



1. Where are you living now?
  - a. Address: \_\_\_\_\_
  - b. City, State, Zip: \_\_\_\_\_
  - c. Driver's License Number: \_\_\_\_\_
  - d. Social Security Number: \_\_\_\_\_
  - e. Date of Birth: \_\_\_\_\_
  - f. Place of Birth: \_\_\_\_\_
  - g. Race: \_\_\_\_\_
  
2. Please provide the following:
  - a. Residence telephone number: \_\_\_\_\_
  - b. Business telephone number: \_\_\_\_\_
  - c. Mobile or cellular telephone number: \_\_\_\_\_
  - d. E-mail address (personal email only): \_\_\_\_\_
  
3. Please complete the following concerning your employment:
  - a. Employer: \_\_\_\_\_
  - b. Job Title: \_\_\_\_\_
  - c. Street Address: \_\_\_\_\_
  - d. City, State, Zip: \_\_\_\_\_
  - e. Gross salary per year: \_\_\_\_\_
  - f. Length of Employment: \_\_\_\_\_
  
4. At what address do you wish to receive mail from this office?
  - a. Address: \_\_\_\_\_
  - b. City, State, Zip: \_\_\_\_\_
  
5. Please provide the following regarding the opposing party:
  - a. Full Name: \_\_\_\_\_  
(First) (Middle) (Last)
  - b. Date of Birth: \_\_\_\_\_
  - c. Place of Birth: \_\_\_\_\_

- d. Social Security Number: \_\_\_\_\_
- e. Driver's License Number: \_\_\_\_\_
- f. Race: \_\_\_\_\_

6. Please provide the following contact information regarding the opposing party?

- a. Address: \_\_\_\_\_
- b. City, State, Zip: \_\_\_\_\_
- c. Residence Telephone Number: \_\_\_\_\_
- d. Email address: \_\_\_\_\_

7. Complete the following concerning the opposing party's employment:

- a. Employer: \_\_\_\_\_
- b. Job Title: \_\_\_\_\_
- c. Street Address: \_\_\_\_\_
- d. City, State, Zip: \_\_\_\_\_
- e. Employer's Telephone Number: \_\_\_\_\_
- f. Gross Salary per Year: \_\_\_\_\_
- g. Length of Employment: \_\_\_\_\_
- h. Education of Opposing Party: \_\_\_\_\_

8. Were you and the opposing party ever married to one another? \_\_\_\_\_  
If so, what were the dates of your marriage? \_\_\_\_\_

9. Please provide the following for each child the subject of this suit:

- 1) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Age: \_\_\_\_\_

2) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Age: \_\_\_\_\_

3) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Age: \_\_\_\_\_

4) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Age: \_\_\_\_\_

5) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Age: \_\_\_\_\_

10. Are there any prior custody or child support orders in place regarding the children identified in the above question? \_\_\_\_\_  
If so, please provide the following information regarding such orders:  
County and state of prior orders: \_\_\_\_\_  
Case number of prior orders: \_\_\_\_\_
11. If there are no prior orders regarding the above children, will paternity be in dispute? \_\_\_\_\_
12. Have you seen a counselor for individual or family therapy? \_\_\_\_\_  
If so, give name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Time Period Seen: \_\_\_\_\_
13. What is your religious preference? \_\_\_\_\_
14. Will there be a dispute over custody of the children?  
Yes \_\_\_\_\_ No \_\_\_\_\_  
If not, custody will be with whom? \_\_\_\_\_
15. Where are the children living at this time?  
a. Address: \_\_\_\_\_  
b. City, State, Zip: \_\_\_\_\_
16. Does the opposing party now have an attorney? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, who? \_\_\_\_\_
17. Have you been married before to anyone besides the opposing party? \_\_\_\_\_  
If so, how many times? \_\_\_\_\_
18. Do you have any children from a relationship with any person(s) other than the opposing party? \_\_\_\_\_

If so, provide the following regarding each child:

1) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Age: \_\_\_\_\_

2) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Age: \_\_\_\_\_

3) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Age: \_\_\_\_\_

With whom do these children reside? \_\_\_\_\_

19. Do you pay/receive (check one) child support for the children identified in question 18?

Yes \_\_\_\_\_ No \_\_\_\_\_

Are you the payor or recipient? \_\_\_\_\_

How much is payable? \$ \_\_\_\_\_ per \_\_\_\_\_

20. Does the opposing party have children with any other person? \_\_\_\_\_

If so, provide the following regarding each child:

- 1) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Name of other parent: \_\_\_\_\_  
Age: \_\_\_\_\_  
With whom does this child reside? \_\_\_\_\_
  
- 2) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Name of other parent: \_\_\_\_\_  
Age: \_\_\_\_\_  
With whom does this child reside? \_\_\_\_\_
  
- 3) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Name of other parent: \_\_\_\_\_  
Age: \_\_\_\_\_  
With whom does this child reside? \_\_\_\_\_
  
- 4) Name: \_\_\_\_\_  
Sex: \_\_\_\_\_  
Birthplace: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Name of other parent: \_\_\_\_\_  
Age: \_\_\_\_\_  
With whom does this child reside? \_\_\_\_\_

21. Does the opposing party pay or receive child support for the children identified in question

20? Yes \_\_\_\_ No \_\_\_\_

Is he or she the payor or recipient? \_\_\_\_\_

How much is payable? \$\_\_\_\_\_ per \_\_\_\_\_

22. **FAMILY HISTORY**

Your Father's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

If deceased, age and year he died: \_\_\_\_\_

Your Mother's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

If deceased, age and year she died: \_\_\_\_\_

How many brothers? \_\_\_\_\_ How many sisters? \_\_\_\_\_

List name, address and phone number of all brothers and sisters:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. **PERSONAL HISTORY**

Your education:

Highest grade and year completed: \_\_\_\_\_

Where: \_\_\_\_\_

When: \_\_\_\_\_

Military Service: Branch: \_\_\_\_\_ Serial No.: \_\_\_\_\_

Type of discharge: \_\_\_\_\_ When: \_\_\_\_\_

Last Base: \_\_\_\_\_

Your living arrangements: House \_\_\_\_ Apt. (Include name of complex) \_\_\_\_\_

Buying \_\_\_\_\_ Renting \_\_\_\_\_

Number of Occupants: Adults \_\_\_\_\_ Minors \_\_\_\_\_

Name of Occupants: \_\_\_\_\_

\_\_\_\_\_

24. Last Will and Testament:

Do you have a will? \_\_\_\_\_

If so, prepared by whom? \_\_\_\_\_

25. Nearest Relative or Person to be contacted in Case of Emergency:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

26. If you want primary custody of your children, please tell me why you think you should have primary custody in fifty words or less: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

27. With whom do the children currently live? \_\_\_\_\_

28. How long has the current living arrangement been in effect? \_\_\_\_\_

29. Names and addresses of schools the children attend or have attended, dates attended, and the name(s) of the teacher or principal there that is familiar with the child:

Childs Name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Grade(s): \_\_\_\_\_

Teacher or Principal: \_\_\_\_\_

Childs Name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Grade(s): \_\_\_\_\_

Teacher or Principal: \_\_\_\_\_

Childs Name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Dates Attended: \_\_\_\_\_

Grade(s): \_\_\_\_\_

Teacher or Principal: \_\_\_\_\_

**"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.

30. Have you or the opposing party:
- \_\_\_\_\_ committed a felony?
  - \_\_\_\_\_ been arrested?
  - \_\_\_\_\_ was in jail or prison?
  - \_\_\_\_\_ used illegal drugs?
  - \_\_\_\_\_ abused prescription drugs?
  - \_\_\_\_\_ abused alcohol?
  - \_\_\_\_\_ been arrested for or convicted of driving 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 the opposing party?
  - \_\_\_\_\_ abused your child?
  - \_\_\_\_\_ had a homosexual relationship?
  - \_\_\_\_\_ engaged in unusual sexual practices?
  - \_\_\_\_\_ had a pregnancy outside of marriage?
  - \_\_\_\_\_ had a venereal disease?
  - \_\_\_\_\_ drunk socially? If so, what do you drink and with what frequency?

