

CLARK COUNTY SUPERIOR COURT
 FAMILY COURT SERVICES

FAMILY INFORMATION STATEMENT

If there is not enough room to answer any question, attach a separate page.

Name _____ Date of birth _____

Place of birth: City/State _____

Address _____

City/State/Zip _____

Phone (H) _____ Other _____

Email address _____

Employer's Name and Location: City/State _____

Names of all other persons living in your residence, including adults and children:

Name	Relationship	Date of Birth

Information about your family of origin:

Parent's/Stepparent's Names	Relationship	Location: City/State
	Birth Mother	
	Birth Father	
	Stepparent	
	Stepparent	
	Adoptive Parent	
	Adoptive Parent	
Sibling Names	Relationship: Brother/Sister/Step Sibling	Location: City/State

School History Information:

Did you graduate from High School or obtain a GED? No ___ Yes ___

Did you attend college? No ___ Yes ___

Work History Information:

Provide the following information for your past five jobs, beginning with your most recent/current position:

Employer's Name	Location: City/State	Work Hours: Starting time and ending time	Date hired and Date left

Health Information

Are you currently under a physician's care for a chronic physical ailment? No ___ Yes ___

If yes, what is the diagnosis: _____

When were you diagnosed: Month/Year _____

Are you currently disabled? No ___ Yes ___

If yes, what is the diagnosis: _____

When were you diagnosed: Month/Year _____

Have you ever been diagnosed with an emotional or mental health issue? No ___ Yes ___

If yes, what is the diagnosis: _____

When were you diagnosed: Month/Year _____

Have you ever been in treatment for a substance abuse issue? No ___ Yes ___

If yes, was the treatment: inpatient ___; outpatient ___; or both ___.

What were the completion dates of your treatment(s): Month/Year: _____

If you were in treatment your clean and sober date is: Day/Month/Year _____

Provide the following information if you are currently prescribed medication:

Medication	Purpose of Medication	Date Medication was Prescribed

Criminal History Information

Have you ever been convicted of a felony or misdemeanor criminal offense? No ___ Yes ___

If yes, are you currently on supervision or probation? No ___ Yes ___

Do you have a pending criminal case or probation violation hearing? No ___ Yes ___

Provide the following information if you answered yes to any of the above questions:

Criminal Charge	Date of Offense	Place of Offense	Sentence

List your residences during past five years and dates you lived at each.

Address	City/State	Dates of Residence

Relationship Information

When did you meet the other parent? _____

If you lived together, give dates: _____

Date married (if applicable) _____

Date of most recent separation _____

List the names and ages of your children from other relationships:

Name	Age

Are you currently in a relationship with someone other than the other parent? No ___ Yes ___

If yes, when did that relationship begin? Month/Year: _____

If you are in another relationship, does that person have children? No ___ Yes ___

If yes, how many children and what are their ages: ___ Child(ren) Age(s) _____

I declare under penalty of perjury under the laws of the State of Washington that the information I provided in this form is true and correct to the best of my knowledge.

Signed at _____ on this Date: _____
(City/State) (Month, Day, Year)

Signature

Printed Name