

CLIENT CUSTODY QUESTIONNAIRE

**ATTORNEY/CLIENT PRIVILEGE ASSERTED AS TO ALL
INFORMATION CONTAINED HEREIN**

Please fill out this questionnaire and return it as soon as possible. It is important that you answer each question fully, completely, and honestly.

It is imperative that you be candid!

You should answer all questions relevant to your case. If a question does not apply to your particular situation, please indicate by marking the question "N/A." If the answer to any question requires more space than has been provided on the form, please complete your answer on a separate sheet: refer to the question number to which your answer applies, and attach your answer to this questionnaire.

Your response to these questions will help to organize your case and will save you money on attorney's fees in trying to gather and assemble information after the case is in progress.

Since your answers are being made to an attorney, you are assured of confidentiality and are protected by the attorney/client privilege.

BACKGROUND INFORMATION:

About you:

Your name: _____

Address: _____

Telephone: _____

Birthplace: _____

Social Security # _____

Driver's license # _____

Employer: _____

Employer's Address: _____

Exact Position: _____

Job Title: _____

How long with current employer? _____

Prior employment: _____

Prior marriage: _____

About your spouse or your ex-spouse:

(Ex) Spouse's name: _____

Address: _____

Telephone: _____

Birthplace: _____

Social Security # _____

Driver's license # _____

Employer: _____

Employer's Address: _____

Exact Position: _____

Job Title: _____

How long with current employer? _____

Prior employment: _____

Prior marriage: _____

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Children of prior marriage? _____
Names and birth dates of children of
prior marriage: _____

Children of prior marriage? _____
Names and birth dates of children of
prior marriage: _____

DATE AND PLACE OF MARRIAGE TO SPOUSE OR EX-SPOUSE WITH WHOM THIS DISPUTE HAS ARISEN:

Date of marriage: _____
Place of marriage: _____

INFORMATION ABOUT DIVORCE FROM EX-SPOUSE (IF THIS IS AN ACTION FOR MODIFICATION):

Date of divorce: _____
Place of divorce: _____
Court: _____
Name of Judge: _____
Name of your previous attorney: _____
Name of your ex-spouse's previous attorney: _____

Have there been any changes in custody, visitation, or support - formally or informally? _____

If yes, please describe: _____

Was the order that is now under dispute entered by agreement or after a contested trial? _____

BASIC INFORMATION ABOUT CHILDREN OF THIS MARRIAGE:

Children's names, birthplaces and birth dates:

NAME	SEX	BIRTHPLACE	BIRTH DATE
_____	M/F	_____	_____
_____	M/F	_____	_____
_____	M/F	_____	_____
_____	M/F	_____	_____

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If you want sole custody (i.e., your children to live with you and for you to have all the primary parental rights exclusively) of your children, please tell me why you think you should have sole custody in fifty words or less:

With whom do the children currently live? _____

What period of time has this living arrangement been in effect:

Names and addresses of schools children attend, dates attended, name of teacher and name of principal there who is familiar with child:

Child's name: _____
School: _____
Address: _____
Dates attended: _____
Grade: _____
Teacher: _____
Principal: _____

Child's name: _____
School: _____
Address: _____
Dates attended: _____
Grade: _____
Teacher: _____
Principal: _____

Child's name: _____
School: _____
Address: _____
Dates attended: _____

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Grade: _____
Teacher: _____
Principal: _____

At the child's school, who knows of the pending divorce/litigation: _____

CARE OF THE CHILDREN:

Who helps the children get dressed in the morning? _____

Who bathes the children and grooms them? _____

Are any of the children nursing? _____

Who takes care of the children during the day? _____

Who arranges for getting the children together with playmates? _____

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? _____

Have you or your spouse coached or been a leader for any of the children's activities? _____

If so, which activities and when? _____

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

Do the children receive religious training? _____

If so, from whom? _____

Have you or your spouse ever taught Sunday school?

If yes, who, when and what class? _____

Who arranges the children's birthday parties? _____

Who helps the children with their homework? _____

Who helps the children with their school projects? _____

What kind of housekeeper is your spouse? _____

What kind of housekeeper are you? _____

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?

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

When a sitter is needed, who babysits? _____

When a sitter is needed, who arranges for the sitter? _____

How often is the sitter used and under what circumstances?

Are the children in daycare? _____

How many hours per week? _____

Under what circumstances is the day care used?

Who chose the day-care? _____

Who chose the sitter? _____

Give name, address, telephone number, and age of the sitter: _____

Give name, address and telephone number of the daycare: _____

Who arranges for the sitter? _____

Who cares for the children when they are ill? _____

Who disciplines the children? _____

By what method? _____

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

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If so, describe: _____

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

What are your working hours? _____

What time do you leave home? _____

When do you return? _____

Do you have flexible working hours? _____

Does your work require travel? _____

If so, what distance and amounts of time? _____

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

What are your plans for child care during work hours? _____

Describe your housing arrangements, including number of bedrooms: _____

What are your spouse's or ex-spouses working hours? _____

What time does your spouse or ex-spouse leave home? _____

When does your spouse or ex-spouse return? _____

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

Does your spouse or ex-spouse's work require travel? _____

If so, what distances and amounts of time? _____

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

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

Describe your spouse or ex-spouse's household arrangements, including number of bedrooms: _____

