



CONFIDENTIAL CUSTODY QUESTIONNAIRE

Date: _____

Your answers to the following questions is completely confidential and falls under attorney-client privilege. This information will not be shared with anyone other than those working on your case. Your response to these questions now will help organize your case and save litigation expenses in trying to gather and assemble information after the case is in progress.

Please fill out this questionnaire completely and honestly and return it to our office as soon as possible. It is imperative that you are open and honest with your answers so that we may serve you to the best of our abilities. You should answer all questions relevant to your case. If a question is not relevant, please mark the question "N/A". If you require more space, please complete your answer on a separate sheet, indicate the section and question to which you are answering, and attach it to this questionnaire

BACKGROUND INFORMATION

CLIENT INFORMATION:

Client Name: _____ Social Security Number: _____

Mailing Address: _____ Home Telephone: _____

_____ Cellphone: _____

Driver's License #: _____ E-mail Address: _____

Date of Birth: _____ City of Birth: _____

Employer: _____ Employers Phone Number: _____

Employers Address: _____

Salary: _____ Position: _____

Length of Time with Present Employer: _____

Please state your employment history for the last five (5) years, including place of employment, position, ending salary, dates of employment and reason for leaving: _____



CLIENT INFORMATION CONTINUED:

Please state your residence address for last five (5) years, include all addresses, dates of residence and reason for leaving:

Prior Marriage(s)? _____

Names and Birth Dates of Children of Prior Marriage: _____

Date of Marriage to Present Spouse and Place of Marriage: _____

PRESENT SPOUSE INFORMATION:

Spouse Name: _____ Social Security Number: _____

Mailing Address: _____ Home Telephone: _____

_____ Cellphone: _____

Driver's License #: _____ E-mail Address: _____

Date of Birth: _____ City of Birth: _____

Employer: _____ Employers Phone Number: _____

Employers Address: _____

Salary: _____ Position: _____

Length of Time with Present Employer: _____

Prior Marriage(s)? _____

Names and Birth Dates of Children of Prior Marriage: _____



SPECIFIC CRITIQUES OF PARENTS

State the three worst things your (ex-)spouse will say about you. _____

Detail why you are a good person. _____

Detail why you are a good parent. _____

State the three best things you can say about your (ex-)spouse. _____

Detail why (s)he is not a good person. _____

Detail why (s)he is not a good parent. _____



INFORMATION ABOUT CHILDREN SUBJECT TO THIS SUIT

BASIC INFORMATION:

Child #1

Name: _____
Date of Birth: _____
Sex: M F

Social Security Number: _____
Birthplace: _____

Child #2

Name: _____
Date of Birth: _____
Sex: M F

Social Security Number: _____
Birthplace: _____

Child #3

Name: _____
Date of Birth: _____
Sex: M F

Social Security Number: _____
Birthplace: _____

Child #4

Name: _____
Date of Birth: _____
Sex: M F

Social Security Number: _____
Birthplace: _____

Child #5

Name: _____
Date of Birth: _____
Sex: M F

Social Security Number: _____
Birthplace: _____



INFORMATION ABOUT CHILDREN SUBJECT TO THIS SUIT

If you want sole custody of your children, please tell me why you think you should have sole custody:

State why you think your spouse or ex-spouse should not be awarded custody. _____

With whom do the children currently live, and for what length of time. _____

Name and Address of Schools the Child(ren) have attended, date of attendance, and the name of teacher or principal who is familiar with each child: _____

CARE OF THE CHILDREN:

To the extent that both you and your spouse or ex-spouse have shared the responsibilities listed below, describe the degree to which the responsibilities have been shared:

Who helps the children get dressed in the morning? _____

Who bathes the children and grooms them? _____

Who takes care of the children during the day? _____

Who takes care or would take care of the children while you are at work? _____

Who arranges for getting the children together with playmates? _____



INFORMATION ABOUT CHILDREN SUBJECT TO THIS SUIT

CARE OF THE CHILDREN:

Who puts the children to bed at night? _____

Who prepares the meals? _____

Who arranges for medical and dental care and takes the children to doctor's appointments?

