



Life History Form for Child Custody Evaluations

Please be aware this form may take an hour or longer to complete. It is suggested you print the blank form from the FORMS section of Mr. Rosen's website: mrosenmft.com as soon as you receive it so you will have a copy before filling out. If you are unable to complete the form in a single sitting, note on your blank copy where you have left off, sign the form at the bottom and before clicking 'submit', print what you have done so far. Mr. Rosen will then receive the partially filled out form after you have signed it and clicked submit. Email Mr. Rosen you need another copy of the form and when you receive it, continue where you left off.

This form cannot be accessed directly.

Mitchell Rosen, LMFT

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- Fax: 951-246-2775
- website: mrosenmft.com
- email: rosen@mrosenmft.com

Full Name

Birth date and place of birth

Present age and relationship status

Address where you reside presently noting if house, apartment or room and if you rent or own?

Best phone number to reach or text you

Email address

Case name & number, court house, judge's name (if known).

Please explain any concerns you may have regarding the other parent?

Please explain what concerns the other party may say about you and if there is any merit at all to their concerns?

Please explain your relationship with each child listed in this evaluation.

What do you hope the judge will order regarding custody and visitation in this matter and why?

What skills and attributes do you believe you have to offer as a parent?

What is the chronological history of custody and visitation? Please be sure to reference if there were any orders, stipulations or informal agreements (whenever possible noting date, judge etc). If you have an attorney, they have been requested to provide this evaluator with a copy of each order, mediator's recommendation and mediator's memo. If you are self represented be sure to submit those documents. If you have an attorney, please contact their office and confirm they have read the form entitled 'Overview' which lists required documents. If you are self-represented please reference this document yourself and submit required documentation.

Education and Employment History

Please list all schools attended noting degrees, licenses and certificates obtained starting with high school

Academic history stating what kind of grades you received, if you had any learning disabilities or other issues that interfered or affected your academic progress

Employment since the age of 18 listing each job title, place of employment, years at each job. Include jobs where you were fired with explanation of why you left each.

Please describe your family growing up including who raised you, if you had siblings and if you or anyone in your family experienced any type of abuse? Include your relationship with each parent presently, where they live and how often you have communication?

Personal Medical History (This information is asked to ascertain if either party might have medical issues that affects their ability to parent).

Please list any illnesses, injuries or other medical procedures you've experienced or are anticipating in the future. Be sure to include the names of physicians or medical providers

Medications I am presently taking or have taken in the past year including prescribing physician

Psychological and Psychiatric History with dates, providers and conditions being treated. Include contact information for each provider and the names and dosages of any medications prescribed.

Addictive Behaviors: please include present and past usage of alcohol and any substances legal or illegal. Comment if anyone including yourself has ever stated your use was a problem whether you agree with them or not.

Other Addictive Behaviors: Please state if you believe you presently or in the past have had an issue or problem with Gambling, Spending, or Internet Use (video games, pornography etc.)

History of Crime and Conviction

Please list if you have ever been arrested or charged for any misdemeanor or felony? List year, charge, disposition (if you were charged, found guilty or innocent) and location. Be sure to include any arrests for driving while intoxicated.

History of Crime for Other Party- To the best of your knowledge has the other person in this evaluation ever been charged or convicted of a crime or misdemeanor? To the best of you knowledge has the other person in this evaluation ever had a problem with drugs or alcohol?

Please state if you have ever been accused or convicted of domestic violence or child abuse, the circumstances and disposition of each time.

Marital and Relationship History: Please list all relationships with partners you have had including whether you were married, lived together or had children? If you have any children please list their names, with whom they reside and your relationship with each. Be sure to state if you are in a relationship presently, with whom and whether or not it is a serious relationship.

History of relationships and children

Signature *

Click to sign

Date field

Submit

Your message will be encrypted.



