatives), beginning with the present childcare provider.

1. NAME _____ START DATE: _____

ADDRESS AND PHONE NUMBER _____

2. NAME _____ START DATE: _____ END DATE: _____

ADDRESS AND PHONE NUMBER _____

3. NAME _____ START DATE: _____ END DATE: _____

ADDRESS AND PHONE NUMBER _____

4. NAME _____ START DATE: _____ END DATE: _____

ADDRESS AND PHONE NUMBER: _____

REFERENCES

Please list three people who have personally observed you and your child together and who know your character. At least one of your references should be a non-family member. You may request your reference to send us a written statement on your behalf. All written reference statements will be reviewed. The caseworker may or may not contact references, at the caseworker's sole discretion.

1. _____ NAME AND RELATIONSHIP	_____ STREET ADDRESS	_____ WORK PHONE #
	_____ CITY, STATE, ZIP	_____ HOME PHONE #
2. _____ NAME AND RELATIONSHIP	_____ STREET ADDRESS	_____ WORK PHONE #
	_____ CITY, STATE, ZIP	_____ HOME PHONE #
3. _____ NAME AND RELATIONSHIP	_____ STREET ADDRESS	_____ WORK PHONE #
	_____ CITY, STATE, ZIP	_____ HOME PHONE #

COLLATERAL WITNESSES

Collateral witnesses must be brought to the attention of the caseworker. It is your responsibility to notify the caseworker by completing this form if there are any collateral witnesses who need to be contacted. Collateral witnesses are generally professionals who have factual information to provide in the case, such as doctors, nurses, teachers, childcare providers, psychologists/counselors, etc. Collaterals may also include persons who have relevant, significant information about you, the child/ren, or the other party to this suit, such as ex-spouses, adult children, neighbors, etc.; however this generally **does not** include family and friends, except as noted. If this is a final social study and you provide the name, address, phone number and a brief description of the relevant information the collateral should provide, the case worker will contact the collateral, either in writing or by telephone. If this is a temporary social study, the caseworker will contact collaterals to the extent time will permit.

COLLATERAL WITNESS INFORMATION:

NAME	ADDRESS	PHONE	BRIEF DESCRIPTION OF RELEVANCE
1. _____	_____	_____	_____
_____	_____	_____	_____
2. _____	_____	_____	_____
_____	_____	_____	_____
3. _____	_____	_____	_____
_____	_____	_____	_____

PLEASE PRINT

Please state the frequency and times you think the child(ren) should spend with each parent. Please consider work schedules and the child(ren)'s schedules and needs. Explain your reasons this arrangement would be in the child(ren)'s best interests:

Please list your preferences for holidays and summer visitation times for the child(ren) with each parent:

Briefly summarize the problems and events which resulted in the dissolution of your marriage or termination of the relationship:

Since the separation, with whom have the child(ren) been living? For how long?

What is the current visitation schedule?

Has child support been ordered? Yes: _____ No: _____ Amount ordered \$ _____

If ordered but not paid, amount of arrears: \$ _____

Has the divorce/separation had any effects on the child(ren)? If yes, please explain:

Prior to this proceeding, please state who handled the following duties, if applicable:

Transport to and from school or daycare: _____

Doctors, Dentist etc. visits: _____

Homework: _____

Meal preparation: _____

Briefly describe how you discipline your child(ren). _____

Briefly summarize the events leading up to the present custody/visitation dispute:

Why do you believe you should have primary custody of your child(ren)?

Why do you think the other person wants custody of the child(ren)?

Are there reasons the other party to this action should not have custody/visitation? Be specific:

Please state whether you, the other parent or both of you should have the right to: 1) make educational decisions for the child; 2) make medical, dental and psychological decisions for the child; and 3) determine the child's residence. For each question, please state why you answered the way you did.

What else would you like your caseworker to know that has not been previously stated in this form?
