

## PERSONAL DATA FORM and INFORMATION SHEET

**PLEASE NOTE:** Unless directed otherwise by the Court, your case will not be assigned to a caseworker until ***all fees are 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 ensure that your case is assigned quickly. You should have been given a fee slip at the time of your initial intake. If you did not receive a fee slip or have lost it, please see the FCS front desk to be issued another one.

You may pay by check if you have a valid TX driver's license number and a Texas bank. Please make your check payable to ***Family Court Services***. You may pay by credit/debit card – MC, VISA, DISCOVER or AMEX. Payments are made through the Child Support Office, located on the 2<sup>nd</sup> Floor East of the Family Law Center (across from the Family Court Services Offices). You may pay online at [www.tarrantcountyDROfees.com](http://www.tarrantcountyDROfees.com) (Service Fee of 1.79% with a minimum or \$1.00 will be applied).

When both parties have paid all fees, 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.

Please note that all parties ***must have attended Orientation*** before the caseworker begins services. If you are participating in a Custody Evaluation, you will be required to attend an approved Co-Parenting course.

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 clearly, including full names, addresses, zip codes, phone and fax numbers and emails where requested. You will be required to sign release of information forms allowing the caseworker to gather information on you and the children if those releases were not obtained at intake. Each interview takes approximately two hours.

Home visits are generally made at a later date and only after the office interview has been conducted.

A copy of the custody evaluation report is provided to each attorney of record. **A copy will not be provided to you or any other litigants.** Also, your attorney, without authorization from the court, will not be allowed to provide a copy to you.

If you are not a party, are 18 years or older, and are completing this questionnaire because you reside with, or are otherwise significantly involved in the current case, you only need to complete pages 1-11. Please contact the caseworker if you have any questions about this questionnaire.

INTERVIEW 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)

CELL NUMBER: \_\_\_\_\_ HOME 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 BIOLOGICAL SIBLINGS: \_\_\_\_\_ NO. OF HALF-SIBLINGS: \_\_\_\_\_ NO. OF STEP-SIBLINGS: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL HISTORY**

**YOUR EDUCATION:**

**HIGHEST GRADE COMPLETED IN HIGH SCHOOL:** \_\_\_\_\_ **WHERE:** \_\_\_\_\_ **YEAR:** \_\_\_\_\_  
**GED YEAR:** \_\_\_\_\_

**COLLEGE OR VOCATIONAL TRAINING – DATES AND PLACES:**

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**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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**PROBATION/ PAROLE OFFICER'S NAME, ADDRESS AND PHONE NUMBER:**

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**YOUR LIVING ARRANGEMENTS: HOUSE: OWN OR RENT?** \_\_\_\_\_

**APARTMENT: NAME OF COMPLEX, BUILDING NUMBER, AND GATE CODE**

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**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, DATE OF BIRTH, AND YOUR RELATIONSHIP TO EACH PERSON LIVING WITH YOU:**

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**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:** \_\_\_\_\_

**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 ABUSED YOUR PRESCRIPTION MEDICATION?** \_\_\_\_\_

**IF YES, PLEASE STATE WHEN, WHAT DRUG, FREQUENCY AND LAST USE:** \_\_\_\_\_

**ABUSE OR NEGLECT**

**WERE YOU SUBJECTED TO, OR A WITNESS TO ABUSE (PHYSICAL, EMOTIONAL, SEXUAL) OR NEGLECT AS A CHILD? IF SO, PLEASE EXPLAIN:**

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**HAS THERE BEEN DOMESTIC VIOLENCE (INCLUDING PUSHING, HITTING STALKING) BETWEEN YOU AND THE OTHER PARTIES IN THIS CASE? IF SO:**

**WERE CHILDREN PRESENT DURING THE INCIDENT(S)?** \_\_\_\_\_  
**WERE POLICE CONTACTED REGARDING THE INCIDENT(S)?** \_\_\_\_\_

**BRIEFLY DESCRIBE THE HISTORY OF DOMESTIC VIOLENCE BELOW:**

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**HAS THERE BEEN DOMESTIC VIOLENCE IN ANY OF YOUR PAST RELATIONSHIPS? IF SO:**

**WERE CHILDREN PRESENT DURING THE INCIDENT(S):** \_\_\_\_\_  
**WERE POLICE CONTACTED REGARDING THE INCIDENT(S):** \_\_\_\_\_  
**BRIEFLY DESCRIBE THE HISTORY OF DOMESTIC VIOLENCE IN PREVIOUS RELATIONSHIPS:**