Who takes the children to school? _____

Who picks the children up from school? _____

Who shops for the children's clothes? _____

Who transports the children to extracurricular activities? _____

Do you or your spouse participate in recreational or educational activities with the children?

Describe the nature of the activities and how often you and you spouse or ex-spouse participate in them. _____

Do the children receive religious training? _____ If so, from whom? _____

Who arranges the children's birthday parties? _____

Who helps the children with their homework? _____

Who attends parent-teacher conferences? _____

Are the children more likely to turn to you or to your spouse or ex-spouse when they have problems?

Why? _____

Do you feel the children are closer to you or your spouse or ex-spouse? Why? _____

Are the children in day-care or with a sitter? _____ If so, how many hours per week? _____

Give name, address and telephone number of the day care service or sitter: _____



INFORMATION ABOUT CHILDREN SUBJECT TO THIS SUIT

CARE OF THE CHILDREN:

Have there ever been any issues with day care or sitter? (i.e., standard of care, disciplinary issues, asked to leave day care center or sitter refused to come back?) _____

Who arranges for the day care or sitter? _____

Who cares for the children when they are ill? _____

Who disciplines the children and describe discipline? _____

Has the division of responsibilities for the child care changed over the years, if so describe?

TIME AVAILABLE TO SPEND WITH THE CHILDREN AND PLANS FOR THEIR FUTURE

CARE:

What are **your** working hours, time leave home and time return home? _____

Do **you** have flexible working hours, if so describe? _____

Does **your** work require travel, if so state distance and amounts of time? _____

Is **your** work schedule likely to change in the future? _____

What are **your** plans for child care? _____



INFORMATION ABOUT CHILDREN SUBJECT TO THIS SUIT

TIME AVAILABLE TO SPEND WITH THE CHILDREN & PLANS FOR FUTURE CARE:

Describe **your** housing arrangements, sleeping arrangements including number of bedrooms:

What are your **spouse/ex-spouse** working hours, time leave home and time return home?

Do your **spouse/ex-spouse** have flexible working hours, if so describe? _____

Does your **spouse/ex-spouse** work require travel, if so state distance and amounts of time?

Is your **spouse/ex-spouse** work schedule likely to change in the future? _____

What are your **spouse/ex-spouse** plans for child care? _____

Describe your **spouse/ex-spouse** housing arrangements, sleeping arrangements including number of bedrooms: _____

SPECIAL NEEDS OF THE CHILDREN:

Do the children have any special or unusual educational or health care needs, if so describe them:

Who has worked to meet those needs? _____

Are you or your **spouse** or **ex-spouse** better able to meet those needs? _____

Have the children's academic performance changed in the last few years or months, if so what is the reason for the change? _____



MODIFICATION OF CHILD CUSTODY

If this case involves Modification of Custody, please answer the next series of questions. If it does not involve Modification of custody, please write "N/A" and skip to the next section.

ABOUT EX-SPOUSE:

Ex-Spouse's Name: _____ Social Security Number: _____

Mailing Address: _____ Home Telephone: _____

_____ Cellphone: _____

Driver's License #: _____ E-mail Address: _____

Date of Birth: _____ City of Birth: _____

Employer: _____ Employers Phone Number: _____

Employers Address: _____

Salary: _____ Position: _____

Length of Time with Present Employer: _____

Prior Marriage(s)? _____

Names and Birth Dates of Children of Prior Marriage: _____

Please state your ex-spouse's employment history for the last five (5) years, including place of employment, position, ending salary, dates of employment and reason for leaving:

Please state your ex-spouse's residence address for last five (5) years, include all addresses, dates of residence and reason for leaving:



MODIFICATION OF CHILD CUSTODY

ABOUT DIVORCE FROM EX-SPOUSE :

