

# RAMSDALE

FAMILY LAW FIRM

## SAFETY QUESTIONNAIRE

This form will be reviewed during your consultation. Please provide as much information as possible.

If any answer is yes, please provide details on the back, by question number.

Name \_\_\_\_\_

Date \_\_\_\_\_

- 1 Has anyone in your home used illegal drugs within the past year?  Yes  No
- 2 Has anyone in your home used someone else's prescription drugs within the past year?  Yes  No
- 3 Does anyone in your home take (controlled) prescription drugs in larger quantities than prescribed?  Yes  No
- 4 Does anyone in your home get controlled substances from more than one doctor?  Yes  No
- 5 Have the police been called to your home for any reason in the past three years?  Yes  No
- 6 Does anyone in your home consume alcohol to excess (pass out from alcohol use or consume more than 15 alcoholic beverages a week if male or more than 10 if female)?  
(One beverage is 12 oz. beer; 5 oz. wine; 1 oz. hard liquor)  Yes  No
- 7 Has anyone in your household ever been accused of having a drug or alcohol dependency problem?  Yes  No
- 8 Has anyone in your home sought substance abuse treatment within the past three (3) years?  Yes  No
- 9 Has there been any domestic violence in your household within the past three (3) years?  Yes  No
- 10 Has anyone in your household been the alleged perpetrator of domestic violence?  Yes  No
- 11 Has anyone in your household been the alleged victim of domestic violence?  Yes  No
- 12 Has anyone in your home been convicted of a crime (other than routine traffic violations but including DUI, DUS and similar offenses)?  Yes  No
- 13 Does anyone in your home have outstanding criminal charges?  Yes  No
- 14 Is there an outstanding bench warrant for anyone in your home?  Yes  No
- 15 Has anyone in your home had his or her parental rights to a child terminated?  Yes  No
- 16 Is anyone in your home on the South Carolina Department of Social Services (DSS) Central Registry for abuse or neglect of a child (or any similar registry)?  Yes  No
- 17 Has anyone in your home been found by DSS or similar agency to have abused or neglected a child?  Yes  No
- 18 Has DSS done an investigation in your home in the last five (5) years?  Yes  No
- 19 Is anyone in your home currently being investigated by DSS or similar agency for abuse or neglect of a child?  Yes  No