How much of your spouse's leisure time does your spouse spend with the children? _____

How much of your leisure time do you spend with the children? _____

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 in regard to time and in regard

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to finances? _____

Has the children's academic performance changed in the last few years or months? _____

If so, what is the reason for the change and how were you made aware of it? _____

INTERFERENCE WITH OTHER PARENT'S RELATIONSHIP WITH CHILDREN:

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? _____

If so, explain: _____

Have you or your ex-spouse blocked the other parent's visitation with the children? _____

If so, explain, giving dates and frequency with which visitation was blocked: _____

Have you or your ex-spouse discouraged the child from having a good relationship with a stepparent or a "significant person" in the other parent's life? _____

If so, explain: _____

What is the worst thing you have ever done as a parent? _____

What is the worst thing your spouse has ever done as a parent? _____

COOPERATION BETWEEN YOU AND YOUR SPOUSE OR EX-SPOUSE:

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? _____

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 (if any)? _____

FREQUENCY OF MOVES AND PLANS TO MOVE:

Have you or your ex-spouse moved in the last ten years? _____

If so, when, where (include moves in the same city), and why? _____

Do you or your spouse or ex-spouse plan to move in the near future?

If so, who, when and where? _____

Does the parent who is not moving oppose the move? _____

Why the opposition? _____

Is it likely your spouse could get transferred with his/her job? _____

Is it likely you could get transferred with your job? _____

"SKELETONS IN THE CLOSET" AND 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 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 BY ATTACHING A SEPARATE SHEET DESCRIBING SAME.

Have you or your spouse or ex-spouse: (if yes, please list who):

- _____ committed a felony?
- _____ been arrested?
- _____ been in jail or prison?
- _____ used illegal drugs?
- _____ abused prescription drugs?
- _____ been hospitalized for using illegal drugs?
- _____ abused alcohol?
- _____ been hospitalized for abusing prescription drugs or alcohol?
- _____ been arrested for or convicted for drinking while under the influence of alcohol (drunk driving)?
- _____ engaged in gambling activities (legal or illegal)?
- _____ engaged in other illegal activities?
- _____ attempted suicide?
- _____ been hospitalized for an emotional or psychiatric disorder?
- _____ suffered from or received treatment for an emotional or psychiatric condition?
- _____ abused your spouse in any way?
- _____ abused your child(ren) in any way?
- _____ had a sexual relationship during the marriage with someone other than your spouse?
- _____ had a sexual relationship (during or not during the marriage) with someone other than your spouse of which the children

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were aware? If so, describe the children's reaction to the relationship and the children's feelings about the person(s) involved in the relationship.

had a homosexual or bisexual relationship?
engaged in unusual sexual practices?
had a pregnancy outside of marriage?
had a sexually transmitted disease?
drunk socially? If so, what do you drink and with what frequency?

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 and how and from whom you gained your knowledge: __

Do you or your 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 the preference? _____

How strong is the preference? _____

How long has the preference been held? _____

Has the preference changed? _____

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

CHILDREN'S RELATIONSHIP WITH OTHER FAMILY MEMBERS:

Where does your family live (parents, siblings, aunts, uncles and cousins)? _____

Where does your spouse's family live (parents, siblings, aunts, uncles and cousins)? _____

How do you feel about your spouse's family? _____

How does your spouse feel about your family? _____

How do the children get along with each other? _____

How do the children get along with stepparents? _____

How do the children get along with stepbrothers and stepsisters? _____

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

Do the children have a strong relationship with anyone else that you believe is important? _____

GOALS:

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

To what extent do you believe that you and your ex-spouse should have joint custody (sometimes referred to as "shared parental responsibility") 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? _____

What are your spouse's future goals with the children and the reasons for those goals? _____

Have you and your ex-spouse attempted to work out a settlement of the case between yourselves? What progress have you made? What are your positions? _____

PENDING PROCEEDINGS, OTHER ATTORNEYS, AND WHAT BROUGHT YOU TO THIS OFFICE:

Are there any court proceedings pending on this matter? _____

Who do you think would make good witnesses for you and what do you think the testimony would be and why? Possible witnesses include neighbors, the children's teachers, friends, doctors, baby sitters, day-care workers, clergy and family members. Important witnesses are those who have seen you and/or your spouse or ex-spouse around the children.

Name: _____

Home address: _____

Home telephone: _____ Business telephone: _____

Business address: _____

What could this person testify about: _____

Why: _____

Name: _____

Home address: _____

Home telephone: _____ Business telephone: _____

Business address: _____

What could this person testify about: _____

Why: _____

Name: _____

Address: _____

Home telephone: _____ Business telephone: _____

Business address: _____

What could this person testify about: _____

Why: _____

Who do you think will be a witness for your spouse or ex-spouse, and what do you think will be the testimony of those persons?

Name: _____

Home address: _____

Home telephone: _____ Business telephone: _____

What could this person testify about: _____

Why: _____

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Name: _____
Home address: _____
Home telephone: _____ Business telephone: _____

What could this person testify about: _____

Why: _____

Name: _____
Home address: _____
Home telephone: _____ Business telephone: _____

What could this person testify about: _____

Why: _____

Name: _____
Home address: _____
Home telephone: _____ Business telephone: _____

What could this person testify about: _____

Why: _____

***Please continue to list on a separate piece of paper if there are more than you can list here.**