

QUESTIONNAIRE FOR ATTORNEY

Name: _____

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GUIDELINES / RULES / EXPECTATIONS

1. Please answer each question fully and completely.
2. Answer honestly and to the best of your recollection.
3. Do NOT rely on anyone else's recollection or answers.
4. Complete this questionnaire yourself, to the best of your ability.
5. Do not stress about your answers, this is being used as a tool to assist the attorney.
6. Do NOT share this questionnaire or your answers with your children.
7. For any answer that you rely upon a writing, record, or other item of documentation, please note that next to the answer and provide a copy to my office if you have not already done so.
8. For any answer that contains information that can be obtained and/or confirmed by a third party, please note that next to the answer and provide his/her name, address, and phone number on the page(s) at the end of the questionnaire along with what answer they have information about.

Thank you in advance for taking the time to complete this questionnaire.

EMPLOYMENT

Are you currently employed? Yes No

Where: _____

How long have you worked there? _____ years / months / weeks / days

What is your rate of pay? \$ _____ / hour \$ _____ / year

What is your work schedule?

Day	M	T	W	Th	F	Sa	Su
Start							
End							

Is your current significant other employed? Yes No

Where: _____

What is their work schedule?

Day	M	T	W	Th	F	Sa	Su
Start							
End							

Have you ever been terminated (fired) by an employer? Yes No

If so, why?

Have you ever been terminated (fired) by an employer? Yes No

If so, why?

Describe all employment you have had for the past five (5) years:

Employer	Address and Phone Number	Start and End Dates	Wage or Salary	Reason for Leaving

Please describe your ex-spouse/significant other's employment for the last five (5) years:

Employer	Address and Phone Number	Start and End Dates	Wage or Salary	Reason for Leaving

Please provide the most recent three (3) months of paystubs and the last three (3) years of state and federal tax returns.

EDUCATION

Did you graduate from high school? Yes No

If so, where? _____ When? _____

Did you attend college? Yes No

If so, where? _____

Did you graduate from college? Yes No When? _____

What was your degree (B.A./B.S./M.A./Ph.D.)? _____

What was your degree field (physics/political science)? _____

Have you received any special training or certificates? Yes No

Where and for what?

Has the Court ever ordered you to complete any classes or assessments? Yes No

If so, what were they?

Did you complete them? Yes No

Do you feel that parenting / step-parenting classes would be beneficial? Yes No

If so, what would you like the classes directed toward?

If not, why? _____

Please provide copies of certificates and other educational program-related documents.

VISITATION

What is the current visitation schedule – school year?

Day	M	T	W	Th	F	Sa	Su
Mom							
Dad							

What is the current visitation schedule – summer?

Day	M	T	W	Th	F	Sa	Su
Mom							
Dad							

Do you like the current visitation schedule? Yes No

Why or why not?

Do you think the current schedule is in the best interest of your children? Yes No

Why or why not?

Are you seeking to change the visitation schedule? Yes No

What are you seeking to change the schedule to?

School year:

Day	M	T	W	Th	F	Sa	Su
Mom							
Dad							

Summer:

Day	M	T	W	Th	F	Sa	Su
Mom							
Dad							

Why do you think this change is in your children's best interest?

Where do visitation exchanges occur now? _____

Are you ever late to the exchange? Yes No

How often? Frequently Occasionally Rarely

Is the other parent ever late to the exchange? Yes No

How often? Frequently Occasionally Rarely

How is lateness communicated to/with the other party? _____

Has visitation ever been denied by the other parent? Yes No

Please describe each instance of denied visitation (when, how long, why, etc.):

Have you ever denied visitation to the other parent? Yes No

Please describe each instance of denied visitation (when, how long, why, etc.):

Do you prepare the children for visitation with the other parent? Yes No

How so?

When you receive the children back from the other parent, do they appear ready for visitation with you? Yes No

Do the children adjust easily from each visitation? Yes No

Describe how the children appear/act at the beginning of visitation:

How do the children react/appear upon returning to you?

Do you discuss the visitation with the children? Yes No

Do you question the children after visitation? Yes No

What is said, generally, after the children return to you?

