



STINSON LASSWELL & WILSON

ATTORNEYS AT LAW

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

CHILD CUSTODY 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: _____

Please state your residential address(es) for the last five (5) years:

Address (Please include Address, City, & State)	Dates of Residence	Reason for Leaving
1)		
2)		
3)		
4)		

Current Employer: _____

Employer Address: _____

Employer City, State, Zip: _____

Employer's Phone Number: _____

How long have you been employed with this employer? _____

Current Position: _____ Current Salary: _____

How often are you paid? _____

Please state your employment history for the last five (5) years:

Place of Employment	Dates of Employment	Reason for Leaving
1)		
2)		
3)		
4)		

Have you been married before? Yes No

If yes, how many times: _____

About Your Current Spouse

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: _____

Please state your spouse's residential address(es) for the last five (5) years:

Address (Please include Address, City, & State)	Dates of Residence	Reason for Leaving
1)		
2)		
3)		
4)		

Current Employer: _____

Employer Address: _____

Employer City, State, Zip: _____

Employer's Phone Number: _____

How long has your spouse been employed with this employer? _____

Current Position: _____ Current Salary: _____

How often are they paid? _____

Please state your spouse's employment history for the last five (5) years:

Place of Employment	Dates of Employment	Reason for Leaving
1)		
2)		
3)		
4)		

Has your spouse been married before? Yes No

If yes, how many times: _____

About Your Current Marriage

Date of Current Marriage: _____ City, County, State of Marriage: _____

Are there any children of this marriage? Yes No

If yes, please list the names and birth dates of all children of your current marriage:

Child's Name	SSN	Sex	Birth Date	Birthplace (City, State)
1)				
2)				
3)				
4)				

Please list the name and addresses of schools for each child, including dates attended and name of teacher or principal who is familiar with the child:

Child's Name:	Child's Age:
School Name:	Teacher/Principal:
Address:	Date(s) Attended:
City, State, Zip:	Phone Number:

Child's Name:	Child's Age:
School Name:	Teacher/Principal:
Address:	Date(s) Attended:

City, State, Zip:	Phone Number:
Child's Name:	Child's Age:
School Name:	Teacher/Principal:
Address:	Date(s) Attended:
City, State, Zip:	Phone Number:

Child's Name:	Child's Age:
School Name:	Teacher/Principal:
Address:	Date(s) Attended:
City, State, Zip:	Phone Number:

About the Other Parent or Ex-Spouse

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: _____

Please state your ex-spouse's residential address(es) for the last five (5) years to the best of your ability:

Address (Please include Address, City, & State)	Dates of Residence	Reason for Leaving
1)		
2)		
3)		
4)		

Current Employer: _____

Employer Address: _____

Employer City, State, Zip: _____

Employer's Phone Number: _____

How long have they been employed with this employer? _____

Current Position: _____ Current Salary: _____

Please state ex-spouse's employment history for the last five (5) years to the best of your ability:

Place of Employment	Dates of Employment	Reason for Leaving
1)		
2)		
3)		
4)		

Has your ex-spouse been married before? Yes No

If yes, how many times: _____

About Children of a Prior Relationship

Please list the names and birth dates of all children who are not of your current relationship/marriage:

Child's Name	SSN	Sex	Birth Date	Birthplace (City, State)
1)				
2)				
3)				
4)				

Please list the name and addresses of schools for each child, including dates attended and name of teacher or principal who is familiar with the child:

Child's Name:	Child's Age:
School Name:	Teacher/Principal:
Address:	Date(s) Attended:
City, State, Zip:	Phone Number:

Child's Name:	Child's Age:
School Name:p	Teacher/Principal:
Address:	Date(s) Attended:
City, State, Zip:	Phone Number:

Child's Name:	Child's Age:
School Name:	Teacher/Principal:
Address:	Date(s) Attended:
City, State, Zip:	Phone Number:

Child's Name:	Child's Age:
School Name:	Teacher/Principal:
Address:	Date(s) Attended:
City, State, Zip:	Phone Number:

Care of the Children

To the extent that both you or the other parent have shared the responsibilities listed below, describe the degree to which the responsibilities have been shared (check all that apply):

Who helps the children get dressed in the morning?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who bathes the children and grooms them?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who takes the care of the children during the day?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who takes care or would take care of the children while you are at work?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who arranges for getting the children together with playmates?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who puts the children to bed at night?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who prepares the meals?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who arranges for medical and dental care and takes the children to doctor appointments?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who cares for the children when they are ill?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who takes the children to school?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who picks up the children from school?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who shops for the children's clothes?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who transports the children to extracurricular activities?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Do you or the other parent participate in recreational activities with the children?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent

Describe the nature of the activities and how often you and/or the other parent participate: _____

Do you or the other parent participate in educational activities with the children?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
---	------------------------------	---------------------------------------

Describe the nature of the activities and how often you and/or the other parent participate: _____

Do the children receive religious education?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, who provides the education?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who arranges the children's birthday parties?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who helps the children with their homework?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent
Who attends parent-teacher conferences?	<input type="checkbox"/> You	<input type="checkbox"/> Other Parent

Are the children more likely to turn to you or the other parent when they have problems? You Other Parent

Are the children in daycare or with a sitter? Yes No

If so, how many hours per week? _____

Daycare or Sitter Information:

Name: _____

Address: _____

City, State, Zip: _____

Contact Phone Number: _____

Who arranges daycare or sitter? You Other Parent

Who disciplines the children? You Other Parent

Describe discipline: _____

Do you feel the children are closer to you or the other parent? You Other Parent

Why? _____

Please describe your current parenting schedule: _____

How long have you followed this schedule? _____

What would you like to see change or not change? _____
