*This document is intended to gather relevant information*

*in child custody, parenting time or support matters.*

Child Custody, Parenting Time and Support Questionnaire

I. PARENT INFORMATION

Your Name:

First Middle Last Maiden

Present Address:

P.O. Box or Street Apt.

City State Zip Code County

Telephone numbers at which you can be reached or at which we can leave a message for you:

Home Number Cell Number Work Number

Other

Your Date of Birth: Age:

Social Security No.:

Other parent:

First Middle Last

Present Address:

P.O. Box or Street Apt.

City State Zip Code County

Other parent’s birth date? Age:

Social Security No.:

Whom do you expect will be the other parent’s attorney?

Were you married to the other parent? Yes No When divorced?

If never married, was a Voluntary Recognition of Parentage form completed? Yes    No

Has paternity been determined by a court? Yes No

If so, which court?

When was the order entered? Do you have a copy of that order? Yes No

Date you and other parent separated:

How long have you resided in this state?

How long has the other parent resided in this state?

Are you presently in the military service? Yes No

Is the other parent presently in the military service? Yes No

Is there an order determining custody and parenting time? Yes No

If so, when was that order entered? What county?

Do you have a copy of that order? Yes No

Please get a copy of that order to me as soon as possible.

II. CHILDREN

Children born or legally adopted of this marriage or relationship

| Child’s full name | Gender | Birthdate | Age | Social Security number | Living with whom? |
| --- | --- | --- | --- | --- | --- |
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Your children of a prior marriage or relationship

| Child’s full name | Gender | Birthdate | Age | Social Security # | Living with whom? | Legally adopted by other parent? |
| --- | --- | --- | --- | --- | --- | --- |
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Other parent’s children of a prior marriage or relationship

| Child’s full name | Gender | Birthdate | Age | Social Security # | Living with whom? | Legally adopted by you? |
| --- | --- | --- | --- | --- | --- | --- |
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Does the other parent have physical custody of these children? Yes No

Do any of the above-named children have any physical or emotional illnesses or disabilities?

Yes No If yes, please specify and summarize.

Are there any other factors that we should be aware of regarding any of the above-named children?

With respect to the minor children, who has been responsible for performing the following duties?

If the duties were shared, please indicate the approximate percentage of the responsibility that you assumed:

| Child-related duties | Your % | Other Parent % |
| --- | --- | --- |
| Bathing |  |  |
| Preparing meals |  |  |
| Putting children to bed |  |  |
| Attending to them during the night |  |  |
| Getting them up in the morning |  |  |
| Getting them ready in the morning |  |  |
| Feeding |  |  |
| Dressing |  |  |
| Laundry |  |  |
| Making sure they are well-equipped for school |  |  |
| Helping with homework |  |  |
| Supervising toothbrushing |  |  |
| Hairwashing |  |  |
| Nail clipping |  |  |
| Getting them to and from school |  |  |
| Getting them to and from school events |  |  |
| Getting them to and from sporting/extracurricular events |  |  |
| Parent Teacher meetings |  |  |
| Discipline/manners |  |  |
| Rewarding them for good grades/good conduct in school |  |  |
| Making doctor and dentist appointments |  |  |
| Grocery shopping |  |  |
| Shopping for their clothes |  |  |
| Taking them to and from doctor appointments |  |  |
| Taking them to and from dentist appointments |  |  |
| Taking them to and from daycare |  |  |
| Other (please specify) |  |  |
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Do you believe that your children are old enough to express a reasonable preference for living with one parent or the other? Yes No

If yes, identify which children have a preference, and what that preference is:

How do you know?

Legal custody identifies who will have a right to make decisions regarding the education, religious, and medical upbringing of the child(ren). Are you asking the court to grant legal custody of the child(ren) to yourself the other parent Both

Are you and the other parent in agreement regarding legal custody? Yes No

Physical custody identifies with whom the child(ren) will live. Are you asking the court to grant physical custody of the child(ren) to yourself the other parent Both

Are you and the other parent in agreement regarding physical custody? Yes No

Are you asking that the other parent’s parenting time be supervised? Yes No

If yes, why?

III PARENTING TIME SCHEDULE

Do you have a proposal for parenting time? Yes No If so, please complete the following:

a) Weekends:

b) Week nights or after school:

c) Holidays:

d) School release days:

e) Birthdays:

f) Summers:

g) Telephone Contact:

h) Other:

Are you and the other parent in agreement regarding this schedule? Yes No

IV. CHILD SUPPORT

A. General

Are you currently paying or receiving child support to/from the other

parent? Yes No

If so, how much? How often?

If you have a copy of any order establishing child support referred to above, please attach.

If no, are you asking for child support? Yes No If so, how much?

$ How often?

Do the children, you or the other parent have any extraordinary circumstances that may necessitate a deviation from the child support guidelines? If so, please explain:

B Insurance

Do you or the other parent       purchase medical and/or hospitalization insurance

privately? Yes No If yes, give the name of the carrier:

Who does it cover (you, spouse, dependents)?

What is the cost to you or the other parent      ? $ per

Do you or the other parent       carry dental insurance? Yes No

If yes, exactly who does it cover?

Is the same provided through you or the other parent       employer? Yes      No

What is the name of the carrier?

What is the cost to you or the other parent      ? $ per

C. Child Care Expenses

Where do your children receive daycare or/after school care?

What are your monthly child care expenses? $ per

Who pays those? You Other parent

D. Your Employment and Income

Are you presently employed? Yes No If yes, specify the following:

Employer: Occupation:

Address:

How long have you been employed at this job?

Gross income per $

| **Statutory Deductions** | **Amount** | **Pay period** |
| --- | --- | --- |
| Federal Income Tax |  |  |
| State Withholding |  |  |
| Social Security (FICA) |  |  |
| Pension Deduction |  |  |
| Union Dues |  |  |
| Dependent Health Insurance |  |  |
| Dental Insurance |  |  |
| Other: |  |  |
| Other: |  |  |
| Other: |  |  |
| TOTAL |  |  |

Net take home pay (Gross) $ minus deductions $ = $

Tax withholding above are based on married single with # exemptions

Do you receive any other compensation from your employer, such as:

Commission $ When paid?

Profit Sharing $ When paid?

Expense Account $ When paid?

Bonus $ When paid?

Public Assistance (AFDC/GA)      $

Social Security benefits for party or child(ren)      $

Unemployment/Workers Comp.      $

Interest income per      $

Dividend income per      $

Gross Rental Income      $

Other income      $

E. Other Parent’s Employment and Income

Is the other parent presently employed? Yes No If yes, specify the following:

Employer: Occupation:

Address:

How long has the other parent been employed at this job?

Gross income per $

| **Statutory Deductions** | **Amount** | **Pay period** |
| --- | --- | --- |
| Federal Income Tax |  |  |
| State Withholding |  |  |
| Social Security (FICA) |  |  |
| Pension Deduction |  |  |
| Union Dues |  |  |
| Dependent Health Insurance |  |  |
| Dental Insurance |  |  |
| Other: |  |  |
| Other: |  |  |
| Other: |  |  |
| TOTAL |  |  |

Net take home pay (Gross) $ minus deductions $ = $

Tax withholding above are based on married single with # exemptions

Do you receive any other compensation from your employer, such as:

Commission $ When paid?

Profit Sharing $ When paid?

Expense Account $ When paid?

Bonus $ When paid?

Other, including use of a car, club membership:

The other parent’s other income:

Public Assistance (AFDC/GA)      $

Social Security benefits for party or child(ren)      $

Unemployment/Workers Comp.      $

Interest income per      $

Dividend income per      $

Gross Rental Income      $

Other income      $

F. Necessary Monthly Expenses

| Debt | Your current | Your projected | Children |
| --- | --- | --- | --- |
| Mortgage/rent |  |  |  |
| Hazard Insurance |  |  |  |
| Real Estate Taxes |  |  |  |
| Utilities |  |  |  |
| Heat |  |  |  |
| Food |  |  |  |
| Clothing |  |  |  |
| Laundry |  |  |  |
| Medical |  |  |  |
| Dental |  |  |  |
| Car payment |  |  |  |
| Gasoline |  |  |  |
| Car insurance |  |  |  |
| Car Maintenance |  |  |  |
| Health Insurance |  |  |  |
| Life Insurance |  |  |  |
| Entertainment |  |  |  |
| Charitable Contribs. |  |  |  |
| Child Care |  |  |  |
| Home Maintenance |  |  |  |
| School |  |  |  |
| Allowances |  |  |  |
| Credit Cards |  |  |  |
| Bank Loans |  |  |  |
| Other Loans |  |  |  |
| Misc. |  |  |  |
| TOTALS |  |  |  |

Explanation of other expenses above:

If you believe your expenses should be higher, what should they be and why?

V. OTHER

Do you have a significant relationship with another person? Yes No

If yes, give that person's name, age, and address:

How well do the child(ren) know this other person?

Does the other parent have a significant relationship with another person? Yes No

If yes, give that person's name, age, and address:

How well do the child(ren) know this other person?

IV. DOCUMENTS

The following items should be readily available to you in case we are in need of them. Please take the time to locate them now.

1. Your paycheck stubs, from January 1 of the current year, if possible. Paycheck stubs for the last three months are required.

2. The other parent’s paycheck stubs, if you can get them, from January 1, of the current year, if possible, and at least for the last three months.

3. Copies of your joint or individual income tax returns, both state and federal for the past three years.

4. Any pleadings and legal papers, including court orders, in your possession relating to this proceeding or any prior divorce (dissolution) proceeding for yourself or the other parent.