Do you ever argue with the other parent at visitation exchanges? Yes No

How often? Frequently Occasionally Rarely

Do you have an established schedule at your home? Yes No

Generally, what is the schedule/routine each day during the school year?

How much time is spent on homework?

Generally, what is the schedule during the summer?

What extracurricular activities are the children involved in?

Who signed the children up for the activities?

How is information about the extracurricular activities shared between the parents and who does the sharing?

Have extracurricular activities been an issue between the parents? Yes No

If yes, how so?

Do you have established chores for the children at your home? Yes No

What are they?

Do you, generally, have established rules at your home? Yes No

Have they been expressly communicated to the children? Yes No

Have they been expressly communicated to the other parent? Yes No

Have you and the other parent attempted to create similar rules for each home? Yes No

What are the rules?

Describe the communication between you and the other parent regarding establishing similar rules:

Are there set consequences (disciplinary methods) for rule violations? Yes No

What are the disciplinary methods you employ?

Do you use or have you ever used corporal (spanking) punishment? Yes No

If yes, when was the last time and to whom?

Have they been expressly communicated to the children? Yes No

Have they been expressly communicated to the other parent? Yes No

Have you and the other parent attempted to create similar methods for each home?
Yes No

Who does the disciplining in your home?

How often do you find that you have to discipline the children and for what?

How many bedrooms does your home have? _____

Who do the children share a room with, if anyone?

What is the rule on phone use in your home?

How do you monitor the children's screen time and what is viewed on their devices?

Have the phone use/screen time rules been expressly communicated to the children?

Yes No

Have the phone use/screen time rules been expressly communicated to the other parent?

Yes No

Have you and the other parent attempted to create similar the phone use/screen time rules for each home? Yes No

Are the children ever left alone or with other individuals while in your care? Yes No

If yes, who and when?

Who cares for the children during your visitation (i.e., prepares meals, puts them to bed, etc.)?

Do your children transition well from the other parent's home to yours? Yes No

Describe:

Do your children transition well from your home to the other parent's? Yes No

Describe:

MEDICAL

Who is the primary care provider(s) for the children (Name, Clinic, Date the doctor began as PCP)?

Who schedules doctor's appointments? You Other Parent Both

Are the appointments communicated to you/the other parent in advance? Yes No

How are the appointments communicated to the other parent/you?

Following an appointment, do you communicate the information obtained from the doctor to the other parent? Yes No

How is the information communicated?

Following an appointment, does the other parent communicate the information obtained from the doctor to you? Yes No

How is the information communicated?

How would you improve the current medical communications between you and the other parent?

Do you have friends/family that work at the primary physician's office? Yes No

How, if at all, has this impacted your children's treatment?

How, if at all, has it impacted your co-parenting relationship with the other parent?

Who do your children see for counseling (Name, Clinic, Start Date, and Which Parent Chose)?

How do you feel your children's therapy is proceeding and why?

Do you think the current counseling/therapy arrangement is in your children's best interests? Yes No

Why?

Do you think that current method of medical decision making functions? Yes No

Please describe any medical issues you, your ex, or the minor child(ren) suffer from or procedures you, your ex, or the minor child(ren) have had:

Who – You, Your Ex, or Minor Child(ren)	What was the procedure or diagnosis	Where was procedure performed or diagnosis made	When

Who is/are the current primary care provider(s) for the minor child(ren)?

Have you, your ex-spouse/significant other, or the minor child(ren) ever been diagnosed with a mental illness? If so, provide the diagnosis, date of diagnosis, and the name, address, and phone number of diagnosing physician, and what the current treatment is, if any.

Are you, your ex-spouse/significant other, or the minor child(ren) on any prescription medications? If yes, please describe below:

DHS INVESTIGATIONS

Have you or your family ever been part of a DHS investigation? Yes No

When and what were the allegations?

What were the conclusions made by DHS?

Did DHS make any recommendations? Yes No

Have you followed/completed those recommendations?

Have you ever used a DHS investigation to retaliate against the other parent? Yes No

Have you ever had substantiated child abuse findings made against you? Yes No

If yes, when? _____

Who was/were the DHS investigator(s):

Name	E-mail	Phone	Year Investigated

RECORDINGS / MESSAGES

Do you make recordings of the other party (telephonically or otherwise)? Yes No

If yes, when and why?

