

Case # \_\_\_\_\_

**UMASS FAMILY COURT CLINIC INFORMATION SHEET – rev 2/07**

*Please fill out this form and bring to your evaluation appointment. If you have any questions about the form, please ask the clinician during your appointment.*

**1. Your Name** \_\_\_\_\_ **Date:** \_\_\_\_\_ **I am :** Male or Female (circle one)

- Do you have a lawyer for this case? Yes No (circle one)  
 Does your ex-partner have a lawyer for this case? Yes No Don't know  
 Do you have a CURRENT restraining order against your ex-partner? Yes No If yes, order expires: \_\_\_\_ (date)  
 Did you ever have a restraining order against your ex-partner? Yes No If yes, date of order: \_\_\_\_

**2. For the list below, place a #1 next to the MOST important issue in your court case. Identify any other issues in order of importance by placing numbers in the spaces provided.**

- |                                |   |
|--------------------------------|---|
| _____ Paternity                | _____ Mental illness of: Self Ex-Partner (circle one) |
| _____ Visitation               | _____ Substance Abuse by: Self Ex-Partner             |
| _____ Custody dispute          | _____ Domestic violence by: Self Ex-Partner           |
| _____ Child with special needs | _____ Ex-Partner alienates child from you             |
| _____ Child refuses visits     | _____ Child hasn't seen parent for a long time        |

Allegation of: Physical abuse \_\_\_\_ Sexual abuse \_\_\_\_ Neglect \_\_\_\_ Emotional Abuse \_\_\_\_  
 Other (specify): \_\_\_\_\_

Does DSS have an open case involving you, your former partner and the children? Yes No  
 Did DSS ever open a case involving you, your former partner and the children? Yes No  
 Number of child abuse reports (51A's) supported: \_\_\_\_\_ Number 51A's not supported: \_\_\_\_\_

**3. Parents' Relationship history:** Fill in approximate month/year

- a) Date you and your ex-partner began dating each other: \_\_\_\_\_
- b) Date you first lived together: \_\_\_\_\_
- c) Date you last lived together: \_\_\_\_\_
- d) Date of marriage (if applicable): \_\_\_\_\_
- e) Date divorce filed (if applicable): \_\_\_\_\_
- f) Name of person who filed for divorce: \_\_\_\_\_
- g) Date divorce final (if applicable): \_\_\_\_\_
- h) Number of times you separated or broke off relationship for at least 24 hours during the time you lived together and / or were married: \_\_\_\_\_

**4. List all ADULTS living in your household now, including yourself:**

First name of Adult	Sex	Age	Ethnicity (indicate number)	Role of Adult (indicate number)	Ethnicity	Role of Adult
Your first name:	M / F				1 = White 2 = Asian 3 = Hispanic 4 = Black 5 = Other	1. Biological parent 2. Stepparent 3. Live-in partner 4. Grandparent 5. Other relative 6. Other non-relative
	M / F					
	M / F					
	M / F					
	M / F					



**9. Alcohol use:**

	Please specify the <b>average NUMBER</b> of drinks per day or write “don’t know”:			Please specify the <b>average NUMBER</b> of days per week that alcohol is used or write don’t know:	
	You	Your Partner		You	Your partner
During relationship with ex-partner			During relationship with ex-partner		
After Separation or currently			After Separation or currently		

	Please specify how often <b>DURING</b> the relationship you or your ex-partner became intoxicated:			Please specify how often <b>AFTER</b> separation you or your ex-partner become intoxicated:	
	You	Your partner		You	Your partner
Never			Never		
Rarely: 1-2 times per year			Rarely: 1-2 times per year		
Every month			Every month		
Every week			Every week		
Almost daily			Almost daily		
Don’t know			Don’t know or N/A		

Type of Substance Abuse Treatment	For Which Substance	Dates YOU attended (began/ended)	Dates ex- partner attended (began/ended)
Therapy			
Detox			
Rehab Inpatient			
Rehab Outpatient			
AA/NA			

