



# STINSON LASSWELL & WILSON

## ATTORNEYS AT LAW

255 N. WATER ST. WICHITA, KANSAS 67202 | (316) 264-9137

### CHILD SUPPORT QUESTIONNAIRE

#### About You

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

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

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Birth Date (mm/dd/yy): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Birth (City & State): \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Current Marital Status: \_\_\_\_\_ Number of Children in the Home: \_\_\_\_\_

Current Employer: \_\_\_\_\_

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

Employer City, State, Zip: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

How long have you been employed with this employer? \_\_\_\_\_

Current Position: \_\_\_\_\_ Gross Salary: \_\_\_\_\_

Base Wage/Salary: \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_

Average Overtime per Week: \_\_\_\_\_ How often are you paid? \_\_\_\_\_

Commissions and/or Bonuses: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Expenses or Reimbursements by Employer: \_\_\_\_\_

\_\_\_\_\_

Any Other Income: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### Other Parent

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

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

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birth Date (mm/dd/yy): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Place of Birth (City & State): \_\_\_\_\_

Driver's License State: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Current Marital Status: \_\_\_\_\_ Number of Children in the Home: \_\_\_\_\_

Current Employer: \_\_\_\_\_

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

Employer City, State, Zip: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

How long have you been employed with this employer? \_\_\_\_\_

Current Position: \_\_\_\_\_ Gross Salary: \_\_\_\_\_

Base Wage/Salary: \_\_\_\_\_ Hours Worked per Week: \_\_\_\_\_

Average Overtime per Week: \_\_\_\_\_ How often are they paid? \_\_\_\_\_

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: \_\_\_\_\_

Is this support paid or received?       Received       Paid

### Information Regarding the Children

Children of the Parties:

Please complete below for all children of the parties.

Child's Name	SSN	Birth Date	Who Has Primary Custody
1)			
2)			
3)			
4)			

Children Not of the Parties:

Please complete below for all children not of the parties.

Child's Name	SSN	Birth Date	Who Has Primary Custody	Relationship to the Party
1)				
2)				
3)				
4)				

### Daycare Costs

Amount per Week: \_\_\_\_\_ Paid by: \_\_\_\_\_

How is daycare paid for (cash, check, Venmo, etc.)? \_\_\_\_\_

Name of Daycare Provider: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

**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? \_\_\_\_\_

Name of Insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Support for Other Children**

Does either parent pay or receive child support for children from a prior relationship?

Yes       No

If yes, which party? \_\_\_\_\_

Case Number: \_\_\_\_\_

County and State where Granted: \_\_\_\_\_

Current Amount of Child Support: \_\_\_\_\_

Is this support paid or received?       Received       Paid

**Special Factors**

Who claims children for tax dependency purposes? \_\_\_\_\_

Does custodial parent claim "Head of Household"? \_\_\_\_\_

Is there a current Income Withholding Order in place? \_\_\_\_\_

Describe current parenting time/custody arrangement: \_\_\_\_\_

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

Will any child attain age 18 during their senior year of high school?       Yes       No

Is the non-custodial parent current on their child support payments?       Yes       No

If no, what is the estimated arrearage amount? \_\_\_\_\_

When did the arrearage begin to accumulate? \_\_\_\_\_

Has execution or garnishment ever been issued on arrearage? \_\_\_\_\_

List additional information that may be helpful in your case: \_\_\_\_\_

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

## Documents Needed from Client

1. Journal Entry of Judgment and Decree of Divorce  
OR Journal Entry of Judgment and Declaration of Paternity
2. Latest Order Modifying Child Support
3. Most Recent W-2 Form
4. Copies of paycheck stubs for the past three (3) months
5. Proof of payment of daycare costs
6. Evidence showing health insurance cost and persons covered attributable to children
7. Other receipts or expenses related to children