

Getting to Know You and Your Family

Your Name: _____ Petitioner Respondent Today's Date: _____

Judge: _____

Case No.: _____

Dept: _____ Lamoreaux Harbor Westminster Other: _____

Date of Court Order: _____

Next Court Date: _____

Name of Petitioner: _____

Attorney for Pet.: _____

Date of Birth: _____

Attorney Email: _____

Address: _____

Attorney Phone #: _____

Email: _____

Cell #: _____

Name of Respondent: _____

Attorney for Resp: _____

Date of Birth: _____

Attorney's Email: _____

Address: _____

Attorney's Phone #: _____

Email: _____

Cell #: _____

Minor's Counsel: _____

Email: _____

Date Appointed: _____

Phone #: _____

Court-Ordered Service:

Reintegration Therapy

Co-Parenting Therapy

Case Manager

Reintegration Therapy –
Team Approach

Individual Therapy

Special Master

1st Child's Name: _____

2nd Child's Name: _____

DOB: _____ Age: _____

DOB: _____ Age: _____

School: _____

School: _____

Grade: _____

Grade: _____

3rd Child's Name: _____

4th Child's Name: _____

DOB: _____ Age: _____

DOB: _____ Age: _____

School: _____

School: _____

Grade: _____

Grade: _____

Stepmother's Name: _____

Stepfather's Name: _____

Occupation: _____

Occupation: _____

What are your feelings toward this court-ordered therapy?

I'm doing it because
I have to

I'm willing to do it, but
am a bit scared

I'm excited and believe my
family will benefit from it

What are three hopes and goals you would like to reach in our work together?

1. _____
2. _____
3. _____

What are hopes and dreams you have for your children in the following areas of life?

1. Character/self-esteem: _____
2. Social/peer relationships: _____
3. School/extracurriculars: _____

Imagine you are a kind, knowledgeable, child-centered judge. As the judge, what would you do or order for your children?

As the judge, I would order the following custody arrangement:

- 50/50
- Ex to have visitation every other weekend
- Ex to have more than every other weekend but less than 50/50
- Ex to have no visitation
- Ex to have supervised or limited visitation
- Other: _____

Please check the boxes that *in general* most fit your children:

	Child 1	Child 2	Child 3	Child 4
Happy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irritable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Selfish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Seeking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mean Spirited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obsessive/Compulsive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Somatic (body) concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Which characteristics of your children are most irritating for you?

	Child 1	Child 2	Child 3	Child 4
Not listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arguing/Bossy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doddlng	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clingy/extra reliant on you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Defiant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor communicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damages property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention Seeking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vengeful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
They give up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdraw	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over-use of electronics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there an issue your child is experiencing due to the divorce that is currently of concern to you?

	Child 1	Child 2	Child 3	Child 4
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sadness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excessive fear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thoughts of suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drop in grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Withdrawing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acting out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you typically respond to or discipline your children? (check all that apply)

Remind, coax, give warnings	<input type="checkbox"/>
Time outs/removal of privileges	<input type="checkbox"/>
Scream or put-downs	<input type="checkbox"/>
Talk it out	<input type="checkbox"/>
Spankings	<input type="checkbox"/>
Give more chores	<input type="checkbox"/>
Focus on good behavior	<input type="checkbox"/>
Show a lack of faith in them	<input type="checkbox"/>
Over-help	<input type="checkbox"/>
Take it personally	<input type="checkbox"/>
Frequently give in	<input type="checkbox"/>

When your children struggle or act out, how do you feel?

Annoyed	<input type="checkbox"/>
Worried	<input type="checkbox"/>
Guilty	<input type="checkbox"/>
Authority is challenged	<input type="checkbox"/>
Defeated/want to give up	<input type="checkbox"/>
Wish to retaliate or get even	<input type="checkbox"/>
Hurt/disappointed	<input type="checkbox"/>
Disbelieving/disgusted	<input type="checkbox"/>
Despair/hopeless	<input type="checkbox"/>
Helpless/inadequate	<input type="checkbox"/>
Other: _____	

How would you like to better respond to your children?