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**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: \_\_\_\_\_

**5. EMPLOYER:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_

YOUR TITLE/POSITION: \_\_\_\_\_ DATE EMPLOYED: \_\_\_\_\_ DATE LEFT: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_ FAX NO. \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

**FINANCIAL STATEMENT**

**MONTHLY GROSS INCOME (BEFORE TAXES/WITHHOLDINGS)** \_\_\_\_\_

**MONTHLY NET INCOME (AFTER TAKES/WITHHOLDINGS)** \_\_\_\_\_

**SOURCE (TANF, CHILD SUPPORT, DISABILITY INCOME, FOOD STAMPS, ETC.)**      **AMOUNT**


**DO YOU RECEIVE HOUSING OR UTILITY ASSISTANCE?    YES    NO**

**Has child support been ordered?    YES    NO** Amount ordered \$ \_\_\_\_\_ Paid by Whom? \_\_\_\_\_

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

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

**MONTHLY EXPENSES**

Housing:	1.	Rent/House Payment	\$ _____
	2.	Utilities (Gas, water, electric)	\$ _____
	3.	Telephone	\$ _____
Auto:	1.	Car Payments	\$ _____
	2.	Car Insurance	\$ _____
Insurance:	1.	Health and Hospital (monthly premiums)	\$ _____
Food:	1.	Groceries	\$ _____
Medical:	1.	Doctors/ vision /dental co-pay	\$ _____
	2.	Medications (prescription and over the counter)	\$ _____
Child Care:	1.	Daycare/babysitter	\$ _____
Other Payments:	1.	_____	\$ _____
	2.	_____	\$ _____
	3.	_____	\$ _____
	4.	_____	\$ _____
<b>TOTAL EXPENSES:</b>			<b>TOTAL \$</b> _____

**MEDICAL HISTORY**

**Do you have any medical conditions? Date of last check-up?**

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

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**List any prescribed medication you take, dosage, frequency and what it is for:**

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

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

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**List any prescribed medication your child(ren) take, the dosage, frequency and what it is for:**

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**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.**

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**\*\*\* Please attach extra paper to this document if needed to provide a full account of medical history. \*\*\***

**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: \_\_\_\_\_

**MENTAL HEALTH / SUBSTANCE ABUSE 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, email, AND fax numbers.**

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**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, email, AND fax numbers:**

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**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 or neglect. List the name of the person and child who was investigated and the date of the investigation. If you currently have an open CPS case, list the investigators name and contact information.**

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**MARITAL/CO-HABITATION HISTORY**

List ALL relationships where you were married to, had children with, or lived with someone in a romantic setting. Start with your first relationship. *Attach extra paper to this document if needed to provide a full account of your relationship history. Do not forget to include any adult children you may have.*

1. FIRST PARTNER'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. PARTNER'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. PARTNER'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

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

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**SCHOOL INFORMATION ABOUT ALL CHILDREN IN YOUR HOUSEHOLD**

**CHILD'S NAME                      SCHOOL NAME, ADDRESS, AND PHONE NUMBER                      GRADE**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

**ANY CHILD(REN) RECEIVING SERVICES UNDER AN IEP OR 504 PLAN? If so, please give details:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

2. NAME \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

ADDRESS AND PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

3. NAME \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

ADDRESS AND PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

4. NAME \_\_\_\_\_ START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

ADDRESS AND PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

## 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. The caseworker may or may not contact references, at the caseworker's sole discretion. **Do not include anyone living in your household.**

1. _____ NAME AND RELATIONSHIP	_____ STREET ADDRESS	_____ WORK PHONE #
_____ EMAIL ADDRESS	_____ CITY, STATE, ZIP	_____ HOME PHONE #
2. _____ NAME AND RELATIONSHIP	_____ STREET ADDRESS	_____ WORK PHONE #
_____ EMAIL ADDRESS	_____ CITY, STATE, ZIP	_____ HOME PHONE #
3. _____ NAME AND RELATIONSHIP	_____ STREET ADDRESS	_____ WORK PHONE #
_____ EMAIL ADDRESS	_____ 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. Please provide the name, address, phone number and a brief description of the relevant information the collateral should provide.

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. Please list your preferences for holidays and summer visitation times for the child(ren) with each parent. Explain your reasons this arrangement would be in the child(ren)'s best interests:**

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**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.**

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**Describe the possession schedule for the child(ren) since the separation and the current possession schedule if different.**

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

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