



Custody/Child Support Questionnaire

So that we will be able to answer your questions and handle your case in a prompt and efficient manner, it is important that you attempt to answer the following questions fully and accurately. If you need additional space for an answer, you may use the back of a page. The completed questionnaire will be kept confidential and will remain in our possession. Please print.

Date: _____ Referred by: _____

YOUR CURRENT PERSONAL INFORMATION:

1. Full Name _____
2. All previous names you have ever used _____

3. Present Street Address _____
City _____ County _____ State _____ Zip _____
4. ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS _____

5. Cell Phone _____
Email _____
6. Social Security Number _____
7. Length of Residence in Minnesota _____
8. Birthplace _____ Birthdate _____ Age _____
9. Religion _____ Race _____
10. Highest Level of Education _____ Year Completed _____
11. Present Health _____
12. Physician or Clinic _____
13. Are you presently in the military service? _____
14. Name of person (other than your spouse) who would be most likely to always know where you can be reached _____
Telephone Number _____ Relationship to you _____

YOUR EMPLOYMENT INFORMATION (provide a current paycheck stub):

1. Employer _____
2. Address _____
3. Occupation _____
4. Length of Time with this Employer _____
5. How often are you paid:
Weekly _____ Every two weeks _____ Twice per month _____ Monthly _____

ATTACH A CURRENT PAYCHECK STUB

6. Describe the type and amount of other income (overtime, bonuses, commissions, and other employment) _____

7. Describe all other employment benefits (car, car allowance, meals, memberships, etc.) _____

8. Detail your prior work experience (what, when and where) _____

9. Do you receive, or expect to receive, any of the following as income:
Public Assistance Yes No
Social Security Benefits Yes No
 for Yourself
Social Security Benefits Yes No
 for Child(ren)
Unemployment Compensation Yes No
Worker's Compensation Yes No
Rental Income Yes No
Other Income Yes No
If Yes, What: _____

OPPOSING PARTY'S PERSONAL INFORMATION:

1. Full Name _____
2. All previous names he/she has ever used _____

3. Present Street Address _____
City _____ County _____ State _____ Zip _____
4. Cell Phone _____ Email _____

5. Social Security Number_____
6. Length of Residence in Minnesota_____
7. Birthplace_____ Birthdate_____ Age_____
8. Religion_____ Race_____
9. Highest Level of Education_____ Year Completed_____
10. Present Health_____
11. Physician or Clinic_____
12. Is he/she presently in the military service?_____
13. ADDRESS FOR MAIL IF DIFFERENT THAN HOME ADDRESS _____

OTHER PARTY'S EMPLOYMENT INFORMATION (provide a current paycheck stub):

1. Employer_____
2. Address_____
3. Occupation_____
4. Length of Time with this Employer_____
5. How often is spouse paid:
Weekly Every two weeks Twice per month Monthly

ATTACH A CURRENT PAYCHECK STUB, IF POSSIBLE

6. Describe the type and amount of his/her other income (overtime, bonuses, commissions, and other employment)_____

7. Describe all other employment benefits he/she has (car, car allowance, meals, memberships, etc.)_____

8. Detail his/her prior work experience (what, when and where)_____

9. Does he/she receive, or expect to receive, any of the following as income:
Public Assistance Yes No
Social Security Benefits Yes No
for Himself/Herself Yes No

Social Security Benefits
for Child(ren)

Yes No

Unemployment Compensation

Yes No

Worker's Compensation

Yes No

Rental Income

Yes No

Other Income

Yes No

If Yes, What: _____

CHILDREN:

1. Children:

<u>Full Name</u>	<u>Age</u>	<u>Birthdate</u>	<u>Social Security #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Do the children now live with Client? _____

3. Was a Recognition of Parentage (ROP) signed when the child(ren) were born? _____

IF SO, ATTACH A COPY.