More patience	<input type="checkbox"/>
Offer more support and confidence	<input type="checkbox"/>
Be calmer/less angry	<input type="checkbox"/>
Show less annoyance	<input type="checkbox"/>
Hold the rules better/be firm and kind	<input type="checkbox"/>
Show more expression of love	<input type="checkbox"/>
Stop comparing them to others	<input type="checkbox"/>
Lessen my expectations of them	<input type="checkbox"/>
Have more faith in them	<input type="checkbox"/>
Develop more routines and helpful structure	<input type="checkbox"/>
Acknowledge their feelings more	<input type="checkbox"/>
Develop mutual respect	<input type="checkbox"/>
Don't give up on them	<input type="checkbox"/>
Encourage their strengths	<input type="checkbox"/>
Engage them in problem solving	<input type="checkbox"/>

How are your children performing in school?

	Child 1	Child 2	Child 3	Child 4
Good grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perfectionistic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inconsistent grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attention issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Significant homework struggles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Procrastinates and/or appears lazy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School performance anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frequently doesn't want to attend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have any of the following occurred at school?

	Child 1	Child 2	Child 3	Child 4
Teacher-Parent meeting due to concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
504 Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student Study Team Meeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psycho-educational testing (by school)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psycho-educational testing (private)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IEP Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would like a plan in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe something you really enjoy doing with child #1:

Describe something you really enjoy doing with child #2:

Describe something you really enjoy doing with child #3:

Describe something you really enjoy doing with child #4:

Current Custody Arrangement (check all that apply)

- Mother sole legal and physical
- Father sole legal and physical
- Joint physical and legal
- Joint legal—Mother physical custody, Father visitation
- Joint legal—Father physical custody, Mother visitation
- Father supervised visitation
- Mother supervised visitation
- Supervision by family member or friend
- Supervision by a program
- Supervision by law enforcement
- Other: _____

Describe visitation schedule (i.e. Sun-Wed with Mother, Thurs-Sat with Father): _____

Take a moment and try to put aside any resentment. Now think back to the beginning of your relationship with your ex. Visualize the first time you met your spouse, the first time you met connected. Now, fill out the following questions:

Name at least 5 characteristics that attracted you to your partner

- | | |
|---|---|
| <input type="checkbox"/> Kind, sweet | <input type="checkbox"/> Athletic, energetic, took care of their body |
| <input type="checkbox"/> Giving | <input type="checkbox"/> Good moral person |
| <input type="checkbox"/> Shy | <input type="checkbox"/> Friendly, outgoing |
| <input type="checkbox"/> Smart | <input type="checkbox"/> Good looks |
| <input type="checkbox"/> Understanding | <input type="checkbox"/> Chemistry |
| <input type="checkbox"/> Successful | <input type="checkbox"/> Engaging, good communicator |
| <input type="checkbox"/> Assertive | <input type="checkbox"/> Calming, supportive |
| <input type="checkbox"/> Confident | <input type="checkbox"/> Sexy, sexual |
| <input type="checkbox"/> Good with kids | <input type="checkbox"/> Other: _____ |

Now, let's look at the ugly, the ending of your relationship.

Describe a typical fight in your marriage. What would your ex typically say, do, or not do?

In response, what would you say, do, or not do?

What would end up happening?

- Fight verbally with no resolve
- Fight verbally with eventual resolve
- Talk it out with satisfactory resolve
- I would withdraw
- Partner would withdraw
- I would turn to drinking, pills, or other substances to escape
- Partner would turn to drinking, pills, other substances to escape
- I would become defensive with no satisfactory resolve
- Partner would become defensive with no satisfactory resolve

Check the issues that closely resemble the reasons for divorce:

	Self	Ex
Infidelity	<input type="checkbox"/>	<input type="checkbox"/>
Chronic fighting	<input type="checkbox"/>	<input type="checkbox"/>
Boring, emotionally withdrawn, absent	<input type="checkbox"/>	<input type="checkbox"/>
Excessive drinking/substances	<input type="checkbox"/>	<input type="checkbox"/>
Financial problems	<input type="checkbox"/>	<input type="checkbox"/>
Emotionally non-understanding	<input type="checkbox"/>	<input type="checkbox"/>
Demanding, nagging, overwhelming	<input type="checkbox"/>	<input type="checkbox"/>
Untreated mental health issues	<input type="checkbox"/>	<input type="checkbox"/>
Physical fighting	<input type="checkbox"/>	<input type="checkbox"/>
Controlling	<input type="checkbox"/>	<input type="checkbox"/>
Threatening (describe: _____)	<input type="checkbox"/>	<input type="checkbox"/>
Verbal, emotional abuse	<input type="checkbox"/>	<input type="checkbox"/>