**10. Arrest Record: Father**

Specify total number of arrests: \_\_\_\_\_  
 Specify number of convictions: DUI \_\_\_\_\_ Other convictions \_\_\_\_\_  
 Spent time in prison or jail: Yes No If yes, total time spent: days \_\_\_\_\_ months \_\_\_\_\_

**Arrest Record: Mother**

Specify total number of arrests: \_\_\_\_\_  
 Specify number of convictions: DUI \_\_\_\_\_ Other convictions: \_\_\_\_\_  
 Spent time in prison or jail: Yes No If yes, total time spent: days \_\_\_\_\_ months \_\_\_\_\_

**11. Parenting history:**

Usually parents share the care of their children. For the last year that you lived together estimate what percent of the care giving each of you performed. **You \_\_\_\_\_ % + Ex-partner \_\_\_\_\_ % = 100%**

When the child(ren) were under age five, estimate percentage of time each parent performed these tasks:			
	You %	Ex-partner %	Total 100%
Basic care (e.g. bathing, feeding, changing)	_____ +	_____ =	100 %
Getting up during the night	_____ +	_____ =	100 %
Reading & playing with the child	_____ +	_____ =	100 %
Taking the child to daycare/school	_____ +	_____ =	100 %
Staying home from work when child sick	_____ +	_____ =	100 %

Please check off one column for each question:

	Not at all	Sometimes	Usually	Always
1. How satisfied were you with how you shared child care during the relationship?				
2. Was your ex-partner a good parent to your children during your relationship?				
3. Is your ex-partner currently a good parent to your child(ren)?				
4. During your relationship, did you agree about how to raise the child(ren)?				
5. Since your separation, do you agree about how to raise the child(ren)?				

Please complete for each child named in the proceeding:

	Child #1	Child #2	Child #3	Child #4
<b>Child grade in school (circle)</b>	PS K Grade ____	PS K Grade ____	PS K Grade ____	PS K Grade ____
<b>School performance</b>	Above average ____ Average ____ Below Average ____	Above average ____ Average ____ Below Average ____	Above average ____ Average ____ Below Average ____	Above average ____ Average ____ Below Average ____
<b>Special Education?</b>	Yes No	Yes No	Yes No	Yes No
<b>Child ever in therapy?</b>	Yes No	Yes No	Yes No	Yes No
<b>IF YES,</b>				
<b>Child Diagnosis</b>				
<b>Child Medications</b>				
<b>Dates of treatment</b>				

12. Listed below are a number of acts or behaviors. Has your ex-partner done any of these to you? Please check off one column for each question: first, for during the year **prior** to your separation and then since you separated.

	During the year <b>prior</b> to separating			<b>Since</b> you separated		
	Not at all	1-3 times	4+ times	Not at all	1-3 times	4+ times
Prevented you from contacting family or friends						
Restricted your use of the car or the telephone						
Made major decisions without your input						
Made you ask for money to buy the basic necessities, such as food						
Threatened to come after you if you tried to leave						
Threatened to kill you						
Threatened to kill the children						
Threatened to take children or get custody if you tried to leave						
Threatened to deny you contact with the children						
Put you down, called you names, swore at you, insulted you in public						
Said nasty things about you to the children						
Followed you around (stalking)						
Violated restraining orders						
Showed excessive jealousy by constantly questioning, accusing or monitoring you.						

	During the year <b>prior</b> to separating			<b>Since</b> you separated		
	Not at all	1-3 times	4+ times	Not at all	1-3 times	4+ times
Physically restrained you						
Pushed, shoved or grabbed you						
Threw, slapped, shook, pinned you to the floor or wall						
Pressured or forced you to have sex against your will						
Choked or strangled you, punched you with his/her fist, kicked you, hit you with something						
Threatened you with a gun, knife or other weapon.						
Other (describe)						

13. At the time of your final separation who moved out of the family home? Me Partner Both (circle one)

Who made the decision to separate? Me Partner Both (circle one)

14. Are you and your ex-partner living in separate residences at the present time? Yes No (circle one)

With whom did the children live when you separated? Me Partner Both Other  
(who) \_\_\_\_\_