Date of Divorce: _____ Place of Divorce: _____

Court: _____ Case No.: _____

Previous Attorney: _____

Who awarded custody of children? _____

Current Child Support Amount: _____

How is Child Support Paid: _____

Are you Current on Child Support Payments? _____

Have there been any changes in custody, visitation, or support - formally or informally, if so explain:

State why and how you want to modify the prior order of the court:



SENSITIVE TOPICS

IT IS IMPERATIVE THAT YOU BE OPEN AND HONEST IN ANSWERING THE FOLLOWING QUESTIONS. ANY DISCUSSION RELATING TO ANY OF THESE TOPICS BETWEEN YOU AND YOUR ATTORNEY WILL BE PROTECTED BY THE ATTORNEY-CLIENT PRIVILEGE. IF YOU FAIL TO BE HONEST WITH YOUR ATTORNEY IN ANSWERING THESE QUESTIONS, IT COULD BE ABSOLUTELY DISASTROUS TO YOUR CASE.

IF ANY ANSWER TO ONE OF THE QUESTIONS BELOW IS "YES", PLEASE DESCRIBE THE SITUATION IN DETAIL ON A SEPARATE SHEET. PROVIDE DOCUMENTARY PROOF IF AVAILABLE AND/OR INDICATE WHERE THAT INFORMATION CAN BE OBTAINED.

Please be specific with Names (yours, your current spouse, or ex-spouse), Charges, Dates, Etc. Circle Yes or No.

Have you, your current spouse, or your ex-spouse ever:

- a. Committed a Felony: Yes No
- b. Been Arrested: Yes No
- c. Been in Jail or Prison: Yes No
- d. Used Illegal Drugs: Yes No
- e. Abused Alcohol: Yes No
- f. Been Arrested or Convicted for DUI (alcohol or drugs): Yes No
- g. Engaged in any Other Illegal Activity: Yes No
- h. Attempted Suicide: Yes No
- i. Been Hospitalized for any Emotional or Psychiatric Disorder: Yes No
- j. Suffered from or Received Treatment for an Emotional or Psychiatric Condition:
Yes No
- k. Taking any Type of Prescription Drug, if so name and for what: Yes No
- l. Abused your Spouse: Yes No



SENSITIVE TOPICS

Have you, your current spouse, or your ex-spouse ever:

- m. Accused of Abusing your Spouse: Yes No
- n. Abused your Child Sexually: Yes No
- o. Accused of Abusing your Child Sexually: Yes No
- p. Had a sexual relationship during or not during the marriage with someone other than spouse of which the children were aware, if so, describe the children's feelings about the person(s) involved in the relationship: Yes No
- q. Had a Homosexual Relationship: Yes No
- r. Engaged in Unusual Sexual Practices: Yes No
- s. Had a Pregnancy Outside of Marriage: Yes No
- t. Had an Abortion: Yes No
- u. Had a Venereal Disease: Yes No
- v. Drink Socially; if so, what do you drink and with what frequency: Yes No
- w. If you or your spouse or ex-spouse have a relationship with a person whom the children see frequently and that person would answer "yes" to one or more of the preceding "skeleton in the closet" questions, describe the situation:

Do you or your spouse or ex-spouse suffer from any physical disability that would interfere with being able to care for the children?



CHILDREN'S PREFERENCES

Have the children told you with whom they want to live, if so, what is the basis for preference?

How strong is the preference? _____

How long has the preference been held? _____

Has the preference changed? _____

How do you feel about the children talking to the judge regarding their preference? _____

Have you noticed any change in any of the children's behavior that is unusual or causes you concern, if so, name child and describe in detail? _____

KEEP A DAILY JOURNAL. WE SUGGEST USING A CALENDAR THAT HAS A COMPLETE BLANK PAGE FOR EACH DATE, I.E. 5X7 OR 8X10. MAKE A POINT TO LIST SIGNIFICANT EVENTS, DISCUSSING WITH YOUR SPOUSE, (EX-SPOUSE IF THIS IS A MODIFICATION SUIT), VISITATION EXCHANGES, ETC. ON THE DATE AND TIME IT ACTUALLY HAPPENED.

This form was completed by: _____