

LUND & STRACHAN DETAILED HISTORY QUESTIONNAIRE
(No Confidentiality)

A. IDENTIFYING DATA DATE: _____

Case Name and Number: _____

Your Present Name: _____

Your Age: _____ Date of Birth: _____

Your Place of Birth: _____

Your Religion: _____

Your Home Address: _____

Your Home Phone No. _____ Your Soc. Sec. # _____

Fax No. _____ Cell Phone No. _____

B. EMPLOYMENT

Employer: _____

Type of Employment _____

Length of Employment: _____

Address: _____

Phone No.: _____ Work Hours: _____

If you travel for employment, please describe: _____

C. YOUR CHILDREN INVOLVED IN THIS CUSTODY CASE

Name	Age	Birthdate	School/Grade

YOUR OTHER CHILDREN (not involved in this court case)

Name	Age	Birthdate	School/Grade

Children's Personality and Special Emotional or Physical Needs (For each child involved in this case, describe your child as you would to a stranger. Then discuss any physical or educational disability, emotional or behavioral problems, history of psychotherapy or psychiatric care, special talents or interests that may affect custody arrangements.

E. MARITAL AND RELATIONSHIP HISTORY

List all your marriages:

Name of Spouse	Date of Marriage	Date & How Terminated	Number of Children
_____	_____	_____	_____

First _____

Second _____

Third _____

Are you remarried: YES _____ NO _____

If Yes, please give name (and ask spouse to complete stepparent questionnaire):

If No, are you in a relationship: YES _____ NO _____

If Yes, please give name and age of person and describe your relationship (dating, committed, engaged, etc.) and how much time you spend together and how much time that person spends around the children:

Describe Marital History with Former Spouse in Dispute With:

Met (when, where), Relationship Before Marriage:

Married (when and where):

Responsibility for Care of Children During Marriage (include child care providers and description of parents employment during that time):

F. YOUR BACKGROUND AND FAMILY OF ORIGIN

Where Born and Raised: _____

If you were born in another country, when and why did you immigrate to the U.S. and when did you receive your permanent residency and/or citizenship?

Your Mother: (Describe her occupation and your relationship with her when you were growing up and your relationship with her now. Where does she now live and is she involved with your children?)

Father: (Describe his occupation and your relationship with him when you were growing up and your relationship with him now. Where does he now live and is he involved with your children?)

Your siblings (age, where do they live, how often do you see them and/or talk to them?)

Medical History: _____

Current Prescribed Medication (and the condition for which is it prescribed):

Psychiatric History (consultation with a psychiatrist, psychiatric hospitalization, suicidal behavior, eating disorder, psychosis, *If you have had a psychiatric hospitalization, please provide the hospital records*):

Have you ever taken any of the following medications:

	YES	NO
a) Prozac (fluoxetine)	_____	_____
b) Wellbutrin (bupropion)	_____	_____
c) Anafranil (clomipramine)	_____	_____
d) Norpramin/Pertofreane (desipramine)	_____	_____
e) Pamelor (nortriptyline)	_____	_____
f) Buspar (buspirone)	_____	_____
g) Tegretol (carbamazepine)	_____	_____
h) Depakote/Depakene (valproic acid)	_____	_____
l) Desyrel (trazodone)	_____	_____
j) Asendin (amoxapine)	_____	_____
k) Xanax (alprazolam)	_____	_____
l) Klonopin (clonazepam)	_____	_____
m) Other psychiatric medication _____		

Alcohol/Drug Use. (If you have been in a drug or alcohol treatment program, please provide the hospital or clinic records)

Have you ever experimented with or used the following substances:

	YES	NO
a) Alcohol, more than 8 drinks in a day	_____	_____
b) Marijuana or cannabis in other forms	_____	_____
c) Cocaine	_____	_____
d) Amphetamines	_____	_____
e) Barbiturates	_____	_____
f) Hallucinogens	_____	_____

If Yes, to any of above about alcohol/drug use, please give information about first use, how long you used, and last use.

Psychotherapy including Marital Therapy: (reasons for treatment, names and phone numbers for psychotherapists, and dates of treatment)

History of Arrests (for whatever reason), DUI violations, Criminal Prosecution, Dishonorable Discharge from Armed Forces *(If there is a history of any of the above, provide police, court, DMV, probation, discharge records)*

H. ISSUES AND CONCERNS IN THE CURRENT CASE

History of any domestic violence (including specific incidents.
Provide any police reports or restraining orders)

History of any involvement of Department of Children and Family Services (Give dates of reports and investigations, names and phone numbers of investigators *Provide any paperwork you have on case and/or arrange for your attorney to subpoena the file from DCFS)*

I. STEPPARENT OR OTHER HOUSEHOLD MEMBER INFORMATION:

If you have remarried or if you now share or plan to share your home with another adult, please complete the following questions in regard to the other adult.

Name: _____

Age: _____ Phone No. _____

Occupation _____

Relationship to You: _____

Names and ages of this person's children:

This Person's Relationship with the Child/Children at Issue:

