

Atlanta Area

Family Psychiatry Clinic, PC

7000 Peachtree Dunwoody Road
Psychiatry & Building 16, Suite 100
Atlanta, Georgia 30328-5754
Phone (770) 393-1880
FAX (770) 393-1885
www.AAFPC.net

Child, Adolescent, Adult and Family
Psychotherapeutic Services

Date ____/____/____

DATA SHEET FOR COURT RELATED SERVICES

Please complete the following information and submit prior to, or bring it to, your initial appointment. If you need additional space, please add pages. If a section is not relevant for the services Atlanta Area Family Psychiatry Clinic, P.C. is providing your family, identify such with "Not Applicable". Please provide all pertinent documents such as motions, orders, and copies of previous court related evaluations, psychological testing of you or your children, recent school evaluations and report cards, or any other materials you wish to be considered in this evaluation, prior to your initial appointment. NOTE: Please make copies of all completed materials for your files prior to submitting them to us. No materials submitted will be returned to you.

This form and all attachments are to be returned within two weeks of this date as soon as possible in order to not impede that progress of this evaluation.

Send all materials by mail or hand delivery to:

Robert M. Slayden, M.D.
Atlanta Area Family Psychiatry Clinic, P.C.
7000 Peachtree Dunwoody Road
Building 16, Suite 100
Atlanta, Georgia 30328-5754

Your name: _____ Today's Date: ____/____/____
Address: _____
Phone #: Work: _____ Home: _____ Cell: _____
Social security number _____ Driver's license number: _____
Date of Birth and Age: _____ Email Address: _____

Your children – please list all children even if they are not directly involved in this litigation, including stepchildren or the children of significant others:

Child's name	Age	Date of birth	Relationship to you
_____	_____	_____	_____
_____	_____	_____	_____

LEGAL INFORMATION:

Check one: I am the Petitioner: _____, **Respondent:** _____, **Other:** _____

Name of your attorney _____

Phone #: _____

Address: _____

If a Court hearing has been set, list date and purpose of hearing:

Date _____/_____/_____

Purpose: _____ Temporary Orders _____ Final Orders _____ Other _____

Case # _____ County _____

Judge _____

MARITAL HISTORY: Information about the marriage related to the current litigation:

When did you meet? _____ Date of marriage _____/_____/_____

Date of separation _____/_____/_____ Date of divorce _____/_____/_____

Information about current marriage (if different from above):

Date of marriage _____/_____/_____ Name of spouse _____

Spouse's DOB _____/_____/_____ Age _____

Or, are you presently contemplating marriage? Yes: ____; No: ____

Information about prior marriages (if applicable):

Date of marriage _____/_____/_____ Date of divorce _____/_____/_____

EMPLOYMENT:

Occupation:

Name and Address of Employer: _____

How long employed? _____ Typical work hours: _____

Amount/dates of vacation:

Does your work schedule ever result in your being unavailable to take care of your children (for example, long work hours, or travel)? If yes, please describe:

CONCERNS: When there is a dispute between parents regarding the best interests of their

children, one or both parents may raise concerns about the other parent and/or the other parent's environment. If this is true in your situation, please briefly describe these concerns below (use additional paper if necessary):

Are there concerns being raised about physical, emotional, and/or sexual abuse and/or emotional neglect?
Yes: ____; No: ____ If yes, describe:

Are there concerns being raised about alcohol and/or drug problems?
Yes: ____; No: ____ If yes, describe:

Are religious observances, beliefs, practices, or values in dispute? Yes: ____; No: ____
If yes, describe:

Is anyone's medical/physical health status being brought up as an issue in this litigation?
Yes: ____; No: ____ If yes, describe:

If your health status is being brought up as an issue, please answer the following questions:

Your primary physician's name: _____

Phone #: (_____) _____ - _____

Physician group: _____

Address: _____

List any medical conditions you are being treated for:

Condition: _____

Treating physician: _____

Address: _____

Phone #: (_____) _____ - _____

Condition: _____

Treating Physician: _____

Address: _____

Phone: _____

List all prescription medications you are taking:

Medication name	Purpose	Date begun
_____	_____	_____
_____	_____	_____

Nature of problem & results of treatment: _____

2) Type of treatment (individual, marital, family, etc.)

