



Purpose Counseling
&
Mental Health Services, LLC
"Where The Healing Begins"

Custody Evaluation Additional Interview Form

Name: _____ Age: _____ Sex: _____

Address: _____

Phone: _____ Cell: _____

E-mail: _____

Date of birth: _____ Marital status: _____

Occupation: _____

Years of Education/Degree: _____

Employer:

Emergency Contact: _____ Relationship: _____

Phone: _____

List any medical conditions: _____

List all current medications: _____

Relationship to parties involved in custody evaluation:

_____ How would you describe your role with this family? _____

_____ Are you ever in situations where you are a caregiver for the children (without a parent

present)? If yes, please describe:

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List all other people living in your home: Name: _____ Age:

_____ Sex: _____ Relationship: _____ Name: _____
_____ Age: _____ Sex: _____ Relationship: _____

Name: _____ Age: _____ Sex: _____ Relationship:

_____ Name: _____ Age: _____ Sex: _____
_____ Relationship: _____ Name: _____ Age:

_____ Sex: _____ Relationship: _____

Have you been a party in a custody dispute in the past? Y N If so, give a brief description:

RELEASE AUTHORIZATION: I agree to release information from the session for the purposes of the custody evaluation to Rochelle G. Brady, LCSW-Purpose Counseling & Mental Services, LLC, 16260 Airline Hwy, Ste D. Prairieville, LA 70769

(Signature) (Date)