

**CLARK COUNTY SUPERIOR COURT  
FAMILY COURT SERVICES  
Family Information Statement**

**If there is not enough room to answer any question, attach a separate page.**

1. Your name \_\_\_\_\_
2. Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_
3. Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_
4. Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ Other \_\_\_\_\_
5. Occupation \_\_\_\_\_
6. Employer's Name and Address \_\_\_\_\_
7. Name of other party (or parties) in your case \_\_\_\_\_
8. Names of all other persons living in your residence, including adults and children

<u>Name</u>	<u>Relationship</u>	<u>Date of birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Provide the following information about your family of origin:

9. Your Mother's name \_\_\_\_\_  
Residence \_\_\_\_\_ Occupation \_\_\_\_\_

10. Your Father's name \_\_\_\_\_  
Residence \_\_\_\_\_ Occupation \_\_\_\_\_

11. Your brothers and sisters  
Name                      Age                      Residence  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Has anyone in your family (parents or siblings) abused drugs or alcohol now or in the past?  
yes    no (circle one)

13. Has anyone in your family (parents or siblings) been hospitalized or received medication for mental or emotional difficulties?  
yes    no (circle one)

14. Has anyone in your family (parents or siblings) been arrested or convicted for any crime?  
yes    no (circle one)

15. Has anyone in your family (parents or siblings) been investigated for child abuse?

yes no (circle one)

16. Were your parents ever separated or divorced? yes no (circle one)

17. At what age did you move out of your parents' home? \_\_\_\_\_

Provide the following information about your school history:

18. Did you graduate from High School? yes no (circle one)

Did you attend college? yes no (circle one)

Were you in special education classes? yes no (circle one)

Provide the following information about your work history:

19. For all your jobs prior to and including your current employment (beginning with your current position and including the past five years), provide:

Employer	Location	Salary	Work Hours	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

20. Have you ever been fired or laid off from any job? yes no (circle one)

Provide the following information about your relationship and marital history:

21. When did you meet the other parent? \_\_\_\_\_

22. If you lived together, give dates: \_\_\_\_\_

23. Date engaged (if applicable) \_\_\_\_\_

24. Date married (if applicable) \_\_\_\_\_

25. Date of most recent separation (if applicable) \_\_\_\_\_

26. List your residences during past five years and dates you lived at each.

<u>Address including City and State</u>	<u>Dates</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

27. List names and ages of all of your children, including of other relationships:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____

28. Have you ever been in psychotherapy or counseling?      yes   no (circle one)

If yes, give dates, names and complete addresses of therapists.

<u>Name of Therapist</u>	<u>Dates</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____

29. Have you ever been hospitalized for mental or emotional difficulties?

yes   no (circle one)

If yes, give dates, name of hospital, and location

<u>Name of Hospital</u>	<u>Dates</u>	<u>Location</u>
_____	_____	_____
_____	_____	_____

30. Has any physician ever prescribed medication for any mental or emotional difficulties?

yes   no (circle one)

If yes, give dates, medication, name of physician, and address.

<u>Name of Physician</u>	<u>Address</u>	<u>Dates</u>	<u>Medication</u>	<u>Currently Taking?</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

31. Have you ever been arrested and/or convicted of any crime, including felonies and misdemeanors, and including juvenile and adult offenses?      yes   no (circle one)

If yes, provide dates, place, and circumstances of each arrest/conviction:

<u>Place (City/State)</u>	<u>Date</u>	<u>Circumstances</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

32. Have you ever been under supervision by probation, parole or community service?

yes   no (circle one)

33. Do you currently have, or have you had in the past, any chronic or recurrent health problems or physical handicaps?      yes   no (circle one)

34. Do you take prescription medication?      yes   no (circle one)

35. Do you have any of the following concerns about the **other parent**? (circle one)

Abuse of alcohol or drugs	Yes No	Emotional abuse of children	Yes No
Physical abuse of children	Yes No	Sexual abuse of children	Yes No
Sexual behavior	Yes No	Physical health	Yes No
Potential for violent behavior	Yes No	Potential for suicide attempt	Yes No
Child snatching	Yes No	Mental Illness	Yes No

36. Name of your attorney in this matter \_\_\_\_\_ Phone \_\_\_\_\_

37. If there are any other professionals (doctors, counselors, teachers, police officers, etc.) not previously mentioned who you feel should be contacted in this evaluation, list them below.

<u>Name</u>	<u>Relationship or Profession</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

38. Provide information for any other marriages or serious relationships, to include name of spouse or significant other, date of marriage or cohabitation, date of separation and/or divorce, and names and ages of children.

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

I declare under penalty of perjury, I certify that the information contained in this statement is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date