Mark all the areas of concern you have regarding your ex:

- Making negative comments about me to the kids
- Manipulating them into thinking I am the “bad guy”
- Frequently interrupts my time with the kids via phone, text, etc.
- Does not send school/health information to me in a timely manner
- Does not spend quality time with the kids
- Poor parenting
- Mediocre parenting
- Abusive with the kids
- Does not follow court’s orders regarding drop-off or pickup times
- Does not use the allotted visitation time
- Contact with me is frequently adversarial
- Lies to me
- Lies to the children
- Involves a new partner inappropriately
- Other: _____

Overall, how is co-parenting going?

	1	2	3	4	5	
Amicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Terrible

Generally, do you think your co-parent loves the children?

	1	2	3	4	5	
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Absolutely

Which terms best describe your co-parenting relationship?

	Self	Ex
Hostile/antagonistic	<input type="checkbox"/>	<input type="checkbox"/>
Friendly/respectful	<input type="checkbox"/>	<input type="checkbox"/>
Civil	<input type="checkbox"/>	<input type="checkbox"/>
Fluctuates from civil to game play	<input type="checkbox"/>	<input type="checkbox"/>
Manipulative	<input type="checkbox"/>	<input type="checkbox"/>
Cold/distant	<input type="checkbox"/>	<input type="checkbox"/>
Helpful/accommodating	<input type="checkbox"/>	<input type="checkbox"/>

Getting to know you

Occupation: _____
 Employer: _____
 Employer address: _____

Level of education:
 High School
 Bachelors
 Masters or Doctorate

What are you like?

- Go with the flow
- Calm/mellow
- Non-confrontational
- Active
- Often Overreactive
- Defensive
- Confrontational

- Often Jealous
- Driven
- Leader
- Strong
- Scattered
- Good with problem solving
- Quick to be annoyed/temper

Describe your own parents' marriage:

- Solid and mostly happy
- Not much intimacy, more roommates
- Waves of verbal fighting then reuniting
- Lots of criticism/judgmental
- Domestic violence
- Infidelity
- Abuse of alcohol or substances

Did they stay married?

- Yes, relatively happily
 - Yes, unhappily
 - No, divorced
- Other: _____

Other: _____

Which characteristics best describe your parents (figures most influential in your life)?

	Mom	Dad	Stepmom	Stepdad
Caring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Controlling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Verbal fighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abusive or neglectful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nagging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol or drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anxious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Top 3 **positive** descriptors of your Mother

1. _____
2. _____
3. _____

Top 3 **negative** descriptors of your Mother:

1. _____
2. _____
3. _____

Top 3 **positive** descriptors of your Father

1. _____
2. _____
3. _____

Top 3 **negative** descriptors of your Father:

1. _____
2. _____
3. _____

List three things you needed most and didn't get from your caretakers. Use words such as more time, acceptance of who I am, encouragement, affection, understanding, respect, etc.

1. _____
2. _____
3. _____

List three childhood frustrations, what you felt, and what you did in response:

Childhood Frustrations	What you felt	What you actually did

Have there been any unfortunate tragedies during your children's lives (besides divorce)?

- Deaths
- Physical illnesses
- Sexual abuse
- Physical abuse
- Witness to domestic abuse
- Witness to parental substance abuse
- Other: _____

Describe the above further: _____

How is your child's health?

	Child 1	Child 2	Child 3	Child 4
Good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
One or two issues of concern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain further: _____

Now think about yourself. How have you been during this divorce process?

On average, how is your level of anxiety?

	1	2	3	4	5	
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very high

On average, how depressed are you?

	1	2	3	4	5	
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very high

On average, how angry are you?

	1	2	3	4	5	
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very high

Have you increased or turned to more alcohol or other substances since the divorce?

- Yes
- No

Explain further: _____

Do you have support through a therapist?

