

**IN THE COURT OF COMMON PLEAS, GREENE COUNTY, OHIO
DOMESTIC RELATIONS DIVISION AND JUVENILE COURT
HOMESTUDY QUESTIONNAIRE**

CASE NUMBER _____

_____ PLAINTIFF/PETITIONER	_____ DEFENDANT/RESPONDENT
_____ PLAINTIFF'S ATTORNEY	_____ DEFENDANT'S ATTORNEY

Please answer the following questions. If additional space is needed, please use the back of the particular page.

NAME: _____ MAIDEN NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

PHONE NUMBER(S): HOME # _____ CELL# _____

EMAIL ADDRESS: _____

LICENSE #: _____ CURRENT/VALID LICENSE? YES _____ NO _____

ADDRESSES IN THE LAST FIVE YEARS (*Include shelter residences*): _____

OTHER COUNTIES/STATES WHERE YOU HAVE RESIDED: _____

Please list the following regarding all other adults who reside with you:

NAME:	DATE OF BIRTH:	SOCIAL SECURITY #:
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Do you currently have a companion living with you? YES _____ NO _____

Name of companion: _____

Date of Birth: _____ Social Security #: _____

PERSONAL INFORMATION:

Are you presently married? YES ___ NO ___ Date of marriage: _____

Name of spouse: _____ Date of Birth: _____

Social Security #: _____ Place of marriage: _____

Please list the following:

Name of your former spouses: Date of marriage, date of divorce: Location of divorce:

_____/_____/_____

_____/_____/_____

Does your present spouse or companion have children from a former marriage or relationship?

YES ___ NO ___

Name: _____ Age: _____ Custodian: _____

Name: _____ Age: _____ Custodian: _____

Name: _____ Age: _____ Custodian: _____

Do you have children who are NOT at issue in this case OR who reside with others? If so, please list:

NAME: _____ BIRTHDATE: _____ AGE: _____

SCHOOL: _____ SCHOOL HOURS: _____

Name of the custodian of this child: _____

NAME: _____ BIRTHDATE: _____ AGE: _____

SCHOOL: _____ SCHOOL HOURS: _____

Name of the custodian of this child: _____

EMPLOYMENT STATUS

EMPLOYER: _____ JOB TITLE: _____

WORK HOURS: _____

PHONE NUMBER: _____ CAN YOU BE CONTACTED AT WORK? _____

DATE OF HIRE: _____

HAVE YOU EVER BEEN FIRED? ___ WHY? _____

ANY PLANS TO RELOCATE? _____

SPOUSE/COMPANION EMPLOYER: _____

WORK HOURS: _____

	YOURS	SPOUSE / COMPANION
GROSS MONTHLY INCOME:	_____	_____
ADC OR FOOD STAMPS:	_____	_____
CHILD/SPOUSAL SUPPORT REC'D:	_____	_____
OTHER INCOME:	_____	_____

TOTAL MONTHLY EXPENSES: _____

(INCLUDE RENT/UTILITIES/DEBTS, ETC).

DO YOU PAY CHILD SUPPORT? YES _____ NO _____ AMOUNT: _____

ARE YOUR PAYMENTS CURRENT? YES _____ NO _____

IF NOT CURRENT, PLEASE EXPLAIN: _____

ARE YOU A HIGH SCHOOL GRADUATE? YES _____ NO _____ GED: YES _____ NO _____

LAST GRADE COMPLETED: _____ IN SCHOOL NOW? YES _____ NO _____

COLLEGE/MAJOR: _____

HEALTH/WELLNESS:

DO YOU OR YOUR COMPANION/SPOUSE HAVE ANY CHRONIC ILLNESS OR DISABILITIES? _____

HAVE YOU, YOUR SPOUSE OR COMPANION BEEN HOSPITALIZED IN THE LAST FIVE YEARS? IF YES, PLEASE INDICATE WHO/ WHERE/ WHEN: _____

