



# Parenting Questionnaire

## Introduction

Unless you are required to file an affidavit, you must file this Questionnaire with your *Initiating Application (Family Law)* or your *Response to Initiating Application (Family Law)* in a parenting proceeding.

You have a duty to the Court and each other party under Rules 6.01 and 6.05 of the *Federal Circuit and Family Court of Australia (Family Law) Rules 2021* to give full and frank disclosure of all information relevant to the case in a timely manner.

You must sign and date each page of the Questionnaire. Attach extra pages if you need more space to answer any questions.

You must also sign the statement of truth on the last page of the Questionnaire.

The other party will also complete the same Questionnaire, unless an affidavit is required to be filed.

**NOTE: If you consider that answering a question in this form could put your safety at risk, you do not have to provide details. Please insert 'Nil answer due to risk concerns'.**

## Some tips for completing this Questionnaire

- 1 DO raise any concerns you may have about your own or your children's safety with the judge or registrar at the earliest possible moment.**
- 2 DO complete the Questionnaire yourself, in your own words.**
- 3 DO think about your answers from the viewpoint of what is in the best future interests of your child/ren. Try to put yourself in your children's shoes and answer in a way that tells the Court what you think the children want the situation to be. Your children have a right to know and be cared for by both parents and will usually want to maintain the best possible relationship with both.**
- 4 DO put aside your differences and think about the future. Approach the job of completing this Questionnaire not from a position of 'winning' or 'punishing' the other party but think about how you can help the Court find the best solution for all concerned.**

**REMOVE THIS PAGE BEFORE FILING**

# Parenting Questionnaire

Federal Circuit and Family Court of Australia (Family Law) Rules 2021 – rule 8.09

**Please type or print clearly** and mark [X] all boxes that apply. Attach extra pages if you need more space to answer any questions.

Filed in:

- Federal Circuit and Family Court of Australia (Division 1)  
 Federal Circuit and Family Court of Australia (Division 2)

COURT USE ONLY

Client ID \_\_\_\_\_

File number \_\_\_\_\_

Filed at \_\_\_\_\_

Filed on \_\_\_\_\_

Court location \_\_\_\_\_

## About your circumstances now

1. Your full name and occupation

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2. What is your relationship to the children in this case?

- Mother  Other relative (state relationship) \_\_\_\_\_  
 Father  Other (give details) \_\_\_\_\_  
 Grandparent

3. Are you in paid employment?

- No**  
 **Yes** WHAT IS THE NAME OF YOUR EMPLOYER AND AT WHAT ADDRESS DO YOU WORK?\*

Employer name

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Employer address

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|-------|----------|
|       |          |
|       |          |
| State | Postcode |

**\*If you consider that answering this question could put your safety at risk, you do not have to provide these details.**

4. What are your hours of work?

\_\_\_\_\_ hours per day adding up to \_\_\_\_\_ hours per week

Usually between \_\_\_\_\_ am/pm and \_\_\_\_\_ am/pm.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



5. On which days of the week do you work?

\_\_\_\_\_

6. How long does it take you to travel to and from where you work?

\_\_\_\_\_minutes/hours

7. If you are not in paid employment, what is the source of your financial support?

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8. Do you own your own home?

**Yes**

**No**

9. If no, do you rent your home, are you boarding or other?

Rent

Board

Other, provide description:

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10. Who else usually lives at this home with you or regularly visits and stays overnight?  
Please provide their name, age and relationship to you.

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11. Do you suffer from any medical condition which requires supervision by a medical practitioner or for which you take prescribed medication or which could affect your ability to supervise and care for a child? If so, please provide details.

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Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



12. Do you now have or have you in the past had any problems with drug or alcohol abuse?

If so, please provide details.

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13. Have you or any person with whom the child resides or has contact:

- been involved in child welfare proceedings in a State or Territory Court or been the subject of notification to and/or investigation by any child welfare authority?
- been found to have breached orders
- committed an offence under the *Family Law Act*? If so, please provide details.

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## About safety issues

14. Are there any current Family Violence Orders in the State or Territory in which you are currently residing or any other State or Territory, or have there been any in the past which affect you, any of the children in this case or a member of the child/ren's family? If so, please provide details.

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15. Do you have any concerns about being hurt, threatened or intimidated while you are attending Court?

No

Yes, please provide details:

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16. Are you comfortable being in the same room as the other party?

Yes

No

17. Do you have any other concerns about your safety or the children's safety other than while attending Court? If yes, what are those concerns?

No

Yes

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Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## The current parenting arrangements

18. What are the names and ages of the children this case is about?

| Family Name | Given Names | Age |
|-------------|-------------|-----|
| Child 1:    |             |     |
| Child 2:    |             |     |
| Child 3:    |             |     |
| Child 4:    |             |     |

IF MORE, PLEASE ATTACH A LIST

19. Is there another parent who is NOT a party to the case?

No

Yes, please provide details:

Name

Address

|  |          |
|--|----------|
| <input type="text"/><br><input type="text"/> |          |
| State  | Postcode |

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|--|--|---|
| <p><b>ANSWER THE FOLLOWING QUESTIONS SEPARATELY FOR EACH CHILD WHERE THE ANSWERS ARE DIFFERENT. EITHER ADD AN EXTRA PAGE OR PHOTOCOPY THESE PAGES BEFORE YOU START WRITING ON THEM</b></p> | <p><b>Example of answer Item 29</b></p> <p>SLEEPING<br/>         Child 1: own room<br/>         Child 2 &amp; 3: shared<br/>         Child 4: own room</p> | <p><b>Please try to keep answers to your questions as short as possible as per this example</b></p> |
|--|--|---|

20. What is the address at which the children currently live most of the time?

Address

|  |          |
|--|----------|
| <input type="text"/><br><input type="text"/> |          |
| State  | Postcode |

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

21. Who else other than the children listed in Item 18 lives, or regularly stays at, the address referred to in Question 20 with the children and what is their relationship to you and/or the children? **Do not include the other children listed in Item 18.**

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|--------------------------------|
| Name _____                     |
| Relationship to you _____      |
| Relationship to children _____ |

22. How much time do the children currently spend with each parent/party?

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23. How long have the above living arrangements been in place?

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24. What is the distance between your home and the home of the other parent/party?

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25. How do the changeovers between you and the other parent/party take place?

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26. Do you have a motor vehicle available for your use most of the time?

**Yes**

**No** IF NOT, HOW DO YOU TRANSPORT YOURSELF AND/OR CHILDREN?

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27. While the children are spending time with you do they have any communication with the other parent/party?

**No**

**Yes**, please provide details:

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Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



28. Do the children spend time or communicate with other extended family members such as grandparents, aunts and uncles etc?

**No**

**Yes** HOW MUCH, HOW OFTEN AND WITH WHOM?

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29. Describe the current accommodation and arrangements for the children when they are with you, including sleeping, entertainment, homework support, if relevant, and other facilities for them.

**SLEEPING** (e.g. own room, room shared with other children, etc)

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**ENTERTAINMENT**

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**HOMEWORK SUPPORT (IF RELEVANT)**

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**OTHER FACILITIES FOR THE CHILDREN**

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Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**CHILD CARE ARRANGEMENTS**

30. If the children are staying with you at any time when you work away from the home what are the arrangements for their care while you are at work?

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31. What are the arrangements for supervising your children during school holiday periods when they are staying with you?

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**SCHOOLING**

32. If applicable, what school/s do the children attend, and what class/year?

| Childs name | School | Class/year |
|-------------|--------|------------|
| Child 1:    |        |            |
| Child 2:    |        |            |
| Child 3:    |        |            |
| Child 4:    |        |            |

IF MORE, PLEASE ATTACH A LIST

33. How long does it currently take the children to travel to and from school?

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34. How do the children travel to and from school when they are staying with you?

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35. What are the current before and after school care arrangements for the children while they are staying with you?

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36. Is there anything special about the child's schooling requirements or arrangements that the Court should know about?

- No**
- Yes** PLEASE SPECIFY:

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Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_





37. Do the children have any regular out of school activities, such as social activities, hobbies, sporting including weekend activities?

**No**

**Yes**, PLEASE SPECIFY. INCLUDE HOW THEY ARE ASSISTED BY YOU AND THE OTHER PARTY TO BE INVOLVED.

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38. Please provide brief details of any close relationships any of the children have at their school and in the neighbourhood where you live.

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**HEALTH**

39. Do the children have any health or medical problems, including any special dietary needs?

If so, please specify what these are and how they are managed.

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40. Do the children require regular medication and/or frequent or regular visits to a medical practitioner or health worker?

**No**

**Yes**, PLEASE PROVIDE DETAILS

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Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



**FINANCIAL SUPPORT**

41. Do you pay/receive child support to/from the other parent?

**No**

**Yes** I pay/receive (DELETE WHICH DOES NOT APPLY) \$\_\_\_\_\_ monthly in total for:

(INSERT CHILDREN'S NAME/S)

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

42. Is the child support collected by the Child Support Agency (CSA) or privately?

CSA

Private

43. Are there any amounts of child support owing to or from you?

**No**

**Yes** PLEASE PROVIDE DETAILS

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44. Do you pay/receive any additional agreed payments for the child/children's financial support? (For example, school fees, medical expenses or insurance, etc.)

**No**

**Yes** PLEASE PROVIDE DETAILS

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Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



## Future Parenting Arrangements

In making decisions about the future care arrangements for the child, the judge will want to consider a wide range of educational, social/relationship, environmental and economic factors that may affect the child's daily life. (If you intend the future arrangements to be the same as the current ones, write 'Same as current' for all questions 45 to 58 where relevant.)

45. Where do you propose the children will usually live in the future:

### DURING SCHOOL TERMS

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### DURING WEEKENDS

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### DURING SCHOOL HOLIDAYS

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Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



46. Describe sleeping arrangements, entertainment, homework support if relevant, and other relevant facilities available for them when they live with you in the future, if these will be different from the current arrangements.

**SLEEPING** (eg. own room, room shared with other children, etc)

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**ENTERTAINMENT**

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**HOMEWORK SUPPORT (IF RELEVANT)**

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**OTHER FACILITIES FOR CHILDREN**

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Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



47. Who else will live in the home with the children where you propose the children will usually live? Include anyone who will live there full time or from time to time.

|                                |
|--------------------------------|
| Name _____                     |
| Relationship to you _____      |
| Relationship to children _____ |

48. Where will the children go to school, if this is to be different from the current arrangements?

| Childs name | School | Class/year | Time to travel to & from school each way |
|-------------|--------|------------|--|
| Child 1:    | .....  | .....      | .....                                    |
| Child 2:    | .....  | .....      | .....                                    |
| Child 3:    | .....  | .....      | .....                                    |
| Child 4:    | .....  | .....      | .....                                    |

49. How will the children travel to and from school, if different from the current arrangements set out in Part C?

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| ..... |
| ..... |

50. How will the children be supervised before and after school, if different from the current arrangements set out in Part C?

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51. If the children are not of school age, what will the child care arrangements be, if different from the current arrangements set out in Part C?

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Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



52. If you propose that the children are to live with you most of the time, what regular arrangements do you propose for them to spend time and communicate with the other parent or party, including during school holidays?

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53. If you propose that the children live with the other parent most of the time, what arrangements do you propose for them to spend time and communicate with you, including during school holidays?

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54. How will changeovers between homes take place with the other parent/party?

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55. Do you propose that the children maintain their relationships with their friends if they are going to move from the place they now mostly live?

- No**
- Yes IF SO HOW?**

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56. How will you help the children spend time and communicate with the other parent and/or other family members?

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Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



57. If any of the children will require medical treatment while they are with you, what arrangements are you able to make for this treatment?

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58. In the future, what out of school activities do you anticipate the children will be involved in, and how will you help them to keep up with them?

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**Statement of truth**

I believe that the facts contained in this Questionnaire are true.

I understand that a Judge of the Court and the other parties in the case will rely on the facts that I have set out in this Questionnaire as being true.

|                |                |                        |
|----------------|----------------|------------------------|
| Your signature | _____<br>Place | ____/____/____<br>Date |
|----------------|----------------|------------------------|

- Applicant
- Respondent
- Other (Specify) \_\_\_\_\_