- Yes
- No
- In the past, yes
- Seeing a psychiatrist for medication
- Other: _____

Who is your therapist?

Name: _____

Address: _____

Phone: _____

Email: _____

What medications, if any, are you currently taking?

Who prescribes the above medications?

Name: _____

Address: _____

Phone: _____

Email: _____

Prior to divorce, how were you doing?

	1	2	3	4	5	
No major issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suffering

How is your physical health?

Good	<input type="checkbox"/>
One or two issues of concern	<input type="checkbox"/>
Poor	<input type="checkbox"/>

Explain further: _____

Now let's get to know you as a parent

How loving and expressive are you with your kids?

	1	2	3	4	5	
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very

How involved are you with your children's school/homework?

	1	2	3	4	5	
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very

How involved are you in your children's extracurricular activities?

	1	2	3	4	5	
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very

How involved are you in your children's religious education?

	1	2	3	4	5	
Not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Very

Mark all the things that describe your parenting style:

- Flexible
- Negotiator
- Parents should always have the power
- Children should always respect their parents
- Fair limit setting
- Spanking, grabbing, pinching
- Screamer
- Commanding respect
- Teach through modeling
- Silent treatment
- Other: _____

List the top three values you have tried to instill in your children:

1. _____
2. _____
3. _____

Let's look at your child's daily and holiday commitments.

Overall, are the kids getting to their commitments on time and being supported by your co-parent?

	1	2	3	4	5	
No, many problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Yes, most of the time

How are holidays, special occasions, and vacations handled by your co-parent?

	1	2	3	4	5	
Huge fighting, many struggles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Great!

Check all the issues you wish to address:

- Financial responsibilities
- Health decisions
- School decisions
- Extracurricular activities
- Transfer/sharing of information
- Pick-up/drop off exchange
- Parenting style
- Discipline style
- Stepparent/new partner involvement
- Mental health issues
- Addiction issues
- Abuse
- Parent alienation
- Other: _____

Safety and Challenging Questions

(Please note, some of these questions are provocative meant to illicit how you might think through something not necessarily considered prior)

Do you own or have on your property a firearm? Yes _____ No _____

Is your firearm registered? Yes _____ No _____

What type of safe do you hold your firearm in?
(Attach Photo)

Does your ex own or have on their property a firearm? Yes _____ No _____

Has the Court made a finding for Domestic Violence? Yes _____ No _____

Did the Court give a Restraining Order? Yes _____ No _____ For how long? _____
Is there an exception of contact for therapy? Yes _____ No _____

Has the Court or a Child Protective Service Agency deemed that Child Abuse occurred?
Yes _____ No _____

How long has it been since your children have seen the other parent? _____

Given the type of break in your relationship with your ex, how willing are you to put those issues behind you and co-parent amicably? _____

Many parents will say, I would put my life down for my child. Is this something you might have said? Yes _____ No _____

Are you willing to put your grievances down with your ex, for the sake of your child?
Yes _____ No _____

Do your actions strongly suggest that you are invested in helping heal the relationship between your child and your ex?

Does the way your parents functioned resemble your current situation, and if so how?
Yes _____ No _____

To best co-parent, what changes in yourself do you believe you need to work on?

How have you learned to manage, when you get triggered by your ex?

When your child is 25, what might they think about their childhood and what would they have wished you did differently if anything?

THE FOLLOWING QUESTIONS ARE TO BE FILLED OUT IF YOU ARE IN REUNIFICATION THERAPY

How will your child be impacted later in life by not seeing or having a relationship with the parent they are resisting/refusing contact with?

Is it better for your child to receive some love by their father or mother, even if that parent has significant issues/restricted visitation?

If you were the rejected parent and you hadn't seen your child in months or years, what might you feel, think, and do?

Name several reasons that your child would stay very close with you and request no contact with the other parent? Did they do that in years prior?

What happens if you allow your teen to get their way on refusing to see the other parent?

How does being a teenager (wanting to become independent) play a role in parent refusal?

If you ask your child to go on stand to tell their story, what are the various ways this might impact them later on in life?

Is there something that has not been asked, that you wish to share with this therapist?

Thank you for taking your time to thoughtfully work on this questionnaire.