



STINSON, LASSWELL & WILSON, L.C.

300 WEST DOUGLAS, SUITE 430

WICHITA, KS 67202

(316) 264-9137 VOICE (316) 264-3791 FAX

WWW.SLWLC.COM

CHILD SUPPORT QUESTIONNAIRE

Today's Date: _____

ABOUT YOU

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: (____) _____ Work Phone: (____) _____

Fax: (____) _____ Cell Phone: (____) _____

Current Marital Status: _____ Number of Children in the Home: _____

Your Birth Date: _____

Social Security Number: _____

Driver's License Number (*please include state where issued*): _____

Current Employer Name: _____

Address: _____

City, State, Zip: _____

Employer's Telephone Number: (____) _____

How long with current employer? _____

Current Position: _____

Gross Income: _____ Base Wage/Salary: _____

Hours Worked per Week: _____ Average Overtime per Week: _____

Commissions and/or Bonuses: _____

Expenses or Reimbursements by Employer: _____

Any Other Income: _____

OTHER PARENT

Name: _____
Address: _____
City, State, Zip: _____
Home Phone: (_____) _____ Work Phone: (_____) _____
Fax: (_____) _____ Cell Phone: (_____) _____
Current Marital Status: _____ Number of Children in the Home: _____
Other Parent's Birth Date: _____
Social Security Number: _____
Driver's License Number (*please include state where issued*): _____

Current Employer Name: _____
Address: _____
City, State, Zip: _____
Employer's Telephone Number: (_____) _____
How long with current employer? _____
Current Position: _____
Gross Income: _____ Base Wage/Salary: _____
Hours Worked per Week: _____ Average Overtime per Week: _____
Commissions and/or Bonuses: _____

Expenses or Reimbursements by Employer: _____

Any Other Income: _____

DIVORCE OR PATERNITY INFORMATION

Case Number: _____
Date of Final Divorce or Paternity Established: _____
County and State Where Granted: _____
Current Amount of Child Support: _____

INFORMATION REGARDING THE CHILDREN

Children of the Parties:

Please complete below for all children of the parties:

Child's Name	Date of Birth	Social Security Number	Who Currently has Primary Custody

Children Not of the Parties:

Please complete below for all children not of the parties:

Child's Name	Date of Birth	Social Security Number	Who Currently has Primary Custody	Relationship to the Party

DAYCARE COSTS

Amount per Week: _____ Provided by: _____
Is daycare expense paid by cash or check? _____
Name of daycare provider: _____
City, State, Zip: _____
Phone: (_____) _____

HEALTHCARE COSTS

Who provides health insurance for the children? _____
Is it an extra cost? Yes No
If yes, how much more does it cost than a single person? _____

SUPPORT FOR OTHER CHILDREN

Does either parent pay child support for children from a previous marriage? Yes No
If yes -
Case number: _____
County and State of Case: _____
How much child support is paid per month? _____

SPECIAL FACTORS

Who claims children for tax dependency purposes? _____
Does custodial parent claim "Head of Household"? _____
Is there currently an Income Withholding Order in place? _____
Describe current parenting time/custody arrangement: _____

Will any child attain age 18 during their senior year of high school? _____
Is the non-custodial parent current on their child support payments? Yes No
If yes -
What is the estimated arrearage amount? _____
When did the arrearage begin to accumulate? _____
Has execution or garnishment ever been issued on arrearage? _____

DOCUMENTS NEEDED FROM CLIENT

- **Journal Entry of Judgment and Decree of Divorce or
Journal Entry of Judgment and Declaration of Paternity**
 - **Latest Order Modifying Child Support**
 - **Most recent W2 Form**
 - **Copies of paycheck stubs for the past three months**
 - **Proof of payment of daycare costs**
- **Evidence showing health insurance cost and persons covered
attributable to children**