

**CHILD CUSTODY, PARENTING TIME &  
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? \_\_\_\_\_ When divorced? \_\_\_\_\_

If never married, was a Voluntary Recognition of Parentage form completed? \_\_\_\_\_

Has paternity been determined by a court? \_\_\_\_\_ If so, which court? \_\_\_\_\_

When was the order entered? \_\_\_\_\_ Do you have a copy of that order? \_\_\_\_\_

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? |
|-------------------|--------|-----------|-----|------------------------|-------------------|
|                   |        |           |     |                        |                   |
|                   |        |           |     |                        |                   |
|                   |        |           |     |                        |                   |
|                   |        |           |     |                        |                   |
|                   |        |           |     |                        |                   |

**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? |
|-------------------|--------|-----------|-----|-------------------|-------------------|----------------------------------|
|                   |        |           |     |                   |                   |                                  |
|                   |        |           |     |                   |                   |                                  |
|                   |        |           |     |                   |                   |                                  |

**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? |
|-------------------|--------|-----------|-----|-------------------|-------------------|-------------------------|
|                   |        |           |     |                   |                   |                         |
|                   |        |           |     |                   |                   |                         |
|                   |        |           |     |                   |                   |                         |

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.

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

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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:

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How do you know?

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**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? \_\_\_\_\_

**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? \_\_\_\_\_

Are you asking that the other parent's parenting time be supervised? \_\_\_\_\_

If yes, why? \_\_\_\_\_

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**III. PARENTING TIME SCHEDULE**

Do you have a proposal for parenting time? 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? \_\_\_\_\_

**IV. CHILD SUPPORT**

*A. General*

Are you currently paying \_\_\_\_\_ or receiving \_\_\_\_\_ child support to/from the other parent?

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? \_\_\_\_\_

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? 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? If yes, exactly who does it cover?  
\_\_\_\_\_

Is the same provided through you \_\_\_\_\_ the other parent's \_\_\_\_\_ employer?

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/after school care? \_\_\_\_\_

What are your monthly child care expenses? \_\_\_\_\_ per \_\_\_\_\_

Who pays those? You \_\_\_\_\_ Other parent \_\_\_\_\_





*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 \_\_\_\_\_ \$ \_\_\_\_\_

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

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

Tax withholding above are based on married \_\_\_\_\_ single \_\_\_\_\_ with \_\_\_\_\_ # exemptions

Does the other parent receive any other compensation from employment, 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.                |              |                |          |
| <b>TOTALS</b>        |              |                |          |

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:

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

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Does the other parent have a significant relationship with another person? Yes \_\_\_\_ No \_\_\_\_ If yes, give that person's name, age, and address:

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

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**VI. 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.