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## HOME STUDY DOCUMENTS CHECKLIST FOR DISPUTED CUSTODY

- \_\_\_ CHILD ABUSE HISTORY CHECK, NOTARIZED AND MAILED AS SOON AS POSSIBLE  
(TAKES THE LONGEST TO HAVE RETURNED)
- \_\_\_ SIGNED RELEASE OF CONFIDENTIALITY
- \_\_\_ COPY OF BIRTH CERTIFICATES (PARENTS AND CHILD)
- \_\_\_ COPY OF MARRIAGE LICENSE(S)/ DIVORCE DECREE(S)
- \_\_\_ COPY OF DRIVER'S LICENSE(S)
- \_\_\_ COPY OF MILITARY DISCHARGE (IF APPLICABLE)
- \_\_\_ ADULT HISTORY FORM FOR BIOLOGICAL PARENT AND STEP PARENT COMPLETED
- \_\_\_ PHYSICIAN'S STATEMENT OF HEALTH FOR ADULT COMPLETED
- \_\_\_ ESTIMATED INCOME FORM COMPLETED
- \_\_\_ COPY OF TAX RETURNS FROM PAST 2 YEARS
- \_\_\_ COPIES OF FINANCIAL RECORDS, LIFE INSURANCE POLICIES, STOCK, INVESTMENTS,  
BANK STATEMENTS, ETC...
- \_\_\_ CHILD(REN) HISTORY FORM COMPLETED
- \_\_\_ PHYSICIAN'S STATEMENT OF HEALTH FOR CHILD(REN) COMPLETED
- \_\_\_ COPY OF CHILD(REN)'S IMMUNIZATION RECORD(S)
- \_\_\_ SCHOOL RECORD FORM SUBMITTED TO SCHOOL FOR COMPLETION
- \_\_\_ DAY CARE RECORD FORM SUBMITTED TO DAYCARE FOR COMPLETION
- \_\_\_ NAMES, ADDRESSES, TELEPHONE NUMBERS OF DOCTORS/ THERAPISTS YOU OR  
THE SUBJECT CHILD(REN) HAVE SEEN
- \_\_\_ NAMES, PHONE NUMBERS, ADDRESSES OF ANY INDIVIDUALS YOU ARE REQUESTING  
THAT INVESTIGATOR INTERVIEW (SEPARATE FROM REFERENCE QUESTIONNAIRE  
AND LIMITED NUMBER)