Names of family members participating:

Dates of treatment: _____ Approximate # of times seen: _____
Name of therapist: _____ Phone #: (_____) _____ - _____

Address:

Nature of problem & results of treatment:

3) Type of treatment (individual, marital, family, etc.) _____

Names of family members participating:

Dates of treatment: _____ Approximate # of times seen: _____
Name of therapist: _____ Phone #: (_____) _____ - _____

Address: _____

Nature of problem & results of treatment:

YOUR CHILDREN - (NOTE: You will need to fill out this section for each child. Make copies of if you need additional copies). Use blank sheets if you need additional space.

CHILD'S NAME: _____ Grade: _____

SCHOOL INFORMATION: How long has your child been at this school? _____

School Name: _____ Phone #: (_____) _____ - _____

Address:

Names of teachers or school counselors who know your child best:

Has your child shown any educational, emotional, or behavioral problems at school? Yes: ____, No: ____.

If yes, describe: _____

If the child were to come and live with you primarily would he/she have to change schools? _____

How is the child's performance in school? Excellent, Good, Fair, poor? _____

Do you know the child's teachers? Do you attend school conferences? _____

If not, why not? _____

Does the opposing party attend school conferences? _____

Who takes the children and/or schedules doctor/dentist appointments? _____

Who takes responsibility for involvement in extracurricular activities? _____

List extracurricular activities: _____

Does the child have access to their extended family through you? _____

What about through the opposing party? _____

Who makes purchases for the children? _____

Who attends to the special needs of the children? _____

List special needs: _____

Does either party adjust working hours based on the needs of the children? How and why? _____

Have you or the opposing party ever been involved in verbal abuse, drinking problem, poor driving record, physical or sexual abuse of the child, other illegal or other offensive behaviors? _____

If yes, please describe: _____

Does either you or the opposing party have any physical or mental problems that would interfere with the child's health and well-being? _____

Are the children old enough to state a preference as to whom they would like to live with? If so, have they stated such a preference? _____

If they have state what you understand to be their reasons: _____

DAY CARE:

Is your child in day care or with a babysitter on a regular basis? Yes: _____, No: _____.

How long has your child been with this provider? _____ Phone #: (_____) _____ - _____

Name(s) of day care provider(s): _____

Address: _____

Typical days and hours your child is at day care: _____

Social or behavioral problems at day care? Yes: _____, No: _____. If yes, describe: _____

On a separate sheet, please list prior day care providers who know your child well. Provide dates of service and contact information.

HEALTH INFORMAT ION:

Primary physician: _____

Address: _____ Phone #: (_____) _____ - _____

How long has this physician or group known your child? _____

Does your child have physical/medical problems? Yes: _____, No: _____. If yes, describe:

BEHAVIORAL/PSYCHOLOGICAL INFORMATION: Has your child ever been treated for emotional /behavioral problems? Yes: _____, No: _____. If yes, describe:

Information about counselor or therapist who has worked with your child:

Name: _____ Phone #: (_____) _____ - _____

Address: _____ Dates of treatment: _____

Outcome of treatment:

PARENTING TIME, DECISION MAKING, AND PARENTING PLAN INFORMATION:

The following section will ask you to describe your preferences in the following three areas:

1) Parenting time: When should the children be with you and when should the children be with their other parent? _____

2) Parent decision making: Who should be responsible for making important decisions (such as decisions about education, medical care, and religion)? _____

3) Parenting plan: How are other important issues regarding your children determined (such as who does the transporting for exchanges, or how will you make changes in the parenting time schedule)

Please complete all sections that are in dispute. NOTE: This section is intended to have parents begin to think about parenting time and decision-making issues. I do not expect you to have all of these issues completely thought out when you fill out this data sheet.

