



**AFFIDAVIT AND BEYOND CONTROL
OF PARENT EVALUATION FORM**

This Beyond Parental Control Evaluation Form and Affidavit is mandatory and shall accompany any complaint/petition of Beyond Parental Control submitted to the Court. No complaint/petition of Beyond Parental Control shall be filed with a Court Designated Worker unless accompanied by this form, completed in full, to the best of the petitioner's knowledge and ability. If the answer to a given section is "None", "Not applicable", "Unknown", that section shall be answered accordingly.

This form shall be typed or printed and shall be clearly legible. Please use additional sheets if more space than allotted is necessary to fully answer a question. Please attach any forms or documents relevant to this evaluation form. Please include letters from doctors, therapists or other agencies that you have used to try to resolve the problems you have had with your child.

1. Child's Information

Child's Name: _____ DOB: _____
SS#: _____ Gender: M F Race: _____
School: _____ Grade: _____ Special Education: _____
Name of Parent(s) or Guardian (including step-parents): _____

Address: _____
Home Phone: () _____ Work Phone: () _____
Child's Address: _____
Name(s), age(s) and relationship of other residents in the home: _____

Are both parents actively involved even if they live in separate homes? _____

2. Efforts Made by Parents/Guardians To Improve Beyond Control Behaviors

3. Which behavior(s) results in danger to the child or others (i.e. drugs, alcohol, tobacco, gang involvement, sexual activity, aggressive or violent behavior, destruction of property, self-harm (cutting or self-mutilation), physical violence, among others) _____

4. When did this behavior begin? _____

5. Why do you think the behavior(s) began? _____

6. Is your child under any new medications which may cause mood or personality changes? _____

7. Who is your child's doctor? Date of last visit? _____

8. Have you discussed your concerns with your child? If so, what information did you learn that might be helpful for the court to know? _____

9. What privileges have you taken away? _____

10. How have you attempted to structure your child's time (i.e. rules for after-school; set aside time for homework; bed time; meal time; other routines)? _____

11. Does your child have a curfew? If yes, time? _____

12. How many times per week does your child meet his/her curfew? _____

13. What is a typical consequence for missing curfew? _____

14. What time does your child regularly go to bed? _____

15. What time does your child regularly wake up? _____

16. Please list the three most significant influences on your child's behavior and how you feel your child's beyond control behaviors are related to these. _____

17. Do you have any specific concerns about your child's friends? If so, please list those concerns. _____

18. List the places your child and his/her friends hang out. _____

19. Is your child employed? Where? How many hours per week? What times of day? _____

20. Does your child have a history of having trouble interacting with peers? If so, give examples: _____

21. Is your child in school? If yes, name of school. If no, explain why. _____

22. Please list the number of disciplinary actions taken against your child within the past school year:
_____ Suspensions _____ Detentions/Saturday School _____ Other: please specify: _____

23. Have your child's grades changed? _____

24. Thinking back on the past school year, about how many days was your child absent from school? _____
Have you ever been contacted by the school about his/her attendance? _____

25. How are other family members responding to the child's behaviors? _____

26. What major events have taken place within the last couple of years? Who? When?

Death in the Family _____

Divorce _____

Major Illness _____

Change of Residence _____

Lack of Permanent Residence _____

Friends Change _____

School Change _____

A change in the number of people in the household _____

Marriage _____

Change in parent's employment _____

Other _____

27. Is your child currently in counseling? If yes, how long have they been going? When was their last session? _____

Have you attempted family sessions? _____

28. Has your child ever been hospitalized for these behaviors? _____

29. In a typical day, when is your child unsupervised? _____

30. Does anyone in the child's family use drugs/alcohol/tobacco? If yes, please describe.

31. What would you like to see happen with your child? _____

32. What do you expect of the Court? What do you want the Court to do about the situation with your child?

33. Family Information

Marital Status: Single Married Divorced Widowed Other _____

Employment: _____

Active EPO/DVO: Yes No If yes, what county: _____

Domestic violence unreported: _____

Frequency of Displacement/Homelessness: _____

Child & Family medical conditions/illness: _____

Other: _____

34. Parenting Issues:

Child refuses to follow house rules: _____

Sibling relationships: _____

Suspected gang involvement: _____

Suspected drug involvement: _____

Suspected alcohol use: _____

Other: _____

35. Agencies Involved:

Mental Health Professional/Comp Care: _____

Child Protective Services: _____

Physician/Psychiatrist/Psychologist: _____

Counseling: _____

Family Intervention Services: _____

Other: _____

This form was:

Prepared by: _____
Name

Relationship to Child

Phone No. and Email

Date

Affidavit

I, _____, the undersigned Affiant, state that I have read the foregoing and that the matters stated herein are true to the best of my information, knowledge, and belief.

Signature

Printed name

SWORN TO before me this _____ day of _____, 2_____.

Name _____

Title _____