



# CLIENT QUESTIONNAIRE CIVIL CITATION

**Child's Name:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_ **Date:** \_\_\_\_\_

- 1. How did you feel when you got into trouble?**
  
- 2. Where there any consequences** *(include legal as well as home)?*
  
- 3. What rules do you have at home and how are these rules enforced?**
  
- 4. Describe your friends; what kind of activities do you like to do both alone and with friends?**
  
- 5. What are your values?** *(Tell me about how you were raised. Give an example of something you learned from your parents.)*
  
- 6. What abilities and skills do you have? What weaknesses / limitations do you have?**
  
- 7. Do you get along with your family?**

Family Member Name	Age	Relationship	Live in the Home?

**8. Are your biological parents:**

Married       Separated       Divorced       Never Married       Deceased

- a. How old were you at the time of separation / divorce / death: \_\_\_\_\_
  - b. How would you describe your adjustment?
  - c. Where does the noncustodial parent live (*divorce*)?
  - d. How often do you see this parent? (*visitation arrangement*)
  - e. Describe your relationship with your noncustodial parent:
  - f. Has either parent remarried?       YES       NO
9. Have your parents ever been incarcerated? If so, please describe:
10. What are your thoughts and expectations for this program?