DO YOU, YOUR SPOUSE/COMPANION DRINK ALCOHOLIC BEVERAGES? YES _____ NO _____ FREQUENCY? _____

PLEASE DESCRIBE ANY PAST OR PRESENT ILLEGAL DRUG USE FOR YOU, YOUR SPOUSE, AND/OR COMPANION: _____

HAVE YOU PARTICIPATED IN COUNSELING FOR ANY OF THE FOLLOWING?:

SUBSTANCE ABUSE ____ ANGER MANAGEMENT ____ MENTAL HEALTH ____ PARENTING ____

DO YOU, YOUR SPOUSE/COMPANION HAVE ANY PAST OR PRESENT MENTAL HEALTH DIAGNOSIS THAT REQUIRES TREATMENT AND/OR MEDICATION? _____

MENTAL HEALTH PHYSICIAN/COUNSELOR(S) NAME, ADDRESS AND PHONE: (INCLUDE MEDICATION MANAGEMENT PHYSICIANS): _____

CRIMINAL HISTORY AND/OR SUPPORTIVE SERVICES HISTORY:

ARE YOU CURRENTLY LISTED IN A CPO/TPO? YES _____ NO _____

HAVE YOU BEEN CONVICTED OF A CHILD-RELATED CRIME? YES _____ NO _____

HAVE YOU BEEN CONVICTED OF A CRIME RELATED TO DOMESTIC VIOLENCE? YES _____ NO _____

HAVE THE POLICE BEEN CALLED TO YOUR HOME FOR DOMESTIC PROBLEMS? YES _____ NO _____

HAVE YOU OR YOUR CHILDREN BEEN INVOLVED WITH CHILDREN SERVICES? YES _____ NO _____

IF YES, PLEASE STATE DATES AND LOCATION:

**YOUR ARREST HISTORY:
Include the date, place and disposition**

**YOUR *CURRENT* SPOUSE OR COMPANION'S ARREST HISTORY (INCLUDE DOMESTIC VIOLENCE AND CHILD RELATED CRIMES):
Include the date, place and disposition**

ARE YOU CURRENTLY ON PROBATION: YES _____ NO _____

NAME, LOCATION, TELEPHONE NUMBER OF PROBATION OFFICER:

PLEASE LIST ANY KNOWN HISTORY OF *POLICE, DOMESTIC, OR CHILD-SERVICES INVOLVEMENT* REGARDING THE OTHER PARTY (PARENT) IN THIS CASE (parenting issues are addressed later in the questionnaire):

CHILDREN AT ISSUE:

NAME: _____ BIRTHDATE: _____ AGE: _____
SCHOOL: _____ SCHOOL HOURS: _____

Name of the custodian of this child: _____

NAME: _____ BIRTHDATE: _____ AGE: _____
SCHOOL: _____ SCHOOL HOURS: _____

Name of the custodian of this child: _____

NAME: _____ BIRTHDATE: _____ AGE: _____
SCHOOL: _____ SCHOOL HOURS: _____

Name of the custodian of this child: _____

NAME: _____ BIRTHDATE: _____ AGE: _____
SCHOOL: _____ SCHOOL HOURS: _____

Name of the custodian of this child: _____

CURRENT PARENTING TIME SCHEDULE: _____

DESCRIBE YOUR CHILDREN'S PERFORMANCE IN SCHOOL: _____

DOES YOUR CHILD DISPLAY ANY EMOTIONAL OR BEHAVIORAL PROBLEMS AT HOME OR IN SCHOOL? _____

LIST THE CHILDREN'S ACTIVITIES: _____

NAME, ADDRESS AND PHONE NUMBER OF BABYSITTER OR DAYCARE: _____

CHILDREN'S PHYSICIAN: _____ PHONE: _____

ANY HEALTH ISSUES: _____

CHILDREN'S COUNSELOR/PSYCHOLOGIST: _____

COUNSELING SCHEDULE: _____

PHONE/LOCATION: _____

REASON FOR COUNSELING: _____

ARE YOUR CHILDREN PRESCRIBED ANY MEDICATIONS? If so please list and explain: _____