Do you make recordings (or take photographs) of the children (telephonically or otherwise)? Yes No

If yes, when and why?

Do you text message or email anyone (including your ex spouse) regarding the issues in your case? Yes No

If so, please provide copies of the messages.

SCHOOL

For each child:

Name: _____

Where does he or she attend school? _____

What grade? _____

Who is the teacher? _____

How well is he or she performing in school?

Where did he or she attend school previously?

What grade(s)? _____

Who was/were the teacher(s)?

How well did he or she perform at the previous school(s)?

Are there currently any academic concerns for this child? Yes No

If yes, what are they?

Is the child currently experiencing behavioral issues at school? Yes No

If yes, what are they?

How often do you meet or talk (in person or otherwise) with the teacher or school representative about this child?

How are school related decisions currently handled between you and the other parent?

Are you and the other parent able to communicate about this child's school decisions?
Yes No

Are you and the other parent able to agree on school related decisions for this child?
Yes No

What do you see as the primary school related problems between you and the other parent as concerns this child?

Name: _____

Where does he or she attend school? _____

What grade? _____

Who is the teacher? _____

How well is he or she performing in school?

Where did he or she attend school previously?

What grade(s)? _____

Who was/were the teacher(s)?

How well did he or she perform at the previous school(s)?

Are there currently any academic concerns for this child? Yes No

If yes, what are they?

Is the child currently experiencing behavioral issues at school? Yes No

If yes, what are they?

How often do you meet or talk (in person or otherwise) with the teacher or school representative about this child?

How are school related decisions currently handled between you and the other parent?

Are you and the other parent able to communicate about this child's school decisions?
Yes No

Are you and the other parent able to agree on school related decisions for this child?
Yes No

What do you see as the primary school related problems between you and the other parent as concerns this child?

Name: _____

Where does he or she attend school? _____

What grade? _____

Who is the teacher? _____

How well is he or she performing in school?

Where did he or she attend school previously?

What grade(s)? _____

Who was/were the teacher(s)?

How well did he or she perform at the previous school(s)?

Are there currently any academic concerns for this child? Yes No

If yes, what are they?

Is the child currently experiencing behavioral issues at school? Yes No

If yes, what are they?

How often do you meet or talk (in person or otherwise) with the teacher or school representative about this child?

How are school related decisions currently handled between you and the other parent?

Are you and the other parent able to communicate about this child's school decisions?
Yes No

Are you and the other parent able to agree on school related decisions for this child?
Yes No

What do you see as the primary school related problems between you and the other parent as concerns this child?

As for all the children:

Is the current school functioning in the children's best interest? Yes No

Is the current method for making school related decisions functioning? Yes No

If no, how would you change it and why?

Please provide copies of all correspondence with the school, grade cards (transcripts), attendance records, and any other relevant school related documents.

OTHER LITIGATION HISTORY

Have you ever been arrested? Yes No

If yes, when and for what?

Have you ever been charged with a crime? Yes No

If yes, case number, what, where (county/state), when and what was the outcome of the case?

Have you ever filed for a protective order? Yes No

If yes, against whom, case number, where (county/state), when and outcome:

Have you ever had a protective order filed against you? Yes No

If yes, by whom, case number, where (county/state), when and outcome:

Have you been a party to any other type of litigation (case in court)? Yes No

If yes, case number, what, where (county/state), when and what was the outcome of the case?

Have you ever been accused or convicted of child abuse, if so when? Yes No _____

RESIDENCE

Where do you currently reside?

From _____ (month) _____ (year) to present.

Where have you resided in the past five (5) years?

Who resided with you?

From _____ (month) _____ (year) to _____ (month) _____ (year).

Who resided with you?

From _____ (month) _____ (year) to _____ (month) _____ (year).

Who resided with you?

From _____ (month) _____ (year) to _____ (month) _____ (year).

MISCELLANEOUS

Describe your interactions and feelings toward any stepparent or stepparent figure:

Do you talk about the other parent in your home? Yes No

Are the children present or in the home during any of those discussions? Yes No

What is the nature, generally, of what is said about the other parent?

