



MacGregor Behavioral Health Services, LLC
1400 Proline Place, Suite 1000 Gettysburg, PA 17325
717.337.3005 phone 717.337.3301 fax
www.MacGregorBHS.com ~ Office@MacBHS.com

Custody Evaluation Information

MOTHER'S INFORMATION

NAME _____

ADDRESS _____

PHONE NUMBERS _____ EMAIL _____

MOTHER'S ATTORNEY

NAME _____ PRACTICE _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

FATHER'S INFORMATION

NAME _____

ADDRESS _____

PHONE NUMBERS _____ EMAIL _____

FATHER'S ATTORNEY

NAME _____ PRACTICE _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

CHILD(REN)'S INFORMATION (only list children involved in the custody case)

CHILD 1 NAME _____ AGE _____ Male Female

CHILD 2 NAME _____ AGE _____ Male Female

CHILD 3 NAME _____ AGE _____ Male Female

CHILD 4 NAME _____ AGE _____ Male Female

CHILD'S / OTHER ATTORNEY

NAME _____ PRACTICE _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

COUNTY OF COURT CASE _____ JUDGE _____

NAME(S) OF INDIVIDUAL(S) RESPONSIBLE FOR PAYMENT _____

EVALUATION REQUESTED:

COMPREHENSIVE CUSTODY EVALUATION (all family members evaluated)

COMPREHENSIVE PARENT EVALUATION – Name of parent being evaluated: _____

Is there a date for when you need the evaluation completed? _____

Custody Evaluation Information (continued)

LIST ALL INDIVIDUALS RESIDING IN MOTHER'S HOME

NAME _____	AGE _____	RELATION TO MOTHER _____
NAME _____	AGE _____	RELATION TO MOTHER _____
NAME _____	AGE _____	RELATION TO MOTHER _____
NAME _____	AGE _____	RELATION TO MOTHER _____
NAME _____	AGE _____	RELATION TO MOTHER _____

LIST ALL INDIVIDUALS RESIDING IN FATHER'S HOME

NAME _____	AGE _____	RELATION TO FATHER _____
NAME _____	AGE _____	RELATION TO FATHER _____
NAME _____	AGE _____	RELATION TO FATHER _____
NAME _____	AGE _____	RELATION TO FATHER _____
NAME _____	AGE _____	RELATION TO FATHER _____

Does anyone involved in the evaluation have an ethnic/racial background other than white/Caucasian? Yes NO

Does anyone involved in the evaluation have a primary language other than English? Yes NO

Does anyone involved in the evaluation have a visual or hearing impairment? Yes NO

Is there any adult involved in the evaluation who cannot read at a 5th grade level? Yes NO

Does the custody situation have any of the following allegations or characteristics (based on either parent's opinion)?

- | | |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input type="checkbox"/> Child special needs or disabilities (specify: _____). | |
| <input type="checkbox"/> Child mental health or behavior issues (specify: _____). | |
| <input type="checkbox"/> Parental mental health issues (specify: _____). | |
| <input type="checkbox"/> Child physical abuse | <input type="checkbox"/> Relocation with child(ren) |
| <input type="checkbox"/> Child sexual abuse | <input type="checkbox"/> Parental disparagement / alienation |
| <input type="checkbox"/> History of domestic violence | <input type="checkbox"/> Parental substance abuse / misuse |
| <input type="checkbox"/> Parental anger management | <input type="checkbox"/> Parental Legal / Criminal issues |
| <input type="checkbox"/> Child abduction or flight risk | <input type="checkbox"/> Parental sexual problem or issue |

Is there any additional information that would assist in identifying the issues that will need to be evaluated?