



*North Texas Family Services*  
*Lauren Gordon, LCSW*

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Mailing address:

8301 Lakeview Parkway Suite 111-131, Rowlett TX  
75088

Telephone: 214.675.3978

Interview office:

2411 Wesley Street, Suite 303, Greenville, TX

[www.ntxfamilyservices.com](http://www.ntxfamilyservices.com)

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**PARENTING REFERENCE QUESTIONNAIRE**

You are being asked to participate in a child custody evaluation. The purpose of the evaluation is to make recommendations to the court when parents cannot agree on the best parenting plan for their child or children. Each parent has been asked to identify references to complete a questionnaire about their parenting. Your participation is voluntary. **Your responses are not confidential** - they may be shared with the court, the attorneys, and the parties involved in this suit. You may be called and asked additional questions about your responses.

Please do not return your response to the parent who asked you to complete this questionnaire. Send your completed questionnaire *as soon as possible* directly to:

Lauren Gordon, LCSW  
8301 Lakeview Parkway Suite 111-  
131,  
Rowlett TX 75088

Please answer the following questions as completely and objectively as possible, confining your answers to what you have first hand knowledge of. You may use additional paper if necessary but please use **only 8 ½ x 11 inch** paper and **write on only one side**.

1. Your name, address, and telephone number.

Date Completed: \_\_\_\_\_

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2. Full name of the person who asked you to complete this questionnaire (“this parent”):

**This parent:**

3. What is your relationship with this parent? How long have you known them? How often do you have contact with them? When was the last contact?

4. Do you know the child or children in this case? How often do you see them?

5. How often have you seen this parent and the child or children together? Based on those observations how would you describe their relationship?

6. Based on your observations of this parent and their child or children, describe their strengths and weaknesses as a parent.

7. Have you ever had any concerns about this parent related to emotional stability, substance use, anger, or other topics that may impact a person’s ability to parent? If so, describe.

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**The other parent:**

- A. Do you know the other parent? **If not stop here.**
- B. What is your relationship with the other parent? How long have you known them? How often do you have contact with them? When was the last contact?
- C. How often have you seen the other parent and the child or children together? Based on those observations how would you describe their relationship?
- D. Based on your observations of the other parent and their child or children, describe their strengths and weaknesses as a parent.
- E. Have you ever had any concerns about the other parent related to emotional stability, substance use, anger, or other topics that may impact a person's ability to parent? If so, describe.

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**Other**

Any additional observations or information that you believe an evaluator should know?

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