



CHILD CUSTODY QUESTIONNAIRE

Please complete this questionnaire. If you spend the time to complete all items, you will give us the background information necessary to begin to understand the complexity of the personal aspects of your case. **All information will be held in strict confidence.**

A. BACKGROUND INFORMATION

1. If you want sole custody of your children, in fifty words or less please state why you think you should have sole custody.

2. With whom do the children currently reside?

3. What is the period of time in which this living arrangement has been in effect?

4. Names and addresses of the schools children attend and name of teacher at the school, who is familiar with the child(ren)

Child(s) _____ Name: _____

School: _____

Address: _____

Dates _____ Attended: _____

Grade: _____

Teacher: _____

Principal: _____

Child(s)

Name:

School:

Address:

Dates

Attended:

Grade:

Teacher:

Principal:

B. 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.

1. Who helps the children get dressed in the morning?

2. Who bathes the children and grooms them?

3. Are any of the children nursing?

4. Who takes care of the children during the day?

5. Who arranges for getting the children together with playmates?

6. Who puts the children to bed at night?

7. Who prepares the meals?

8. Who arranges for medical and dental care and takes the children to their appointments?

9. Who takes the children to school?

10. Who picks the children up from school?

11. Who shops for the children's clothes?

12. Who transports the children to extracurricular activities?

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

a. If yes, please describe the nature of the activities and how often you and your spouse or ex-spouse participate in them.

14. Do the children receive religious training?

a. If yes, from whom?

15. Who arranges the children's birthday parties?

16. Who helps the children with their homework?

17. Who attends parent-teacher conferences?

18. Do you feel that the children are closer to you or your spouse or ex-spouse?

19. Are the children in daycare or with a sitter?

a. If yes, how many hours per week?

b. If yes, please state the name, address and telephone number of the daycare or sitter.

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c. If yes, who arranges for the daycare or sitter?

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20. Who cares for the children when they are ill?

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21. Who disciplines the children?

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a. By what method?

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22. Has the division of responsibility for child care changed over the years?

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a. If yes, please describe.

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

1. What are your working hours?

2. What time do you leave home?

3. When do you return?

4. Do you have flexible working hours?

5. Does your work require travel?

a. If yes, what distance, length of time gone and frequency?

6. Is your work schedule likely to change in the future?

7. What are your plans for child care?

8. Describe your housing arrangement including number of bedrooms.

9. What are your spouse's or ex-spouse's working hours?

10. What time does your spouse or ex-spouse leave home?

11. When does your spouse or ex-spouse return?

12. Are your spouse's or ex-spouse's working hours flexible?

13. Does your spouse or ex-spouse work require travel?

a. If yes, what distances, length of time and frequency?

14. Is your spouse's or ex-spouse's work schedule likely to change in the future?

15. What are your spouse's or ex-spouse's plans for child care?

16. Describe your spouse's or ex-spouse's housing arrangement including number of bedrooms.

D. SPECIAL NEEDS OF THE CHILDREN

1. Do the children have any special or unusual educational or health care needs?

a. If yes, please describe.

2. Who has worked to meet those needs?

3. Are you or your ex-spouse better able to meet those needs?

4. Has the child's academic performance changed in the last few years or months?

a. If yes, what is the reason for that change?

[Please Proceed to Section "E"]

E. INTERFERENCE WITH OTHER PARENT'S RELATIONSHIP WITH CHILDREN:

1. Have you or your ex-spouse interfered with the child's relationship with the other parent or spoken badly about the other parent to the child?

a. If yes, please explain:

2. Have you or your ex-spouse blocked the other parents visitation with the children?

a. If yes, please explain, giving dates and frequency with which visitation was blocked?

3. Have you or your ex-spouse discouraged the child from having a relationship with a step-parent or a significant person in the other parent's life?

a. If yes, please explain:

[Please Proceed to Section "F"]

F. COOPERATION BETWEEN YOU AND YOUR SPOUSE OR EX-SPOUSE

1. How well have you and your spouse or ex-spouse been able to cooperate on matters concerning the children and on matters concerning visitation or access to the children?

2. To what extent do you and your spouse or ex-spouse share values regarding how the children should be raised, what type of education they should have, and what type of religious training they should have?

G. FREQUENCY OF MOVES AND PLANS TO MOVE

1. Have you or ex-spouse moved in the last ten years?

- a. If yes, when and where? (Please include moves in the same city)

2. Do your or your souse or ex-spouse plan to move in the near future?

- a. If yes, when and where?

