**CUSTODY QUESTIONNAIRE**

In order to start your custody action, we need information about you, the other parent and your household and household members. Please complete this form to the best of your ability. **If you do not answer questions, it may take more time to start your case.** Please call us if there is something you do not understand or need help with. We will gladly go through the form with you.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **YOUR BACKGROUND INFORMATION (Client)**

1. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last Maiden

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street and/or P.O. Box

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City County State Zip Code

MAY WE WRITE TO YOU AT THE ABOVE ADDRESS? YES/NO.

If no, please give us an address to send mail to you.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

YOUR TELEPHONE NO: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAY WE CALL YOU AT THE ABOVE NUMBER(S)? YES/NO

Name and telephone number of an adult where a message can be left:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want to keep the other parent from finding out your address and phone number? YES/NO

2. OTHER NAMES YOU HAVE USED: (from previous marriages, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Your age: \_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No. \_\_\_\_\_\_\_\_\_\_\_\_\_

4. How long have you lived in MN? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Years of high school completed: \_\_\_\_\_\_\_\_\_\_\_ If you did not graduate, GED? \_\_\_\_\_\_\_\_\_\_\_\_

College? \_\_\_\_\_\_\_\_\_\_\_\_ (years) Trade or Vocational School? \_\_\_\_\_\_\_\_\_\_\_\_\_ (years)

6. Have you been married before? YES/NO If yes, number of times \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ex-spouse(s) name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How did your other marriages end? Divorce\_\_\_\_\_\_\_\_\_\_\_\_ Death\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Annulment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Are you in the military service? YES/NO If yes, branch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated discharge date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**II. CHILD(REN)’S OTHER PARENT’S BACKGROUND INFORMATION**

1. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last Maiden

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street and/or P.O. Box

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City County State Zip Code

TELEPHONE NO: Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. OTHER NAMES THIS PERSON HAS USED: (From previous marriages, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. His/Her age: \_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. His/Her place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Years of high school completed: \_\_\_\_\_\_\_\_\_\_ If he/she did graduate, GED? \_\_\_\_\_\_\_\_\_\_\_\_

College? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(years) Trade of Vocational School?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(years)

6. Has he/she been married before? YES/NO If yes, number of times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the names of his/her former husband(s)/wife(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Is he/she in the military service? YES/NO If yes, branch? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated discharge date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**III. OTHER CUSTODY ACTIONS**

1. Have you or the other parents ever started a custody action before? YES/NO

If yes, where and when: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did either of you have an attorney? YES/NO Attorney(s) name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was it dismissed? YES/NO

**PLEASE PROVIDE US WITH A COPY OF THAT ORDER.**

4. Have you applied for any Orders for Protection that have been denied? YES/NO

If yes, against WHO, when and where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Are you afraid of the other parent? YES/NO If you do not have an Order for Protection, do

you think you need one now? YES/NO

6. Have either you or the other parents (or any other household member) ever been accused

of having an alcohol or drug problem? YES/NO If yes, have you or the other parent (or the

other household member) ever been in treatment? YES/NO If yes, WHO, when and

where?

|  |  |  |
| --- | --- | --- |
| **WHO** | **DATE** | **FACILITY** |
|  |  |  |
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Have you or the other parent (or the other household member) been able to stay sober?

Yourself? YES/NO

Other Parent? YES/NO

Other household member: YES/NO For how long: You\_\_\_\_\_\_\_\_ Other Parent \_\_\_\_\_\_\_\_\_\_\_

Other household member \_\_\_\_\_\_\_\_\_\_\_

7. Have you, or the other parent, or any other household member EVER been charged with a

Crime? YES/NO If yes, WHO? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was there a conviction? YES/NO

|  |  |  |
| --- | --- | --- |
| **CRIME(S)** | **DATE & YEAR** | **COUNTY AND/OR STATE** |
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**V. FAMILY INFORMATION**

1. Are you or the other parent (whichever applies) pregnant now? YES/NO

If yes, who is the biological father? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Minor children **OF THIS CUSTODY ACTION:**

|  |  |  |  |
| --- | --- | --- | --- |
| **FIRST, MIDDLE, LAST NAME** | **AGE & DATE OF BIRTH** | **Social Security Number** | **LIVES WITH** |
|  |  |  |  |
|  |  |  |  |
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Who is the biological father of these children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. If a child was born before a marriage, was paternity admitted/proven? YES/NO

Was there a court proceeding? YES/NO If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was a Recognition of Parentage signed? YES/NO

Was a Declaration of Parentage signed? Yes/NO

Who has custody of these children at the present time?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Are any of these children part of a juvenile court action? YES/NO If yes, which children:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of Juvenile Court: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Which children do you want custody of (first name only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Do you expect the other parent to ask for custody? YES/NO

If yes, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. If you want custody, do you want any limits placed on the other parent’s visitation?

YES/NO If yes, explain why: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. If you get custody, do you plan to move the minor child(ren) out of Minnesota after the

Custody action? YES/NO If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason you want to move: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VI. OTHER HOUSEHOLD MEMBERS**

1. Are there any other adult persons living in your household? YES/NO

If yes, please list name(s), date(s) of birth, and your relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Do YOU have other minor children who are NOT the children of the other party in this

Case? YES/NO

If yes:

|  |  |  |
| --- | --- | --- |
| **FIRST, MIDDLE, LAST NAME** | **AGE & DATE OF BIRTH** | **LIVES WITH** |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |

Who has custody of these children at the present time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Are any of these children part of a juvenile court action? Yes/NO

If yes, which children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County of Juvenile Court: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Will there be an issue over custody of these minor children? Yes/NO If yes, explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VII. YOUR HOUSEHOLD’S FINANCIAL INFORMATION**

1. Are you **OR ANY OTHER HOUSEHOLD** member receiving public assistance? YES/NO

If yes, source: \_\_\_ MFIP $\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_ GA $\_\_\_\_\_\_\_\_\_\_\_\_/ \_\_\_\_MA $\_\_\_\_\_\_\_\_\_

\_\_\_\_Food Stamps/ \_\_\_\_\_Fuel Assistance/ From what county? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. If you **OR ANY OTHER HOUSEHOLD MEMBER** presently receives other income, please

State kind of income, **WHO** receives it, and the amount:

\_\_ Social Security $ \_\_\_\_\_\_\_\_\_\_\_ Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Railroad Workers Benefits $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Workers’ Compensation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Unemployment Compensation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Veterans Benefits $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Are you or any other household member now employed? YES/NO

4. If yes, **YOUR** place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tele. No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Job:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly Wage $\_\_\_\_\_\_\_\_\_\_ Hours/Week\_\_\_\_\_\_\_\_\_\_, or monthly GROSS income$\_\_\_\_\_

Deductions: FICA $\_\_\_\_\_\_\_\_\_\_, STATE TAX $ \_\_\_\_\_\_\_\_\_\_\_, FED. TAX $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (explain) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total payroll deductions $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. **Other household member(s)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tele. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ How long at this job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly wage $ \_\_\_\_\_\_\_\_\_ Hours/week \_\_\_\_\_\_\_, or monthly GROSS income $ \_\_\_\_\_\_\_\_

Deductions: FICA $\_\_\_\_\_\_\_\_\_, STATE TAX $ \_\_\_\_\_\_\_\_\_\_, FED.TAX $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (explain) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total payroll deductions $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Please list **your** employment history for the past seven (7) years, starting with your most recent job:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **EMPLOYER** | **WORK TYPE** | **DATES FROM-TO** | **WAGES** | **HRS/WEEK** | **REASON LEFT** |
|  |  |  |  |  |  |
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7. Is the other parent presently providing any money or material goods for your support or the support of the minor children? YES/NO If yes, what is she/she providing?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Is there any court order for child support for the child(ren) involved in this custody action? YES/NO

If yes: County of Order: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who is ordered to pay this amount? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How was the support order obtained? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you want child support? YES/NO If no, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Are there any court orders for child support for children **NOT** involved in this custody action? YES/NO

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE PROVIDE US WITH A COPY OF ANY CHILD SUPPORT ORDERS YOU HAVE.**

**VIII. CHILD(REN)’S OTHER PARENT’S FINANCIAL INFORMATION**

1. Is he/she employed: YES/NO

If yes, name of place of employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete Address of employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tele. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How long at this job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hourly wage $ \_\_\_\_\_\_\_\_\_ Hours/week \_\_\_\_\_\_\_, or monthly GROSS income $ \_\_\_\_\_\_\_\_

Deductions: FICA $\_\_\_\_\_\_\_\_\_, STATE TAX $ \_\_\_\_\_\_\_\_\_\_, FED.TAX $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (explain) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total payroll deductions $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. If he/she is not now employed, what is his/her income source?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Please list his/her other employment history starting with the most recent:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Employer** | **Work Type** | **Dates from-to** | **Wages** | **Hrs/week** | **Reason Left** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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4. Does he/she have insurance benefits available? YES/NO

Is he/she currently providing insurance for the child(ren) through employment?

YES/NO If yes, \_\_\_ Health; \_\_\_ Medical, \_\_\_\_Life.

5. For uninsured medical debts of the child(ren), do you want to be the person who pays for these bills? YES/NO

Do you want the other parent to pay the bills? YES/NO

Are you willing to split cost? YES/NO

**IX. DEBTS**

1. Please list all debts: (attach a page if more space is needed)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Creditor** | **Purpose** | **Date** | **Monthly Payment** | **Whose Obligation** | **Approx. Balance** |
|  |  |  |  |  |  |
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2. Have you ever filed bankruptcy? YES/NO If yes, when? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**X. ASSETS**

1. Do you have a checking account? YES/NO If yes, how many \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of the financial institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance in checking account(s) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Do you have a savings account? YES/NO If yes, how many \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name(s) of the financial institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Balance in checking account(s) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Is your name on anyone else’s checking and/or savings account(s) YES/NO

If yes, whose? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is the balance in these accounts? $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain why your name is on these account(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Do you own any life insurance policies? YES/NO If yes, how many policies? \_\_\_\_

What is the CASH value of the policies $\_\_\_\_\_\_\_\_\_\_\_

Who is the beneficiary of the policies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Give the following information for all automobiles, trucks, vans, motor-cycles, campers, or other vehicle that you have:

|  |  |  |  |
| --- | --- | --- | --- |
| **Make,year,type/Vin#** | **Title Holder** | **Who has it?** | **Balanced owed & to whom** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

6. List on the last page your necessary monthly living expenses. Please list these expenses as accurately as possible.

**XI. SPECIAL CIRCUMSTANCES**

**ARE THERE ANY SPECIAL CIRCUMSTANCE IN YOUR CASE WHICH MIGHT BE IMPORTANT TO YOUR ATTORNEY? IF SO, PLEASE DESCRIBE:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Monthly Expenses/Bills/Payments

|  |  |  |
| --- | --- | --- |
|  | **You** | **Child(ren)** |
| **a. Rent** |  |  |
| **b. Mortgage Payment** |  |  |
| **c. Contract for Deed** |  |  |
| **d. Homeowner’s Insurance** |  |  |
| **e. Real Estate Taxes** |  |  |
| **f. Utilities:** |  |  |
| **Electricity** |  |  |
| **Phone** |  |  |
| **Sewer/Water/Garbage** |  |  |
| **g. Heat (Gas/Wood/Fuel Oil)** |  |  |
| **h. Food (Food Stamps Rec’d $\_\_\_)** |  |  |
| **i. Clothing** |  |  |
| **j. Laundry and Drycleaning** |  |  |
| **k. Medical $\_\_\_; Dental $\_\_\_\_ (\_\_\_\_ are on M.A.)** |  |  |
| **l. Transportation;** |  |  |
| **Car Payment** |  |  |
| **Gas** |  |  |
| **Upkeep/Repairs** |  |  |
| **m. Car Insurance** |  |  |
| **n. Life Insurance** |  |  |
| **o. Recreation/Entertainment/Travel** |  |  |
| **p. Newspapers/Magazines** |  |  |
| **q. Social and Church Obligations** |  |  |
| **r. Personal Allowances/Incidentals** |  |  |
| **s. Babysitting and Child Care** |  |  |
| **t. Home Maintenance** |  |  |
| **u. Children School Needs/Allowances** |  |  |
| **v. Additional Information:** |  |  |
| **Credit Cards (list each credit card bill you have separately on page 8 under debts)** |  |  |
| **w. Other bills you have (list all)** |  |  |