31. If you or the opposing party 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: \_\_\_\_\_

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**CHILD CUSTODY QUESTIONNAIRE**

This form is to assist you in completing a personal history and list of witnesses for our use in depositions, hearings, or trials which may be scheduled in your case. If you are in doubt as to whether to include any fact or person in these lists or your personal history, please include in both. We need to be as informed as possible.

This outline was prepared as an aid to you. Some portions may not apply to you or your situation or there may be details which pertain to your situation which are not listed. Please use this only as a guide to get you started.

Below is an outline of the types of information we will need:

**PERSONAL HISTORY**

I. Please provide your complete personal history, including "who", "what", "when", "where", "why", and "how" as to the following matters:

A. Describe (with more detail devoted to these last few years) your history with the opposing party and child(ren). Include everything about the marriage (if applicable), divorce (if applicable). \_\_\_\_\_

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B. Your work history, including name of employer, address of employer, work schedule, and income. \_\_\_\_\_

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C. The opposing party's work history: \_\_\_\_\_

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D. Details as to how each of you have contributed to the financial support of the family: \_\_\_\_\_

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E. Details as to how you and the opposing party dealt with the different perspectives of religion, parenting, discipline. \_\_\_\_\_

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F. Your view of the opposing party as a mate, parent, and economic provider. \_\_\_\_\_

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G. Any significant changes in you or the opposing party after the birth of a child.

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H. Problems with the relationship with the opposing party, including when each problem occurred and what apparently caused the problem. \_\_\_\_\_

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II. Skeletal story of life for both you and the opposing party:

A. Education: \_\_\_\_\_

B. Prior marriage and child(ren) of prior marriages, if any: \_\_\_\_\_

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C. Employment and work history: \_\_\_\_\_

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D. Illnesses or physical handicaps of any significance: \_\_\_\_\_

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E. Personal difficulties of any significance: \_\_\_\_\_

F. Criminal or mental illness history: \_\_\_\_\_

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III. Parenting skills of both you and the opposing party:

A. List of your best and worst traits of parenting: \_\_\_\_\_

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B. List of the opposing party's best and worst traits of parenting: \_\_\_\_\_

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C. A description of any problems your child(ren) may have, both physical and emotional, and what the cause or causes may be: \_\_\_\_\_

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D. List of actual parenting responsibilities you assumed, to the exclusion of the opposing party, i.e., taking child to school, doctors, dentists, chauffeuring, participating in and attending school functions; taking to day-care, shopping, etc.:

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E. List of actual parenting responsibilities the opposing party assumed, to your exclusion:

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F. Any other activity in which you participated with the child(ren), i.e., bathing, dressing, feeding, playing with, reading to, etc.:

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G. Any other activity in which the opposing party participated with the child(ren).

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### **FAVORABLE WITNESSES**

Make a list of the favorable witnesses for trial, and for each witness give the following information:

- Name
- Address at home and at work
- Phone number at home and at work
- Relationship to you (friend, relative, neighbor, etc.)
- A complete description of what each witness can testify to about your cause [about you, the opposing party, your child(ren), your home] which will be beneficial to you, and anything detrimental which they may know about you.

The witness list should be broken down into the following areas:

A. Expert witnesses whom you have consulted in the last five years:

1. Medical doctors for any significant treatment
2. Psychologists
3. Psychiatrists
4. Lawyers
5. Ministers
6. Any of the above type of experts with whom you have consulted regarding the child(ren)

B. Neighbors who have seen your interaction with the opposing party in a favorable light, and who have seen your parenting skills with your child(ren) in a positive, functioning manner.

C. Friends and/or acquaintances who have seen you interact with your child(ren) in the day-to-day requirements of being a good parent.

D. Friends and/or acquaintances, including social or business friends, who can testify as to your character, reputation and abilities.

E. Family members who have seen your parenting skills as they relate to your child(ren), seen your home in a positive, functioning manner, and your interaction with the opposing party and child(ren) on a day-to-day basis which reflects you as a good parent.

F. School teachers, counselors, or other faculty of the child(ren)'s school who are aware of your positive parenting skills, support, and participation with the child(ren).

G. Babysitters that have provided care for the child(ren).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
Can Testify To: \_\_\_\_\_  
\_\_\_\_\_

**ADVERSE WITNESSES**

Make a list of any and all adverse witnesses you feel the opposing party will call to testify against you. Please use the same categories as those listed above and supply information for each which could show any detrimental fact against you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
Can Testify To: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_  
Can Testify To: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_  
Business Telephone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

Can Testify To: \_\_\_\_\_  
\_\_\_\_\_

**CUSTODY SPECIFIC ISSUES**

1. If you want sole custody of your child(ren), please state why you think you should have sole custody in fifty words or less: \_\_\_\_\_  
\_\_\_\_\_

2. With whom does the child(ren) currently reside? \_\_\_\_\_

3. Period of time in which this living arrangement has been in effect? \_\_\_\_\_  
\_\_\_\_\_

4. Names and addresses of schools the child(ren) attends, dates attended and name of teacher or principal, at the school, who is familiar with the child(ren):

Child's name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Grade: \_\_\_\_\_

Teachers/ Staff who are familiar with your relationship with child: \_\_\_\_\_

Child's name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Grade: \_\_\_\_\_

Teachers/ Staff who are familiar with your relationship with child: \_\_\_\_\_

Child's name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Grade: \_\_\_\_\_

Teachers/ Staff who are familiar with your relationship with child: \_\_\_\_\_

Child's name: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Grade: \_\_\_\_\_

Teachers/ Staff who are familiar with your relationship with child: \_\_\_\_\_

**To the extent that both you and the opposing party have shared the responsibilities listed below, describe the degree to which the responsibilities have been shared:**

1. Who helps the child(ren) get dressed in the morning? \_\_\_\_\_

2. Who bathes the child(ren) and grooms them? \_\_\_\_\_

3. Is any child nursing? \_\_\_\_\_

4. Who takes care of the child(ren) during the day? \_\_\_\_\_

5. Who arranges for getting the child(ren) together with playmates? \_\_\_\_\_

6. Who puts the child(ren) to bed at night? \_\_\_\_\_

7. Who prepares the meals? \_\_\_\_\_

8. Who arranges for medical and dental care and takes the child(ren) to their appointments? \_\_\_\_\_

9. Who takes the child(ren) to school? \_\_\_\_\_

10. Who picks the child(ren) up from school? \_\_\_\_\_
11. Who shops for the child(ren)'s clothes? \_\_\_\_\_
12. Who transports the child(ren) to extracurricular activities? \_\_\_\_\_
13. Do you or the opposing party participate in recreational or educational activities with your child(ren)? \_\_\_\_\_
14. Describe the nature of the activities and how often you and the opposing party participate in them. \_\_\_\_\_  
\_\_\_\_\_
15. Does/Do the child(ren) receive religious training? \_\_\_\_\_
16. If yes, from whom? \_\_\_\_\_
17. Who arranges the child(ren)'s birthday parties? \_\_\_\_\_
18. Who helps the child(ren) with homework? \_\_\_\_\_
19. Who attends parent-teacher conferences? \_\_\_\_\_
20. Do you feel that the child(ren) is closer to you or the opposing party? \_\_\_\_\_
21. Is/Are the child(ren) in a daycare or with a sitter? \_\_\_\_\_
22. If yes, how many hours per week? \_\_\_\_\_
23. Please state the name, address and telephone number of the daycare or sitter? \_\_\_\_\_  
\_\_\_\_\_
24. Who arranges for the daycare or sitter? \_\_\_\_\_
25. Who cares for the child(ren) when ill? \_\_\_\_\_
26. Who disciplines the child(ren)? \_\_\_\_\_
27. By what method? \_\_\_\_\_
28. Has the division of responsibility for child care changed over the years? \_\_\_\_\_  
\_\_\_\_\_
29. If yes, please describe? \_\_\_\_\_