Do the children ever seem to denigrate you or depreciate your value as a parent?

Yes No

How so?

Do the children accept consequences (punishments) from you? Yes No

Do the children appear to enjoy activities with you? Yes No

Have you ever had difficulty getting the children to visit you, in any way? Yes No

How so?

Did the child(ren) claim that the resistance was his/her/their own decision?

Yes No

Did the child(ren) deny that the resistance was the result of the other parent?

Yes No

Have there been false allegations of abuse made by the other parent? Yes No

If yes, describe when, what the allegation was and why it was false:

Does/do your child(ren) appear to reflexively support the other parent? Yes No

How so?

Have/has your child(ren) ever described an event that occurred between you and the other parent that did not involve them and/or the child(ren) should not know about?

Yes No

When and what was it?

Does/do your child(ren) display what appears to be guilt for bad acts toward you?

Yes No

How so?

Have extended family members become involved in your custody dispute? Yes No

Who and how so?

Have friends (or former friends) become involved in your custody dispute?

Yes No

Who and how so?

Do you believe your children are attached to and/or bonded with the other parent?

Yes No

Please describe:

Have you ever threatened the other parent? Yes No

How so?

Has the other parent ever threatened you? Yes No

How so?

Have you ever used an illegal drug? Yes No

Have you ever abused alcohol? Yes No

Have you ever abused prescriptions? Yes No

If yes to any of the three (3) preceding questions, please describe what, when, where, with whom and for how long:

Has your ex-spouse/significant other ever used an illegal drug? Yes No

Has your ex-spouse/significant other ever abused alcohol? Yes No

Has your ex-spouse/significant other ever abused prescriptions? Yes No

If yes to any of the three (3) preceding questions, please describe what, when, where, with whom and for how long:

Please complete this table for your monthly expenses and provide a copy of any documentation that supports the amount listed.

Monthly recurring expenses – List names of all people for whom these expenses are incurred:	
Rent or mortgage	
Food and household supplies	
Utilities	
Telephone	
Laundry and cleaning	
Clothing	
Medical (not covered by insurance)	
Dental (not covered by insurance)	
Insurance (specify type)	
Child Care	
Payment of alimony or child support	
Children’s school expenses	
Entertainment	
Auto payment	
Auto expenses (gas, oil)	
Installment payments (charge cards, department stores, etc.)	

FINANCIAL INFORMATION

Bank Accounts	
Bank:	Type:
Balance:	Owners:
Bank:	Type:
Balance:	Owners:
Bank:	Type:
Balance:	Owners:
Miscellaneous	
Safe(s):	Location:
Safe Deposit Box(es):	Location:
Cash:	Location:
Retirement Accounts	
Institution:	Type:
Balance:	Owners:
Institution:	Type:
Balance:	Owners:
Bank:	Type:
Balance:	Owners:

Credit Cards	
Institution:	Opened by:
Balance:	Monthly Payment:
Institution:	Opened by:
Balance:	Monthly Payment:
Institution:	Opened by:
Balance:	Monthly Payment:
Institution:	Opened by:
Balance:	Monthly Payment:
Institution:	Opened by:
Balance:	Monthly Payment:
Institution:	Opened by:
Balance:	Monthly Payment:
Other Debts	
Institution:	Type:
Balance:	Monthly Payment:
Institution:	Type:
Balance:	Monthly Payment:
Institution:	Type:
Balance:	Monthly Payment:
Institution:	Type:
Balance:	Monthly Payment:

WITNESSES/THIRD PARTIES

Name: _____

Address:

Phone Number: _____

What question(s) they can assist with:

Name: _____

Address:

Phone Number: _____

What question(s) they can assist with:

Name: _____

Address:

Phone Number: _____

What question(s) they can assist with:

Name: _____

Address:

Phone Number: _____

What question(s) they can assist with:

Name: _____

Address:

Phone Number: _____

What question(s) they can assist with:

Name: _____

Address:

Phone Number: _____

What question(s) they can assist with:

Name: _____

Address:

Phone Number: _____

What question(s) they can assist with:

Name: _____

Address:

Phone Number: _____

What question(s) they can assist with:
