

**Supervised Access  
Questionnaire for Parents**

**1. Background Information on Parent:**

Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**2. Employment Record:**

Current Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Description and/or Title: \_\_\_\_\_  
Date of Employment: \_\_\_\_\_

**3. Educational Background:**

Indicate last grade completed and degree earned, if any: \_\_\_\_\_

**4. Legal:**

Have you or any members of your family ever been arrested or have a criminal record anywhere? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Have you or any members of your family ever abused drugs or alcohol now or in the past? If yes, give details. \_\_\_\_\_  
\_\_\_\_\_

Have you or any members of your family ever been investigated for physical or sexual child abuse? If yes, give details. \_\_\_\_\_  
\_\_\_\_\_

Describe any court proceedings in progress, upcoming court dates or prior orders of protection. \_\_\_\_\_  
\_\_\_\_\_

Are there any restraining or protection orders in place at this time? If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Has it been necessary to have the police enforce the order? If yes, please give dates and circumstances. \_\_\_\_\_

---

---

Explain why you are participating in a supervised access program at this time. \_\_\_\_\_

---

---

In the past, have you had supervised access with the child(ren) involved in this action or any other child(ren)? If yes, please describe. \_\_\_\_\_

---

**5. Marital History:**

When were you married to the other parent of the child(ren) involved in this action? \_\_\_\_\_

When did you separate from the other parent of the child(ren) involved in this action? \_\_\_\_\_

Briefly, describe your life together. \_\_\_\_\_

---

---

---

Describe your relationship with the child(ren)? \_\_\_\_\_

---

---

What is your relationship with the other parent of the child(ren)? \_\_\_\_\_

---

---

**6. Children:**

Please list names and date of birth of **child(ren) involved in this action:** \_\_\_\_\_

---

---

Total number of children you have, including step-children – what are their names and ages: \_\_\_\_\_

---

---

---

What activities do you and your child(ren) enjoy doing together? \_\_\_\_\_

---

---

Do any of your child(ren) have special needs? If yes, give details. \_\_\_\_\_

---

---

**7. Medical:**

Have you, your children, or any member of your family ever been in psychotherapy or counseling, or been hospitalized or received medication for mental or emotional difficulties? If yes, give details. \_\_\_\_\_

---

---

Do you or your children currently have, or have had in the past, any chronic or recurrent health problems? If yes, give details. \_\_\_\_\_

---

---

Are you or your children currently on any prescribed medication? If yes, provide details. \_\_\_\_\_

---

---

**8. Additional Information:**

What kind of relationship do you think your child(ren) needs with the other parent? \_\_\_\_\_

---

---

Do both parents cooperate in related issues about the child(ren)? How do you communicate? \_\_\_\_\_

---

---

What are your concerns and worries when the child(ren) is with the other parent? \_\_\_\_\_

---

---

What types of problems have you experienced with visitations in the past? \_\_\_\_\_

---

---

What is the current living and visitation arrangement for your child(ren)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any of the following concerns about the other parent?

- Abuse of alcohol? Yes \_\_\_\_\_ No \_\_\_\_\_
- Abuse of drugs? Yes \_\_\_\_\_ No \_\_\_\_\_
- Emotional abuse of child(ren)? Yes \_\_\_\_\_ No \_\_\_\_\_
- Physical abuse of child(ren)? Yes \_\_\_\_\_ No \_\_\_\_\_
- Sexual abuse of child(ren)? Yes \_\_\_\_\_ No \_\_\_\_\_
- Sexual behavior? Yes \_\_\_\_\_ No \_\_\_\_\_
- Physical health? Yes \_\_\_\_\_ No \_\_\_\_\_
- Violent behavior? Yes \_\_\_\_\_ No \_\_\_\_\_
- Suicide attempts? Yes \_\_\_\_\_ No \_\_\_\_\_
- Child snatching? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes to any of the above, please provide details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the other parent likely to express any of these concerns about you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your car Make/Model: \_\_\_\_\_ License Plate \_\_\_\_\_  
Second car Make/Model: \_\_\_\_\_ License Plate \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_

Use this space for any additional comments you might have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please bring this questionnaire with you to your initial interview along with any legal documents relevant to this case (court order, protection orders, assessments, etc.).**