



CONFIDENTIAL QUESTIONNAIRE REGARDING CHILDREN

Please fill out the questionnaire, below, to provide me the information I will need regarding your children.

1. What is your full name? _____

2. Please tell me about your children.

Please give full name and date of birth, and indicate whether each child will be involved in this case (i.e., are we working to establish custody, parenting time, etc. for that child). Please provide as many details as you know about any other children the other parent might have.

First	Middle	Last	Birthdate	Age	Ours	Mine	Other Parent	This Case
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are you or is the other parent now pregnant? Yes No

3. Custody and Parenting Time

a. Are any of the children adopted? Yes No

b. Are there any restraining orders or any other type of custody order currently in effect or pending? Yes No

c. Please describe the *general* current parenting time schedule for each child (e.g. 50/50 or dates with each parent):

d. Please provide approximate dates and addresses where each child has lived for the last five years (with both parents), as well as the adults with whom the child lived there:

Child/Children	Dates	Location	Adults Present

4. Support

- a. Are you now paying support? Yes No If so, how much? \$_____
- b. Are you now receiving support? Yes No If so, how much? \$_____
- c. Are you or is the other parent now receiving any form of public assistance? Yes No
- d. Other than children, do you have any dependents? Yes No
- e. Who provides health insurance for the children? _____
- f. Monthly cost of health insurance for children only: \$_____
- g. Monthly cost for *your* health insurance only: \$_____

5. Health of parties

- a. Is there anything I should know about the mental or physical health of any party to this action? Yes No
- b. Do any of your children have exceptional health or dental needs? Yes No
- c. Does any child have any special educational needs or concerns? Yes No