



Stephen G. Newton, Ph.D.
425 First Street, Suite E
Los Altos, CA 94022
(650) 949-2440
Fax (650) 949-2439
snewton@plusfoursolutions.com

Family Name _____

I have been court-appointed to perform an impartial evaluation of comparative custodial fitness, often referred to as a Child Custody Evaluation. My task is to evaluate the parents and/or caretakers involved in the above-referenced case and prepare a report for the Court. One of the parties involved in the case has indicated that you may have information that would be useful to me in preparing my report for the Court.

You will find a Questionnaire form enclosed. I ask that you complete the information requested to the best of your ability. When possible, include specific examples of what you have observed with regard to the family. After you complete the questionnaire, I may need to talk further with you about your responses. Although some time may pass before you are contacted by me, you need to be aware that if you agree to talk with me, notes will be taken. Additionally, it is possible that the information provided by you, either through your written responses or verbal communications, will appear in my report. This report will most likely be read by both parents and/or caretakers. You must also be aware that if information provided by you is included in the report, you will be identified as the source of that information. As a result, it is possible that you could be asked to testify about the information you provide to me.

Advising the Court in this type of situation is an extremely difficult task. To some degree, I am dependent upon the willingness of people who know the family to share information with me. I recognize that sharing information is difficult, especially knowing that it cannot be kept confidential. Nevertheless, please recognize that the best interests of the children are served by a thorough evaluation, which is based upon truthful information obtained from people such as you.

If you have any additional questions about this process, please contact me at the phone number provided. I would appreciate it if you could complete the information requested and return it to me at your earliest convenience either via fax, email or mail. Thank you for your participation.

Sincerely,

Stephen G. Newton, Ph.D.
Licensed Clinical Psychologist
Court Appointed Neutral Evaluator

Collateral Contact Questionnaire

Name of family being evaluated _____

Your name _____ Phone number _____

Your relationship to the family being evaluated _____

Use separate pages for responses, do not write here

1. How would you characterize your relationship with each of the parents? Are you related biologically or by marriage to either of the parents?
2. Estimate how recently and how often you had or have had face-to-face contact with both of them.
3. Please describe what you have observed regarding each parent's behavior toward their child(ren). Please describe specific situations or examples.
4. Describe what you have observed about how each parent disciplines the child(ren).
5. Describe your observations of each parent's use of force such as slapping, physical or verbal threats, hitting, pushing, or any other like behavior.
6. Do you have any concerns about the parenting skills of either parent?
7. Are you aware of any use of drugs or the abuse of alcohol by either parent?
8. Describe how the parents communicate with each other.
9. How has each parent described the other parent to you?
10. What is your understanding of what each parent has told the child(ren) about the other parent?
11. What is your understanding of who took primary responsibility for the day-to-day care of the child(ren)?
12. Is there anything else you would like to share with me about either of the parents that I have not asked?

Consent: I understand that the information I provide to Dr. Newton is to be an accurate account of what I have observed with regard to the above-mentioned family. I have not exaggerated, minimized or altered this information in any way. I understand that this information may appear in a report prepared by Dr. Newton, and that Dr. Newton may contact me to discuss the information.

Print Name _____

Signature _____

Date _____