Please fill out this form carefully, completely and return to:

Family Court Counseling Services
730 Wisconsin Avenue - Fifth Floor
Racine, WI 53403
Attention: ________________________

SOCIAL HISTORY INFORMATION

A. IDENTIFYING DATA

Your Present Name and Case No: _______________________________________
(Include initial or suffix)

Other Parents Name: ____
(Include initial or suffix)

Your Age: ______Date of Birth: _______________Place of Birth: ________

Your Home Address: ____
(Include city, state & zip)

Your Home Phone: ________________________Cell Phone: _________________

Your Social Security#: _________________ Driver License#: ____________

Your Attorney: ____________________ Attorney's Phone: ________________

Previous Residences in past 5 years: _________________________________

____
(Use reverse side if needed)

Do you expect to change residences within the next 12 months? If yes, please explain: ____
(Use reverse side if needed)

B. EMPLOYMENT

Employer: __________________________Phone: ___________________________

Position: __________________________Wages: ___________________________

Employment Length: _________Work schedule: ___________________________
(Include hours/days)

Past Employers, dates of employment, and reasons for leaving: ________

____

____
(Use reverse side if needed)

C. CHILDREN (Name all children, including adult children)

Name	Sex	Date of Birth	Parent Having Placement	School/Grade	Teacher
_______________	M F				
_______________	M F				
_______________	M F				
_______________	M F				
_______________	M F				

D. PERSONALITY DESCRIPTIONS

Minor Child(ren):____

____

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____

(Please enclose a picture of yourself and your child(ren))

Child(ren)'s Special Emotional or Physical Needs (include names, addresses, and phone numbers of current and previous counselors):_____

____

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____

____

(Use reverse side if needed)

School History for each Child (performance, social adjustment, grade level, etc.):

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____

____

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____

____

(Please attach the latest school report card for each child)

E. MARITAL/RELATIONSHIP HISTORY

List all your marriages:

	Name of Spouse	Date of Marriage	Date & How Terminated	Number of Children
First				
Second				
Third				
Fourth				

Are you remarried: YES ☐ NO ☐

If Yes, please give name: ____________________
(Include initial or suffix)

If No, are you contemplating marriage: YES ☐ NO ☐

If Yes, please give name: ____________________
(Include initial or suffix)

Describe Marital/Relationship History with Parent in Dispute With: ___

Met: ____________________

____

Married/Lived Together: ____________________

____

Breakup: ____________________

____

Separated from Other Parent (when and why): ____________________

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____

Responsibility for Care of Children During Marriage/Relationship: ____

____

____

F. YOUR FAMILY OF ORIGIN

Born and Raised (where you were born and raised): ____________________

____

Your Mother (describe occupation and relationship): __________________

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____

____

Your Father (describe occupation and relationship): __________________

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____

Your Brothers and Sisters (age and relationship): ____________________

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____

Your Parents (describe their relationship with each other): __________

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____

Psychiatric History for Self and Family of Origin: ___________________

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____

Alcohol Abuse for Self and Family of Origin: _________________________

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____

Drug Abuse for Self and Family of Origin: ____________________________

____

____

Arrests/Criminal History for Self and Family of Origin: ______________

____

____

G. PERSONAL DATA

Education (give highest degrees): ____________________________________

____

Military History: ____

____

Medical History (include name of your physician): ____________________

____

____

Prescribed Medication and what it is used for: _______________________

____

____

(Use reverse side if needed)

Hospitalization History: ____

____

Psychiatric: ____

____

Alcohol/Drug Use: ____

____

Psychotherapy: (psychotherapists and dates of treatment): ____________

____

____

Other Concerns (i.e., sexual abuse, romances, drug abuse, alcohol abuse, irresponsibility in Yourself):

____

____

____

____

Other Concerns (i.e., sexual abuse, romances, drug abuse, alcohol abuse, irresponsibility in Other Parent:

____

____

____

____

1) 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	☐	☐

2) Have you or any of your family (parents, brothers/sisters, aunts/uncles, grandparents) had the following:

	YES	NO
a) Manic-depressive disorder	☐	☐
b) Schizophrenia	☐	☐
c) Obsessive-compulsive disorder	☐	☐
d) Panic attacks	☐	☐
e) Autism	☐	☐
f) Epilepsy	☐	☐

3) Have you ever been:

	YES	NO
a) dishonorably discharged from the military	☐	☐
b) arrested for any reason whatsoever	☐	☐
c) investigated for alleged child abuse or neglect	☐	☐
e) subject to physical, sexual or verbal abuse	☐	☐

4) Have you disagreements or concerns with the other parent concerning the child(ren) and the following issues:

	YES	NO
a) Educational decisions	☐	☐
b) Non-Emergency medical care decisions	☐	☐
c) Religion or religious upbringing decisions	☐	☐
d) Extra curricular, sporting, cultural or social activity decisions	☐	☐
e) Driver license authorization	☐	☐
f) Permission to marry as a minor	☐	☐
g) Permission to enter the military as a minor	☐	☐

h) Other issues: ______________________________
(Specify)

H. STEPPARENT OR SIGNIFICANT OTHER

If you have been remarried or if you now share or plan to share your home with another adult, please complete the following information regarding the other adult:

Name: ____
(Include initial or suffix)

Age: ______Date of Birth: __________Place of Birth: __________________

Social Security#: __________________Driver License#: _________________

Address: ____
(Include city, state and zip)

Employer: _________________________ Position: ________________________

Employment Length: ____________Work Schedule: _______________________
(Include hours/days)

Relationship to You: ____

____

____

Relationship with the Child(ren)at Issue:_____________________________

____

____

I REFERENCES

List the names, addresses, including zip codes, and telephone numbers of people familiar with you as a parent and whom you wish to be contacted:

Name   Address   Phone

____

____

____

____

____
(Use reverse side if needed)

COMMENTS:

_______________________________________ Dated: _______________________
(Signature)