4. Do the children have any physical or mental disabilities? If so, what are they? _____

5. Are there any previous court actions involving you, the opposing party, or the children? If so, please provide the Court File Number: _____

6. Who are listed on the children's birth certificates? _____

7. Was a DNA test ever completed? Are you asking for one?

8. What is the current parenting schedule?

9. Do you have any other children not the subject of this matter? If yes, please list their names and ages. _____

10. Have you engaged in any Assisted Reproductive Technology (ART) resulting in frozen sperm, eggs, or embryos? _____

11. Has a delegation of parental authority (DOPA) been signed with respect to the child(ren) now or in the past? _____

12. If you are asking for custody of a child that is not yours (i.e. third party custody), outline why you should be granted custody or parenting time and include any reasons why the parent(s) should lose custody of the child(ren):

FINANCIALS:

1. Do you or the other party pay child support? If yes, how much? _____

2. Do you or the other party receive child support? If yes, how much? _____

3. Do you or the other party pay spousal maintenance? If yes, how much? _____

4. Do you or the other party receive spousal maintenance? If yes, how much? _____

YOUR HEALTH INSURANCE:

		Coverage provided for: [Check all that apply]	
	<u>Name of Carrier</u>	<u>You</u>	<u>Dependents</u>
1.	Medical _____	_____	_____
2.	Dental _____	_____	_____
3.	Optical _____	_____	_____
4.	Other _____	_____	_____

Who carries this insurance?: _____

What is the MONTHLY cost for only the CHILDREN? _____

PROVIDE DOCUMENTATION SHOWING THE COST OF INSURANCE (I.E. COST OF FAMILY COVERAGE AND COST OF SINGLE COVERAGE)

DAYCARE:

If you incur daycare expenses, what is the weekly amount? _____

Is this amount pre-tax through employment (flex plan, etc.)? _____

PROVIDE DOCUMENTATION SHOWING THE COST OF DAYCARE.

SERVICE:

Please give an accurate physical description of your spouse (height, weight, color of hair, color of eyes, distinctive physical characteristics, nickname, etc.). This information is necessary in order to ensure prompt service of papers on your spouse. Also attach a recent photograph of your spouse if you have one.

Give make, model, year, color, and license number of car your spouse is driving:

Would the opposing party be willing to acknowledge receipt of paperwork instead of having them personally served? _____

Example Holiday Schedule

Holiday	Odd Number Years	Even Number Years
Children's Birthdays If the birthday conflicts with a holiday, the holiday schedule applies.	Follow regular schedule. Both parents shall have access to the minor child for at least 2 hours.	
Spring Break After school on last day of school until return to school after break.	Father	Mother
Easter Sunday – 10am – 6pm	Mother	Father
Mother's Day Weekend* After school on FRI until return to school on MON	Mother	
Memorial Day Weekend* Afterschool (or 5 pm) on FRI – Return to school/daycare on TUE	Father	Mother
Father's Day Weekend* 5 pm FRI until return to daycare (9 am) on MON	Father	
Fourth of July FRI: 10 am on Friday - 8 pm on Sunday SAT or SUN: 5 pm Friday - 8 pm on Monday MON: 5 pm on Friday – 10 am on Tuesday TUE, WED or THU: 10 am - Return to regular schedule on the 5 th	Father	Mother
Labor Day Weekend* 5 pm on FRI – Return to school/daycare on TUE	Mother	Father
MEA Break After school on last day of school until return to school after break.	Mother	Father
Halloween After school (or 5 pm) – Return to school (or 9 am) on NOV 1	Father	Mother
Thanksgiving 9am Thursday until 9am Friday	Mother	Father
Christmas Eve 9am on DEC 24 – 9am DEC 25	Mother	Father
Christmas Day 9am DEC 25 – 9am DEC 26	Father	Mother
New Year's Eve & Day¹ 5 pm on DEC 31 – Return to school/daycare (or 9 am) on JAN 2 ¹ Odd/Even determined by NY Eve	Mother	Father
*Three Weekend Rule The parents shall adjust weekends as needed to avoid either parent having 3 weekends in a row. If unable to agree, the weekend after the holiday weekend will be traded so that each parent receives two weekends in a row.		