3. Does the parent who is not moving oppose the move?

a. If yes, please explain.

[Please Proceed to Section "H"]

H. CHILDREN'S PREFERENCES

1. Have the children told you who they want to live with?

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a. If yes, what is the basis for the preference?

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b. If yes, how strong is the preference?

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c. If yes, how long has the preference been held?

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d. If yes, how would you feel about the children talking to the judge regarding their preferences?

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[Please Proceed to Section "I"]

I. CHILDREN'S RELATIONSHIP WITH OTHER FAMILY MEMBERS

1. How do the children get along with each other?

2. How do the children get along with step-parents?

3. How do the children get along with stepbrothers and stepsisters?

4. Do the children have a particularly close relationship with either or both sets of grandparents?

5. Do the children have strong relationship with anyone else that you believe is important?

[Please Proceed to Section "J"]

J. GOALS

1. What are your future goals with the children and the reason for your goals?

2. To what extent do you believe that you and your spouse or ex-spouse should have joint custody under which you both would share equally in making major decisions affecting the child and/or being with the child for substantial periods of time?

3. What are your spouse's or your ex-spouse's goals with the children and the reason for these goals?

[Please Proceed to Section "K"]

K. WITNESSES

1. Below, please list who you think would make good witnesses for you and what you think their testimony would be. (Possible witnesses include neighbors, the children's teachers, friends, doctors, baby sitters, daycare workers, clergy and family members.)

Name:

How Known: _____

Address:

Home Telephone: () _____-_____

Work Telephone: () _____-_____

Anticipated Testimony:

Name:

How Known: _____

Address:

Home Telephone: () _____-_____

Work Telephone: () _____-_____

Anticipated Testimony:

Name:

How Known: _____

Address:

Home Telephone: () _____-_____

Work Telephone: () _____-_____

Anticipated Testimony:

Name:

How Known: _____

Address:

Home Telephone: () _____ - _____

Work Telephone: () _____ - _____

Anticipated Testimony:

Name:

How Known: _____

Address:

Home Telephone: () _____ - _____

Work Telephone: () _____ - _____

Anticipated Testimony:

2. Below please list who you think will be good witnesses for your spouse or ex-spouse and what do you think will be the testimony of those persons? Please make as many copies of this page as necessary to identify and state the anticipated testimony of each potential witness.

Name:

How Known: _____

Address:

Home Telephone: () _____ - _____

Work Telephone: () _____ - _____

Anticipated Testimony:

Name:

How Known: _____

Address:

Home Telephone: () _____ - _____

Work Telephone: () _____ - _____

Anticipated Testimony:

Name:

How Known: _____

Address:

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Home Telephone: () _____ - _____

Work Telephone: () _____ - _____

Anticipated Testimony:

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Name:

How Known: _____

Address:

Home Telephone: () _____ - _____

Work Telephone: () _____ - _____

Anticipated Testimony:

Name:

How Known: _____

Address:

Home Telephone: () _____ - _____

Work Telephone: () _____ - _____

Anticipated Testimony:

L. SENSITIVE TOPICS

It is imperative that you be open and honest in answering the following questions. Any discussion relating to any of these topics will be protected by the Attorney-Client privilege. If you fail to be honest with me in answering these questions, it could be absolutely disastrous to your case.

If an answer to one of the questions below is “yes”, please describe the situation in detail.

Have you or your spouse or ex-spouse ever (please circle “yes” or “no”):

1. Committed a felony? Yes No
2. Been arrested? Yes No
3. Used illegal drugs? Yes No
4. Abused prescription drugs? Yes No
5. Abused alcohol? Yes No
6. Been arrested for or convicted of driving while under the influence of alcohol? Yes No
7. Engaged in gambling activities (legal or illegal)? Yes No
8. Engaged in other illegal activities? Yes No
9. Attempted suicide? Yes No
10. Been hospitalized for an emotional or psychiatric disorder? Yes No
11. Suffered from or received treatment for an emotional or psychiatric condition? Yes No
12. Abused your spouse? Yes No
13. Had a sexual relationship during the marriage with someone other than your spouse? Yes No
14. Had a sexual relationship (during or not during the marriage) with someone other than your spouse of which the children were aware? If so, describe the children’s feelings about the person(s) involved in the relationship.

15. Had a homosexual relationship? Yes No
16. Engaged in unusual sexual practices? Yes No
17. Had a pregnancy outside of marriage? Yes No

18. Had a venereal disease? Yes No

19. Drink socially? If so, what do you drink and with what frequency?

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20. 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 questions, please describe below:

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