

CONCILIATION SERVICES
SUPERIOR COURT OF THE STATE OF ARIZONA
MARICOPA COUNTY

<http://www.superiorcourt.maricopa.gov/conciliation>

PHOENIX OFFICE
201 West Jefferson Street, 3rd Floor
Phoenix, AZ 85003-2205
Information (602) 506-3296
Fax (602) 506-1670
TT(Hearing Impaired) (602)506-3164

SOUTHEAST OFFICE
222 East Javelina Avenue, 1st Floor
Mesa, AZ 85210-6621
Information (602) 506-2300
Fax (602) 506-2951
TT(Hearing Impaired) (602)506-3475

NORTHWEST OFFICE
14264 W. Tierra Buena Lane
Surprise, AZ 85374
Information (602) 372-9400

PARENTING CONFERENCE QUESTIONNAIRE

The following questionnaire is required to assist us determining the appropriate services for your family. Please answer every question. Write "none" if the question does not apply. Then please sign where indicated at bottom of the last page, and bring this questionnaire to your appointment. Thank You.

PLEASE PRINT

IDENTIFYING INFORMATION

Your Present Name		Other names by which you are known	
Address	City, Zip	Home Phone	Business or Message Phone
Date of Birth	Age	Social Security Number	Birth Place
Attorney Name	Address	Telephone number	Email

CHILDREN INVOLVED IN THIS ACTION

1.	Child's Full Name	Date of Birth	Whom he/she lives with
	School / Day Care	Address, City, Zip	Telephone
	Grade	Teacher's Name	Hours of Attendance
2.	Child's Full Name	Date of Birth	Who he/she lives with
	School / Day Care	Address, City, Zip	Telephone
	Grade	Teacher's Name	Hours of Attendance
3.	Child's Full Name	Date of Birth	Who he/she lives with
	School/Day Care	Address, City, Zip	Telephone
	Grade	Teacher's Name	Hours of Attendance

RELATIONSHIP STATUS (Check all that apply)

- I am in the process of a divorce. We have been separated since _____.
- I have been divorced from the other parent since _____.
- I remarried. Name of current spouse _____.
- I have been divorced from the other parent since _____.
- We were never married; we lived together, and have been separated since _____.
- We never lived together.

RESIDENCE HISTORY:

List your previous addresses for the last 5 years, beginning with the most recent.

Address	Date Moved In	Date Moved Out	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List other people who regularly spend time in your home.

- Name: _____ DOB: _____ Relation to you: _____
- Name: _____ DOB: _____ Relation to you: _____
- Name: _____ DOB: _____ Relation to you: _____

PRESENT EMPLOYMENT

Present Employer	Address	City, Zip

Date Begun	Current Work Schedule	Days Off

PRIOR INVOLVEMENT WITH CONCILIATION SERVICES

Have you and/or the other party previously participated in services through Conciliation Services in this or any other matter? Yes No If yes, please explain.

DRUG AND ALCOHOL USE (Answer questions 1 through 7, yes or no.)

1. Has either parent used illegal drugs in the past? Mother: ____ Father: ____

2. Has either parent used alcohol regularly in the past? Mother: ____ Father: ____

Frequency _____

3. Does either parent currently use illegal drugs? Mother: ____ Father: ____

4. Does either parent currently consume alcohol? Mother: ____ Father: ____

5. Has either parent been treated for substance abuse? Mother: ____ Father: ____

(If yes, where and when did treatment take place) _____

6. Does either parent have a substance abuse problem? Mother: ____ Father: ____

(If yes, explain) _____

7. Is there a current order to drug/alcohol test? Mother: ____ Father: ____

8. Has either parent participated in drug/alcohol testing in the past two years?

(If yes, explain) _____

9. When was your last test date? Mother: _____ Father: _____

10. What were the results? Mother: _____ Father: _____

MENTAL HEALTH

Has either parent ever been hospitalized for emotional or psychological problems?

Mother: Yes No

Father: Yes No

Treatment Center: _____ Admission Date: _____

Has either parent ever seen a psychiatrist, psychologist, social worker or counselor on an outpatient basis? (If yes, please complete section below)

Mother: Yes No

Father: Yes No

● _____
Therapist's Name Address, City, Zip Telephone

Date(s) Seen Presenting Problem

● _____
Therapist's Name Address, City, Zip Telephone

Date(s) Seen Presenting Problem

CHILDREN'S HEALTH

Do any of the children presently have physical and/or emotional problems? (If yes, explain)

Have any of the children been evaluated or treated by a psychiatrist, psychologist, social worker or counselor? (If yes, please complete section below)

● _____
Child's Name Presenting Problem

● _____
Therapist's Name, Address, and Telephone Date(s) Seen

● _____
Child's Name Presenting Problem

● _____
Therapist's Name, Address, and Telephone Date(s) Seen

CRIMINAL HISTORY

Has either parent been arrested, charged, or convicted of a crime?

Mother: Yes No Father: Yes No

Has either parent been on parole, on probation or otherwise been involved with law enforcement agencies?

Mother: Yes No Father: Yes No

If yes, please give details (law enforcement agencies involved, name and telephone of probation and/or parole officer, dates of involvement)

Do you currently have a past or pending criminal action in Maricopa County Superior Court?

If so, please list the CR# _____

CONCERNS

List any concerns about the other parent's contact with the children or their ability to care for the children.

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Have you, the other parent and/or any of the children been involved with Child Protective Services? (If yes, give date and the name of the caseworker)

RELATIONSHIP ISSUES

1. Have any of the following occurred between you and the other parent?

- | | | |
|------------------------|----|-----|
| Verbal confrontation | No | Yes |
| Physical confrontation | No | Yes |
| Violence to property | No | Yes |

2. If you answered “yes” to any of the questions in #1, please answer the following. If you answered “no,” skip to question 3 on the following page.

- a) Have these incidents occurred mainly around the end of the relationship?
- b) Have there been any incidents since you and the other parent ended your relationship?
- c) What causes a violent episode – e.g., drinking, financial stress, talking back, etc?
- d) Did the child(ren) witness any of these incidents? If yes, please explain.
- e) Were the children ever physically harmed during one of these incidents?

Have any of the following occurred? Check all that apply and explain:

- Threats
- Demeaning or belittling comments
- Humiliation in front of others
- A feeling of terror, fear or insecurity in the home
- Withholding money
- Controlling all household money
- Using the courts to drain all the money from the household account
- Giving insufficient funds to pay bills, buy groceries
- Having to ask permission to spend money
- Attempts to punish you by depriving the children of basic needs

Have any of the following occurred? Check all that apply and explain:

- Slapping
- Grabbing
- Kicking
- Teasing
- Choking
- Strangling
- Scratching
- Injuries such as bruises, cuts bleeding or soreness, black eyes, burns
- Injuries requiring medical attention
- Shoving/Pushing
- Pulling hair
- Biting
- Tripping
- Throwing/Breaking things
- Beating up
- Knocking down
- Punching
- Spitting
- Hitting
- Stabbing
- Use of weapons

Have any of the following occurred. Check all that apply and explain.

- Jealousy
- Pouting
- Intimidation
- Embarrassing you in front of friends
- Threatening to take the children
- Telling other people private information about you
- Withholding affection
- Unwanted sexual advances
- Destruction of treasured items
- Possessiveness
- Isolation
- Put downs

3. Has an Order of Protection ever been issued against you or the other parent?

No Yes

If yes, which court issued the order and when? _____

4. Is there a current Order of Protection against you or the other parent? If yes, when does it expire?

No Yes Expires _____

5. Are the children on the Order of Protection?

No Yes

CURRENT CUSTODY/PARENTING-TIME ARRANGMENTS

With Mother: _____

With Father: _____

PROPOSED PARENTING-TIME ARRANGEMENTS

Please indicate what you think would be in the children's best interest regarding residential arrangements. Describe the amount of time you think the children should spend with each parent.

With Father: _____

With Mother: _____

Describe how major decisions regarding the children should be made.

List ways in which the children benefit from their relationship with you.

List ways in which the children benefit from their relationship with the other parent.

Signature of person completing this questionnaire

Date completed