



SOCIAL STUDY SOLUTIONS

PERSONAL DATA FORM

PLEASE ANSWER EACH QUESTION

PERSONAL HISTORY

NAME: _____
LAST FIRST MIDDLE MAIDEN

ADDRESS: _____
STREET CITY STATE ZIP

YEARS AT THIS ADDRESS: _____ OWN OR RENT? _____

NAME OF APARTMENT COMPLEX, IF APPLICABLE: _____

LANDLORD'S NAME, ADDRESS, PHONE NUMBER:

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

WHAT IS YOUR NAME & RELATIONSHIP TO EACH PERSON LIVING WITH YOU?

***IF LESS THAN 2 YEARS AT ABOVE ADDRESS PLEASE PROVIDE PREVIOUS ADDRESS:**

STREET CITY STATE

BIRTHDATE: _____ PLACE: _____

PHONE NUMBER: _____ EMAIL: _____

DL #: _____ SS#: _____

MAKE MODEL YEAR COLOR (OF PRIMARY VEHICLE):

DID YOU ATTEND WORSHIP SERVICES AS A CHILD? IF SO, WHERE & 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 DRUGS OR TAKEN PRESCRIPTION MEDICINE NOT INTENDED FOR YOU AS NOT AS PRESCRIBED? _____

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

LEGAL HISTORY

INVOLVEMENT WITH LAW ENFORCEMENT:

CURRENTLY ON PROBATION TYPE OF OFFENSE(S): _____

CURRENT PROBATION STATUS: _____

DATE STARTED PROBATION: _____ DATE ENDED PROBATION: _____

POLICE DEPARTMENT(S): _____

***USE BACK IF NEEDED TO LIST OTHER PROBATION PERIODS**

OTHER LEGAL HISTORY

ARREST DATES

LOCATIONS

CHARGES

ARREST DATES	LOCATIONS	CHARGES

PLEASE NOTE THE DISPOSITION IN EACH CASE LISTED ABOVE:

FAMILY HISTORY

FATHER'S NAME: _____ AGE: _____
ADDRESS: _____ OCCUPATION: _____
IF DECEASED AGE AND YEAR HE DIED: _____

MOTHER'S NAME: _____ AGE: _____
ADDRESS: _____ OCCUPATION: _____
IF DECEASED AGE AND YEAR SHE DIED: _____

NO. BROTHERS: _____ NO. SISTERS: _____ NO. HALF/STEP-SIBLINGS: _____
PLEASE LIST THE NAME, ADDRESS AND PHONE NUMBERS OF YOUR SIBLINGS BELOW:
SIBLING NAME AGE ADDRESS CITY/ STATE SPOUSE'S NAME

***USE BACK TO IDENTIFY SIBLING'S CHILDREN AND OCCUPATIONS IF APPLICABLE**

DO YOU MAINTAIN A RELATIONSHIP WITH YOUR IMMEDIATE FAMILY MEMBERS? _____

IF NOT, PLEASE EXPLAIN WHY NOT:

YOUR CHILDREN

FULL NAME	AGE/GRADE	SCHOOL ATTENDING

HAS THERE BEEN ANY SCHOOL CHANGES? _____

PLEASE LIST DATES, CHILD'S GRADE AND SCHOOLS:

EDUCATION

HIGH SCHOOL: _____
ADDRESS: _____ CITY/STATE: _____
YEAR GRADUATED: _____ **OR** HIGHEST GRADE COMPLETED: _____

COLLEGE/UNIVERSITY	YRS ATTENDED	YR GRADUATED	DEGREE RECEIVED

VOCATIONAL TRAINING	DATES ATTENDED	CERTIFICATION RECEIVED

MILITARY SERVICE

BRANCH: _____
DATE OF ENTRY: _____ DATE OF DISCHARGE: _____
LOCATIONS WHILE SERVING: _____
LIST ANY DEPLOYMENT DATES AND LOCATIONS IN WHICH YOU AWAY
FOR MORE THAN 6 MONTHS:

DEPLOYMENT DATE	LOCATION	RETURN HOME

EMPLOYMENT HISTORY

LIST EMPLOYMENTS OVER THE PAST 5 YEARS BEGINNING WITH YOUR PRESENT EMPLOYER:

1. PRESENT EMPLOYER: _____
ADDRESS/CITY/STATE: _____
TITLE OR POSITION: _____ DATE EMPLOYED: _____
SUPERVISOR: _____ PHONE #: _____
WORK SCHEDULE: HOURS _____ DAYS _____
OVERTIME _____ YOUR SALARY/WAGE _____