1) PARENTING TIME SCHEDULE:

Is there a dispute about the parenting time schedule? Yes: _____, No: _____. If there is a dispute, please complete this entire section. If there is no dispute provide us with a copy of the schedule. If your

children are in school, do they attend a traditional _____ or a year round _____ system or home school _____?

Please provide us with a copy of the most current school year calendar.

a) Current parenting time schedule: Describe the present parenting time schedule for your children. Include specific information about days and times your children are with you and with the other parent or other guardians (list days of the week and times).

The current schedule has been in effect since:

Weekends:

Weekdays:

Summers:

Holidays/Birthdays: Is there a holiday plan in effect? Yes: _____, No: _____

List holiday/birthday schedule: _____

Are you satisfied with this holiday schedule? Yes: _____, No: _____

b) Proposed parenting time schedule: What changes would you like to see in the current parenting time schedule (list days of the week and times):

Weekends: _____

Weekdays: _____

Summers: _____

Holiday Planning Information

Information about holidays: If you are satisfied and there is no disagreement with the other parent with your current holiday schedule, you do not need to complete this section. If you desire changes, there are a number of factors you should consider in developing a holiday schedule. Holiday schedules can be complicated to devise, and problems can arise when the holiday schedule is not clearly defined. For example, some holidays may be alternated (i.e., one parent has a holiday on odd numbered years, the other on even numbered years), or split (i.e., one parent has the first half of Spring break, the other the second half). Some holidays are often both split and alternated (for example, on odd numbered years one parent has the first half of holiday break and on even numbered years, the other parent has the first half). Other holidays may be added on to the time a parent has around a weekend (for example, Memorial Day goes to the parent who has the children on the weekend prior to the holiday). Holidays can also be defined as only the day itself (for example, Thanksgiving Day) or as the entire holiday break (for example, the Thanksgiving holiday from Wednesday after school until Sunday evening) or all of fall break.

When you fill out this section, please specify exact days and hours, and state whether the holiday is to be alternated or split, etc. State which parent has the holiday on odd numbered years, and which has even numbered years. Describe how you want to deal with a holiday if it disrupts the normal weekend visitation schedule. For example, if according to the schedule, you have Thanksgiving weekend, but that weekend would have normally been the other parent’s weekend, this could mean you have the children for three weekends in a row, unless some adjustment is made in the schedule. Some parents “restart” the schedule, so that in the example above, the weekend after Thanksgiving would go to the parent who did not have Thanksgiving. Some parents decide to continue the regular parenting schedule after the holiday, even if it means that one parent may have the child(ren) for more than one weekend consecutively.

Proposed holiday schedule:

New Year’s Eve: _____

New Year’s Day: _____

Spring Vacation: _____

July 4th: _____

Thanksgiving: _____

Winter Break including Religious holidays: _____

Monday Holidays (Memorial Day, President’s Day, Labor Day, Columbus Day, Martin Luther King

Day): _____

The parent who has the prior weekend should also have the Monday holiday? Yes: _____, No: _____

Additional proposals for Monday holidays: _____

Friday School Holidays (teacher planning days, etc.)

The parent who has the following weekend should also have the holiday? Yes: _____, No: _____

Additional holidays specific to your child's school:

Birthdays & Parents' Days schedule:

Child(ren)'s Birthdays: _____

Parent's birthdays: _____

Mother's Day: _____

Father's Day: _____

Proposals for religious holidays or special days your family celebrates or observances:

DECISION MAKING:

Please complete this section if there is a dispute about how major decisions are to be made.

Note: Major decision-making does not include day-to-day decisions, which may be made by the parent who has the children without the need to discuss the decision with the other parent. Day-to-day decisions include, but are not limited to, minor discipline, minor medical and dental care, curfew, chores, allowance, dress and hygiene. Major decisions typically include, but are not limited to, school choice, athletic team participation, major medical and dental care, extra-curricular activities and religious participation. Options for divorced parents making major decisions include jointly making decisions, one parent making all major decisions, or dividing up decision-making areas between the parents. When disputes arise in joint decision-making, parents may have one parent decide, mediate, arbitrate, litigate, or get advice from a consultant. Current arrangement for decision-making: Describe how major decisions (schooling, activities, medical care, etc.) are currently made:

Would you like to see this arrangement changed? Yes: _____, No: _____

Proposals for major decision-making: In this section, please select from various options for how you would like decisions to be made. If you need further education or discussion of options you may note such.

Medical, dental and mental health decision-making proposal

By law, under emergency circumstances, it is sufficient for either party to sign legal releases or to take other necessary measures. Each parent may have access to medical, dental and mental health records pertaining to the minor child(ren). In the event of a dispute about the necessity of or the type of medical treatment provided to the minor child(ren), either parent shall be allowed to obtain necessary medical treatment for the minor child(ren) without being in violation of the parenting time order or in contempt of court. Both parents agree to advise the other parent immediately of any emergency medical/dental care sought for the child(ren), to cooperate on health matters pertaining to the child(ren), and to keep one another reasonably informed. Both parents agree to keep each other informed as to names, addresses, and telephone numbers of all medical/dental care practitioners.

_____ The Mother or Father or Other _____ (indicate one) shall have the final decision-making responsibility regarding major medical/dental/mental health decisions for the child(ren),

OR

_____ The parents will make major medical/dental/mental health decisions together, except for emergency situations as noted above,

OR

_____ Other (describe) _____

If the parents jointly make decisions, but do not reach an agreement, then resolution will be sought for the If the parents jointly make decisions, but do not reach an agreement, then the dispute will be resolved through (choose one)

_____ Binding Arbitration or _____ Mediation or _____ Litigation and Court or

_____ Other (describe) _____

Educational decision-making proposal

Note: By law each parent shall have access to school records pertaining to their minor child(ren). Each parent has the right to participate in school conferences, events, and activities, and the right to consult with teachers and other school personnel.

_____ The Mother or Father or Other _____ (circle one) shall have the final decision-making responsibility regarding major educational decisions for the child(ren),

OR

_____ The parents will make major educational decisions together

If the parents jointly make educational decisions, but do not reach an agreement, then the dispute

will be resolved through (choose one)

Binding Arbitration or Mediation or Litigation and Court or
 Other (describe): _____

Religious education decision-making proposal

Proposals concerning current religious practices, if any:

Each parent may take the child(ren) to a church or place of worship of his/her choice during the time the child(ren) is/are in his/her care.

The parents agree that the child(ren) may be instructed in the _____ faith.

Future (and/or current, if there is no agreement above) decision making:

The parents will make decisions regarding the child(ren)'s religion together,

OR

Other (describe) _____

If the parents jointly make religious decisions, but do not reach an agreement, then the dispute will be resolved through (choose one)

Binding Arbitration or Mediation or Litigation and Court or
 Other (describe): _____

Other information about religious issues:

Extra-curricular and recreational activities decision-making proposal

The parents will confer regarding the child(ren)'s participation in, and payment of such activities. Each parent has final decision-making authority and financial responsibility for participation that occurs solely during that parent's parenting time.

The Mother/Father (circle one) shall have the final decision-making responsibility regarding the child(ren)'s activities which occur during both parents' parenting time,

OR

The parents will make decisions regarding activities which occur during both parents' parenting time together,

OR

Other (describe) _____

If the parents jointly make extra-curricular decisions, but do not reach an agreement, then the dispute will be resolved through (choose one)

Binding Arbitration or Mediation or Litigation and Court or
 Other (describe): _____

Proposal regarding other significant decisions (i.e. General welfare issues, driving, car, college, decisions about a variety of important decisions, such as if and at what age the children's ears are pierced, etc.)

The Mother or Father or Other _____ (circle one) shall have the final decision-

making responsibility regarding other significant decisions regarding the child(ren),

OR

_____ The parents will make other significant decisions regarding the child(ren) together,

OR

_____ Other (describe) _____

If the parents jointly make other significant decisions, but do not reach an agreement, then the dispute will be resolved through (choose one)

_____ Binding Arbitration or _____ Mediation or _____ Litigation and Court or

_____ Other (describe) _____

OTHER PARENTING PLAN ISSUES

This section concerns other important parental decisions. If you already have agreements about any of these areas, provide us with copies of the written agreements. If not, please state your preferences in this section.

Decisions about the use of mediation

If you want to use mediation and it fails, how would you want the dispute to be resolved?

_____ the final decision will be determined by Binding Arbitration or

_____ the final decision will be determined by the Court or

_____ the final decision will be determined by Mother/Father or

_____ other(describe) _____

Would your preference apply to all areas of decision- making? Yes: _____, No: _____

If not, describe how you would like to see each area dealt with:

Proposal for long term changes in parenting time

_____ The Mother or Father or Other _____ (circle one) shall have the final decision-making responsibility regarding the change in the legal residence of the child(ren),

OR

_____ The parents shall make the final decision regarding a change in the legal residence of the child(ren) together. If the parents do not reach an agreement, then (choose one),

OR

_____ Other (describe): _____

If the parents jointly make other significant decisions, but do not reach an agreement, then the dispute will be resolved through (choose one)

_____ Binding Arbitration or _____ Mediation or _____ Litigation and Court or

_____ Other (describe): _____

Proposal for short term changes in parenting time

_____ The parents may change the child(ren)'s weekday and weekend schedule by mutual agreement

and with at least _____ days/weeks' notice to the other parent.

If the schedule needs to be changed, do you have an agreement as to how this is to be done?

_____ Yes _____ No. If yes, please describe the agreement. If you have an agreement, what changes, if any, would you like to see? If you don't, please describe how you would like to see this work (i.e. amount of notice, should there be makeup time if there is parenting time that needs to be missed?)

Emergencies (other than medical)

Both parents understand that, by law, under emergency circumstances, it is sufficient for either party to sign legal releases or to take other necessary measures. Other arrangements you would like to see:

Removal of the child(ren) from the State of Georgia

Removal refers to one of the parties moving out of the State of Georgia and changing the legal residence of the child(ren)

_____ The Mother/Father (circle one) shall have the final decision-making responsibility regarding the removal of the child(ren) from the State of Georgia, OR

_____ The parents will make decisions regarding the removal of the child(ren) from the State of Georgia together. If the parents do not reach an agreement, then the dispute will be resolved through (choose one)

_____ Binding Arbitration or _____ Mediation _____ Litigation and Court or _____

Other (describe): _____

Proposals for the Child(ren)'s travel

The parents agree that should either of them travel out of the area with the child(ren), that parent will keep the other parent informed of travel plans, address(es), and telephone number(s) where that parent and the child(ren) can be reached,

OR

_____ Neither parent shall travel out of the area with the child(ren) for longer than _____ days without the prior written consent of the other parent or order of the Court, OR

_____ Other arrangements regarding the child(ren)'s travel:

Proposals for grandparent and other significant caretaker visitation

The child(ren) may visit with their maternal grandparents as follows:

The child(ren) may visit with their paternal grandparents as follows:

The child(ren) may visit with _____ (other significant caretaker) who is _____ (describe relationship) as

follows:

Proposal for telephone access

_____ Each parent may have telephone contact with the child(ren) during the child(ren)'s normal waking hours, OR _____ Other (describe specifically how telephone contact should work):

Transportation

Describe how you would like your child(ren) transported for exchanges. Are there some special considerations (where the children are exchanged, who else present, etc.): _____

Proposals for other areas

Please specify other issues you want dealt with in your parenting plan. It is sometimes very important to spell out other parenting issues, especially if there is a parent history of not being able to agree about what is best for the children. For example, what clothing, toys, and equipment will go back and forth between both households? Do you need an agreement about how to deal with clothing that is not returned? Do you want to cooperate and jointly purchase some "big items" like bicycles, skiing equipment, musical instruments, etc.? When there are special events, do you want to have the parent who is taking pictures of the event to make duplicate copies? Do you want to specify what important reminder items the children will be encouraged to have in each of their rooms, such as pictures of the other parent?

Other pertinent information that I as evaluator should know: _____

I attest that the information provided is accurate as possible. Signature _____

Printed name: _____