

CONFIDENTIAL
QUESTIONNAIRE FOR ATTORNEY

Name: _____

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CONFIDENTIAL
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.

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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?

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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.

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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.

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VISITATION

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?

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Who signed the children up for the activities?

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

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

What are the rules?

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

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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

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?

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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

For each child, describe the nature of your relationship with him or her, including special activities, trips, or routines that demonstrate the up and/or downs of the relationship:

[illegible]

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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.)?

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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

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

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?

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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

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:

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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

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Attached is a copy of the allegations from your case, this document is the affidavit completed by the DHS investigator. Please respond in the section labeled “Additional Pages for Answers” to each allegations. NOTE: The attorney may have indicated the issues with highlights, parentheses, or some other indicator.

If available, attached is a copy of the petition from your case, this document is the initial pleading filed by the district attorney’s office. Please respond in the section labeled “Additional Pages for Answers” to each allegations. NOTE: The attorney may have indicated the issues with highlights, parentheses, or some other indicator.

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RECORDINGS / MESSAGES

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 regarding the issues in your case? Yes No

If so, please provide copies of the messages.

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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

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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?

CONFIDENTIAL

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)?

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CONFIDENTIAL

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

CONFIDENTIAL

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?

As for all the children:

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

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

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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 _____

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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).

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Were any of the residential moves you made due to an eviction or other legal process?

Yes No

If yes, explain:

Describe, for each child, the nature of his or her relationship(s) with those that reside with you:

[illegible]

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Describe, for each child, the nature of his or her relationship with those that they see or interact with while at your home/residence (e.g., neighborhood friends, grandparents, etc.):

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For each child, list his/her/their residences for the last five (5) years:

[illegible]

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MISCELLANEOUS

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 spouse/significant other ever used an illegal drug? Yes No

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

Has your 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:

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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.)	

Are your children of Native American ancestry? Yes No

Are your children enrolled in a Native American Tribe? Yes No

Which tribe(s) and children?

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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:

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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:

CONFIDENTIAL

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:

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[illegible]

[illegible]

[illegible]

[illegible]