With whom are the children living now? Me Partner Both Other (who)  
\_\_\_\_\_

What days and times are the children usually with you? Please specify: \_\_\_\_\_

# UMASS FAMILY COURT CLINIC

## INFORMATION SHEET

Name:		DOB:	
Address:			
Home phone: (      )		Cell phone: (      )	
Employer:			
Work phone: (      )		Fax: (      )	
E-Mail address:			
Name of your attorney:			
Address:			
Phone: (      )		Fax: (      )	
Name of your therapist:			
Address:			
Phone: (      )		Fax: (      )	
Child's Name:		Child's Name:	
DOB:		DOB:	
School:		School:	
Phone: (      )		Phone: (      )	
Fax: (      )		Fax: (      )	
Teacher:		Teacher:	
Grade:		Grade:	
Child's Name:		Child's Name:	
DOB:		DOB:	
School:		School:	
Phone: (      )		Phone: (      )	
Fax: (      )		Fax: (      )	
Teacher:		Teacher:	
Grade:		Grade:	
Children's Pediatrician:			
Address:			
Phone: (      )		Fax: (      )	
Children's Therapist:			
Address:			
Phone: (      )		Fax: (      )	

Date

Client Name

Dear :

On January 21, 2010 Judge King ordered your brief family assessment. This letter is confirmation of your appointment at the UMass Family Court Clinic on **November 9, 2009 @ 3:00 pm. Please note that \_\_\_\_\_ will be interviewed first and will bring in the children and someone to watch the children while she is in with the clinician. (This is a clinic rule which applies even if you believe your child is mature enough to wait alone.)** The clinic is located at 306 Belmont Street, Worcester, MA 01604. You will be meeting with **Dr. Linda Cavallero**. Directions to the clinic are enclosed.

We attempt to provide a safe environment for all parties to be interviewed. Many families have an active restraining order, and we have provisions to keep everyone separate when necessary. However, it is important that you arrive on time for your appointment.

You will be interviewed for approximately one hour, and will have a brief, observed interaction with your child(ren). Unless there is an active restraining order or other reason why it is contraindicated, each parent will spend time with the child(ren). Your child(ren) will also be interviewed individually. You should allow at least two and a half hours to complete the interviews and all accompanying paperwork, so please make appropriate arrangements in your schedule.

Please bring the following information with you:

- ❖ Copies of any documents important to your case. For example: court and police records, previous evaluations or DSS service plans.
- ❖ Names, addresses, phone numbers and fax numbers of all relevant professionals involved in your family. For example: school or day care personnel, DSS caseworkers, pediatricians, therapists.

Also enclosed are a Client Form and Information Sheet. Please complete these forms and bring them with you to your appointment. Your preparation will allow the evaluation to proceed as smoothly and quickly as possible.

If you have any questions about the schedule or procedures, please contact me at the UMass Family Court Clinic at 508-793-6915 between 9:00 am and 5:00 pm Tuesday through Thursday or 8:00 am and 4:00 pm on Friday.

Thank you,

Laurel Post  
UMass Family Court Clinic

cc:

Enclosures

# UMASS FAMILY COURT CLINIC

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Name:		DOB:	
Address:			
Home phone: (      )		Cell phone: (      )	
Employer:			
Work phone: (      )		Fax: (      )	
E-Mail address:			
Name of your attorney:			
Address:			
Phone: (      )		Fax: (      )	
Name of your therapist:			
Address:			
Phone: (      )		Fax: (      )	
Child's Name:		Child's Name:	
DOB:		DOB:	
School:		School:	
Phone: (      )		Phone: (      )	
Fax: (      )		Fax: (      )	
Teacher:		Teacher:	
Grade:		Grade:	
Child's Name:		Child's Name:	
DOB:		DOB:	
School:		School:	
Phone: (      )		Phone: (      )	
Fax: (      )		Fax: (      )	
Teacher:		Teacher:	
Grade:		Grade:	
Children's Pediatrician:			
Address:			
Phone: (      )		Fax: (      )	
Children's Therapist:			
Address:			
Phone: (      )		Fax: (      )	



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