



**PERSONAL REFERENCE QUESTIONNAIRE**

*The following information is confidential, not subject to public release under Chapter 552, Government Code, and may be disclosed only for purposes consistent with the Texas Family Code, HIPAA, HB-300, and/or any other applicable federal or state law.*

NAME OF REFERENCE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street City, State, Zip

TELEPHONE: \_\_\_\_\_  
Home Work

As you answer the questions below, please keep in mind that it is the responsibility of the court to safeguard the welfare and future development of the child(ren) in this family. You can help the court in meeting this responsibility by being objective and confining your statements to what you have personally seen. Answer each question as completely as possible.

PLEASE USE ADDITIONAL PAPER AS NEEDED. Because the court operates according to scheduled hearing dates, please send the questionnaire as soon as possible to:

Domestic Relations Office  
Hidalgo County Courthouse  
100 N. Closner Blvd, 4<sup>th</sup> Floor  
Edinburg, Texas 78539

1. Name of the client for whom you are completing this questionnaire:
  
  
  
  
  
  
  
  
  
  
2. Describe your relationship with this client. How long have you known the client, and how often do you have contact? Date of last contact.

