



Henry County CASA
1215 Race St. Suite 205 New Castle, IN 47362
(765) 529-5811
CASA@henrycounty.in.gov

Divorce/Custody Preliminary Information

Must be completed and returned within 7 days to the above address.

PARENT INFORMATION – circle: biological, grand or step

1. Full legal name _____

2. Any other name used _____

3. Date of birth _____

4. Telephone number(s) _____

5. Current residence: circle: rent, own
Mailing address _____

Street address _____

County of residence _____

6. List all residences of last 5 years

7. List **ALL** of your children from current and previous marriages/relationships. Include both biological and step children.

Indicate current residence of each child. If the child does not reside with you, indicate when last seen and the frequency of the child's visits to your residence.

Full legal name	Date of birth	Where resides	Last contact/visit

8. List all persons residing with you not previously listed. Indicate their relationship to you and the length of time living in your residence.

Full legal name	Relationship	Length of time

9. List all that have lived with you during the last 5 years but does not currently reside with you.

Name	Relationship	Dates of residence with you

10. Identify the grandparents of the child(ren) in this case. Include other relatives or close friends having a significant relationship with the child(ren).

Name	Age	Phone number	Relationship to you	Frequency of contact

11. Provide your work history of the past 5 years.

Employer	Job title	Salary	Hours	Date employed

13. Military service? Stationed	Yes	No	Branch	Dates served

14. Your education	School name	Highest grade, certificate, degree completed	Dates attended
High School			
Trade/Technical			
College			

15. Your relationship/marital history with the other parent involved in this case

Approximate date you first met _____

Approximate date you started living together _____

Date of marriage _____

Approximate date you last lived with the other parent _____

Describe relationship with that person at this time and reason for separating

FAMILY AND PERSONAL BACKGROUND

16. List all prescribed medications being used by any persons residing in your household.

Patient	Medication	Reason	Dosage

17. List all non-prescribed medications used by anyone residing in your household.

Person using	Medication	Dosage	Frequency

18. List all chronic/recurring health problems/conditions or physical handicaps of any person residing in your household

19. List all alcohol usage in your household

20. Have you or anyone in your household/family abused drugs or alcohol either in the past or currently? If yes, give details _____

21. Have you or anyone in your household/family been involved in an incident of domestic violence? If yes, give details _____

22. Do you or anyone in your household own or possess a firearm? Yes No
If yes, where are the weapons stored; what safety precautions have been taken;, and what are the serial numbers? _____

25. Have you ever been involved in custody/visitation litigation regarding other children? If yes, provide the name of the child(ren), dates, and a summary of the court decisions _____

26. Have you or anyone in your household/family been in any type of counseling or psychotherapy? If yes, give details _____

27. Have you or anyone in your household/family been arrested or convicted of any serious crime or traffic violation? If yes, give details _____

28. Have you or anyone in your household/family been hospitalized or received medication for mental or emotional difficulties? If yes give detail

29. Have you or anyone in your household/family been investigated for child abuse or neglect? If yes, give details _____

CHILD INFORMATION (Fill out one child information form for each child involved)

1. Child's full legal name _____
2. Date of birth _____
3. Place of birth _____
4. Name of biological mother _____
5. Name of biological father _____
6. Childcare arrangements for the part year (may include paid or unpaid care)

Name	Age	Address	Phone #	Days/hours

EDUATION INFORMATION

7. Child's current school information

Name _____ Phone # _____

Address _____ Grade _____

Teachers _____

8. Has your child ever attended Head Start or other preschool programs? If yes, provide the program's name and location as well as dates attended _____

9. Has your child been diagnosed as any of the following? (circle all that apply)

Gifted and talented

Learning disabled

Emotional disturbed

Physically handicapped Developmentally delayed Mentally handicapped
Attention deficit disorder

10. Has your child (currently or in the past) received any special education or tutoring services? If yes, give details _____

11. Has your child (currently or in the past) seen a school counselor or school social worker? If yes provide the name(s) of the counselor(s)/social worker(s) and the school(s). _____

CHILD'S MEDICAL INFORMATION

12. Physician name _____ Phone # _____

13. Approximate date of purpose of last visit _____

14. List any chronic or recurring health problems/conditions of the child _____

15. List all prescribed medications the child has taken in the past year

Medications	Dates Administered
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16. List all medical specialists seen for special treatments.

Physician name Date	Address	Phone #	Reason

17. Has your child ever been in psychotherapy or counseling?

Therapist	Address	Phone #	Reason	Date

18. Is your child covered by an insurance or medical plan? If yes, give details_

CUSTODY/VISITATION ARRANGEMENTS

19. Describe the child's current custody/visitation arrangement. When did this arrangement go into effect? _____

20. If there have been different custody/visitation arrangements, please describe

OTHER INFORMATION

21. How do you discipline this child? _____

22. Is child care needed for the child? If so, who provides the child care, who transports the child? How much time is child in childcare (including latchkey)

23. Is there anyone not previously mentioned whom you think we should contact for information about this child? If yes, provide names, addresses, phone numbers, and the type of information you think these persons can provide?

I, _____, hereby affirm that all the answers on this information sheet are true to the best of my knowledge.

Signed _____ Date _____