**Time available to spend with the child(ren) and plans for 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? \_\_\_\_\_
6. If yes, what distances, length of time gone and frequency? \_\_\_\_\_
7. Is your work schedule likely to change in the future? \_\_\_\_\_
8. What are your plans for childcare? \_\_\_\_\_
9. Describe your housing arrangement including number of bedrooms? \_\_\_\_\_  
\_\_\_\_\_
10. What are the opposing party's working hours? \_\_\_\_\_
11. What time does the opposing party leave home? \_\_\_\_\_
12. When does the opposing party return? \_\_\_\_\_
13. Are the opposing party's working hours flexible? \_\_\_\_\_
14. Does the opposing party's work require travel? \_\_\_\_\_
15. If yes, what distances, length of time gone and frequency? \_\_\_\_\_
16. Is the opposing party's work schedule likely to change in the future? \_\_\_\_\_  
\_\_\_\_\_
17. What are the opposing party's plans for child care? \_\_\_\_\_
18. Describe the opposing party's housing arrangement including number of bedrooms? \_\_\_\_\_  
\_\_\_\_\_

**Special Needs of the Child(ren):**

1. Does/Do the child(ren) have any special or unusual educational or health care needs?  
\_\_\_\_\_
2. If yes, please describe them: \_\_\_\_\_

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3. Who has worked to meet those needs? \_\_\_\_\_

4. Are you or the opposing party better able to meet those needs? \_\_\_\_\_

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5. Has the child(ren)'s academic performance changed in the last few years or months? \_\_\_\_\_

6. If yes, what is the reason for the change? \_\_\_\_\_

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**Interference with Other Parent's Relationship with Child(ren):**

1. Have you or the opposing party interfered with the child's relationship with the other parent or spoken badly about the other parent to the child? \_\_\_\_\_

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2. If yes, please explain: \_\_\_\_\_

3. Have you or the opposing party blocked the other parent's visitation with the child(ren)? \_\_\_\_\_

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

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5. Have you or the opposing party discouraged the child(ren) from having a good relationship with a step-parent or a significant person in the other parent's life? \_\_\_\_\_

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6. If yes, please explain: \_\_\_\_\_

**Cooperation Between You and the Opposing Party:**

1. How well have you and the opposing party been able to cooperate on matters concerning the child(ren) and on matters concerning visitation or access to the child(ren)? \_\_\_\_\_

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2. To what extent do you and the opposing party share values regarding how the child(ren) should be raised, what type of education they should have, and what type of religious training they should have? \_\_\_\_\_

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**Frequency of Moves and Plans to Move:**

1. Have you or the opposing party moved in the last ten years? \_\_\_\_\_

2. If yes, when and where? (Please include moves in the same city) \_\_\_\_\_

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3. Do you or the opposing party plan to move in the near future? \_\_\_\_\_

4. If yes, when and where? \_\_\_\_\_

5. Does the parent who is not moving oppose the move? \_\_\_\_\_

6. Why? \_\_\_\_\_

**Child(ren)'s Preferences:**

1. Has/Have the child(ren) told you with whom they want to live?

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2. If yes, what is the basis for the preference? \_\_\_\_\_

3. How strong is the preference? \_\_\_\_\_

4. How long has the preference been held? \_\_\_\_\_

5. Has the preference changed? \_\_\_\_\_

6. How would you feel about the child(ren) talking to the judge regarding their preferences? \_\_\_\_\_

**Child(ren)'s Relationship with Other Family Members:**

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

2. How does/do the child(ren) get along with step-parents? \_\_\_\_\_

3. How does/do the child(ren) get along with stepbrothers and stepsisters? \_\_\_\_\_

4. Does/Do the child(ren) have a particularly close relationship with either or both sets of grandparents? \_\_\_\_\_

5. Does/Do the child(ren) have a strong relationship with anyone else that you believe is important? \_\_\_\_\_

**Goals:**

1. What are your future goals with the child(ren) and the reasons for your goals? \_\_\_\_\_

\_\_\_\_\_

2. To what extent do you believe that you and the opposing party 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? \_\_\_\_\_

\_\_\_\_\_

3. What are the opposing party's goals with the child(ren) and the reason for these goals? \_\_\_\_\_

\_\_\_\_\_