2. EMPLOYER: _____
ADDRESS/CITY/STATE: _____
TITLE OR POSITION: _____ DATE EMPLOYED: _____
DATE LEFT: _____ REASON FOR LEAVING: _____
SUPERVISOR: _____ PHONE #: _____
YOUR SALARY/HOURLY WAGE? _____

EMPLOYMENT HISTORY CONTINUED

3. EMPLOYER: _____
ADDRESS/CITY/STATE: _____
TITLE OR POSITION: _____ DATE EMPLOYED: _____
DATE LEFT: _____ REASON FOR LEAVING: _____
SUPERVISOR: _____ PHONE #: _____
YOUR SALARY/HOURLY WAGE? _____

4. EMPLOYER: _____
ADDRESS/CITY/STATE: _____
TITLE OR POSITION: _____ DATE EMPLOYED: _____
DATE LEFT: _____ REASON FOR LEAVING: _____
SUPERVISOR: _____ PHONE #: _____
YOUR SALARY/HOURLY WAGE? _____

6. EMPLOYER: _____
ADDRESS/CITY/STATE: _____
TITLE OR POSITION: _____ DATE EMPLOYED: _____
DATE LEFT: _____ REASON FOR LEAVING: _____
SUPERVISOR: _____ PHONE #: _____
YOUR SALARY/HOURLY WAGE? _____

FINANCIAL INFORMATION

LIST ALL INCOME SOURCES: Alimony, child support, or ANY separate maintenance income.

SOURCE	AMOUNT
_____	\$ _____ /MONTHLY
_____	\$ _____ /MONTHLY
_____	\$ _____ /MONTHLY
_____	\$ _____ /MONTHLY
_____	\$ _____ /MONTHLY

MONTHLY RENT/MORTGAGE PAYMENT:	\$ _____
MONTHLY CAR PAYMENT:	\$ _____

PLEASE LIST ANY SERVICES BEING RECEIVED FROM GOVERNMENT OR OTHER AGENCIES:

CHILD SUPPORT BEEN ORDERED? YES NO AMOUNT ORDERED: \$ _____

IF ORDERED BUT NOT PAID, AMOUNT OF ARREARS: \$ _____

MEDICAL INFORMATION

HEALTH INSURANCE

PRIVATE INSURANCE MEDICAID MEDICARE CHIPS
 NO INSURANCE

INSURANCE COMPANY: _____

PRIMARY POLICY HOLDER: _____

POLICY NUMBER: _____ EXP. DATE: _____

CHILDREN COVERED UNDER THIS POLICY? _____

FAMILY PRIMARY CARE PHYSICIAN(S)/PEDIATRICIAN

DOCTOR NAME	PHONE	FAX
_____	_____	_____
_____	_____	_____

MEDICAL HISTORY

DO YOU HAVE ANY CHRONIC MEDICAL CONDITIONS? _____

HOW WOULD YOU DESCRIBE YOUR CURRENT HEALTH:

POOR AVERAGE GOOD VERY GOOD

EXPLAIN: _____

DO YOU HAVE ANY MEDICAL CONCERNS YOU NEED ADDRESSED AT THIS TIME?

LIST HOSPITALIZATIONS OR MAJOR ILLNESS FOR YOURSELF OR CHILDREN:

MEDICATION

LIST ANY PRESCRIBED MEDICATIONS YOU TAKE.

DATE	NAME OF MEDICATION	DOSAGE	FREQUENCY	PRESCRIBED BY

LIST ANY PRESCRIBED MEDICATIONS YOUR CHILDREN TAKE.

DATE	NAME OF MEDICATION	DOSAGE	FREQUENCY	PRESCRIBED BY

MENTAL HEALTH

DESCRIBE YOUR CURRENT EMOTIONAL STATE/CURRENT DIAGNOSIS:

YOUR PREVIOUS DIAGNOSES/PROBLEMS:

YOUR PAST CLINICAL TREATMENT: (INCLUDE COUNSELING, HOSPITALIZATION, PSYCHOLOGICAL/PSYCHIATRIC TESTING ONLY)

TREATMENT FACILITY	DATES SEEN	OFFICE/FAX NUMBERS

DESCRIBE YOUR CHILD'S/CHILDREN'S CURRENT EMOTIONAL AND BEHAVIORAL STATE:

YOUR CHILD'S/CHILDREN'S DIAGNOSES/PROBLEMS:

YOUR CHILD'S/CHILDREN'S PAST CLINICAL TREATMENT: (INCLUDE COUNSELING, HOSPITALIZATION, TESTING)

TREATMENT FACILITY	DATES SEEN	OFFICE/FAX NUMBERS

CHILD PROTECTIVE SERVICES

If you, any member of your family or household or anyone involved in this dispute is/have ever been involved in an investigation for abuse (sexual or physical), neglect, or lack of supervision, list the following:

DATE PERPETRATOR CHILD CASEWORKER PHONE

SIGNIFICANT RELATIONSHIP OR MARITAL HISTORY

LIST YOUR MARRIAGES STARTING WITH YOUR FIRST MARRIAGE OR ANY SIGNIFICANT RELATIONSHIPS IN WHICH A CHILD WAS BORN.

(INCLUDE PRESENT MARRIAGE)

1. SPOUSE OR LIVE IN'S NAME _____
DATE/PLACE OF MARRIAGE/LIVE IN _____
DATE/PLACE OF DIVORCE/BREAK UP _____

<u>NAMES OF CHILD(REN)</u>	<u>BIRTHDATE</u>	<u>VISITATION/CUSTODY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. SPOUSE OR LIVE IN'S NAME _____
DATE/PLACE OF MARRIAGE/LIVE IN _____
DATE/PLACE OF DIVORCE/BREAK UP _____

<u>NAMES OF CHILD(REN)</u>	<u>BIRTHDATE</u>	<u>VISITATION/CUSTODY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. SPOUSE OR LIVE IN'S NAME _____
DATE/PLACE OF MARRIAGE/LIVE IN _____
DATE/PLACE OF DIVORCE/BREAK UP _____

<u>NAMES OF CHILD(REN)</u>	<u>BIRTHDATE</u>	<u>VISITATION/CUSTODY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. SPOUSE OR LIVE IN'S NAME _____
DATE/PLACE OF MARRIAGE/LIVE IN _____
DATE/PLACE OF DIVORCE/BREAK UP _____

<u>NAMES OF CHILD(REN)</u>	<u>BIRTHDATE</u>	<u>VISITATION/CUSTODY</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

REFERENCES

Please list 5 people who have personally observed you and your child/children together and know your character. **At least 2 of your references should be a non-family member. Request your reference to write a written statement on your behalf and submit by US mail or Email to the evaluator.** The references may or may not be contacted at the sole discretion of the evaluator.

1. _____
NAME AND RELATIONSHIP

_____ STREET ADDRESS

_____ CITY, STATE, ZIP

_____ CONTACT #

2. _____
NAME AND RELATIONSHIP

_____ STREET ADDRESS

_____ CITY, STATE, ZIP

_____ CONTACT #

3. _____
NAME AND RELATIONSHIP

_____ STREET ADDRESS

_____ CITY, STATE, ZIP

_____ CONTACT #

4. _____
NAME AND RELATIONSHIP

_____ STREET ADDRESS

_____ CITY, STATE, ZIP

_____ CONTACT #

5. _____
NAME AND RELATIONSHIP

_____ STREET ADDRESS

_____ CITY, STATE, ZIP

_____ CONTACT #

PLEASE SEND ABOVE REFERENCE LETTERS TO:

jrogers@socialstudysolutions.com

OR

Jessica L. Rogers, MA, LPC
990 Highway 287 N, Suite 106 #353
Mansfield, Texas 76063

COLLATERAL WITNESSES

COLLATERAL WITNESSES MUST BE BROUGHT TO THE ATTENTION OF THE EVALUATOR!

It is your responsibility to notify the evaluator by completing this form of any collateral contact witnesses you or your child has been involved with. Collaterals are generally professionals and neutrals who have factual information to provide in the case. They might include doctors, nurses, teachers, childcare providers, psychologists/psychiatrists, counselors, law enforcement, etc.

THIS GENERALLY **DOES NOT INCLUDE FAMILY AND FRIENDS.**

Please provide the name, address, phone number and a brief description of the relevant information the collateral contact should provide. Collaterals will be contacted as time permits and as deemed necessary for the evaluation.

You may also have the collateral contact witness send the information directly to the evaluator, as with the reference letters.

COLLATERAL WITNESS INFORMATION:

NAME	ADDRESS	PHONE/EMAIL
1. _____	_____	_____

BRIEF DESCRIPTION OF RELEVANCE/POSITION

NAME	ADDRESS	PHONE/EMAIL
2. _____	_____	_____

BRIEF DESCRIPTION OF RELEVANCE/POSITION

NAME	ADDRESS	PHONE/EMAIL
3. _____	_____	_____

BRIEF DESCRIPTION OF RELEVANCE/POSITION
