



Purpose Counseling & Mental Health Services, LLC

“Where The Healing Begins”

Custody Evaluation Child Information

Please fill in the following information on each child involved in the legal custody dispute. You may use the back of this sheet if additional space is needed.

Parent name: _____

Child's name: _____ DOB: _____ Age: _____ Sex: _____

Grade: _____ School: _____ Teacher(s): _____

Extracurricular activities (sports, music, faith-based activities, clubs, hobbies, etc.): _____

_____ Primary
doctor name: _____ Address: _____

Phone: _____ Fax: _____

List any medical conditions: _____

List all current medications: _____

List any behavioral/emotional problems or concerns: _____

List any counselors that this child has seen (include contact information): _____