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ATTORNEYS AT LAW

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### CHILD CUSTODY QUESTIONNAIRE

Today's Date: \_\_\_\_\_

#### ABOUT YOU

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number (include state where issued): \_\_\_\_\_

Please list all addresses you have resided at for the last ten (10) years:

| Address<br>(please include Address, City, State, and Zip Code) | Dates of Residence | Own or Rent | Reason for Moving |
|--|--------------------|-------------|-------------------|
|  |                    |             |                   |
|  |                    |             |                   |
|  |                    |             |                   |
|  |                    |             |                   |

Current employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ How long with current employer? \_\_\_\_\_

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

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

| Employer | Occupation | Dates of Employment | Reason for leaving |
|----------|------------|---------------------|--------------------|
|          |            |                     |                    |
|          |            |                     |                    |
|          |            |                     |                    |
|          |            |                     |                    |

Have you been married before?  Yes  No If yes, how many times? \_\_\_\_\_

**ABOUT YOUR FORMER SPOUSE/MOTHER/FATHER OF YOUR MINOR CHILD(REN)**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number (include state where issued): \_\_\_\_\_

Please list all addresses he/she has resided at for the last ten (10) years:

| Address<br>(please include Address, City, State, and Zip Code) | Dates of<br>Residence | Own<br>or<br>Rent | Reason for Moving |
|--|-----------------------|-------------------|-------------------|
|  |                       |                   |                   |
|  |                       |                   |                   |
|  |                       |                   |                   |
|  |                       |                   |                   |

Current employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ How long with current employer? \_\_\_\_\_

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

Please list his/her employment history for the last five (5) years:

| Employer | Occupation | Dates of<br>Employment | Reason for leaving |
|----------|------------|------------------------|--------------------|
|          |            |                        |                    |
|          |            |                        |                    |
|          |            |                        |                    |
|          |            |                        |                    |

Has he/she been married before?     Yes     No    If yes, how many times? \_\_\_\_\_

## INFORMATION REGARDING THE CHILDREN

|                         |
|-------------------------|
| <i>Child #1</i>         |
| Name:                   |
| Date of Birth:          |
| Social Security Number: |
| Place of Birth:         |
| Current Address:        |

|                         |
|-------------------------|
| <i>Child #2</i>         |
| Name:                   |
| Date of Birth:          |
| Social Security Number: |
| Place of Birth:         |
| Current Address:        |

|                         |
|-------------------------|
| <i>Child #3</i>         |
| Name:                   |
| Date of Birth:          |
| Social Security Number: |
| Place of Birth:         |
| Current Address:        |

|                         |
|-------------------------|
| <i>Child #4</i>         |
| Name:                   |
| Date of Birth:          |
| Social Security Number: |
| Place of Birth:         |
| Current Address:        |

Please list all addresses they have resided at for the last ten (10) years:

| Address<br>(please include Address, City, State, and Zip Code) | Dates of Residence | Own or Rent | Reason for Moving |
|--|--------------------|-------------|-------------------|
|  |                    |             |                   |
|  |                    |             |                   |
|  |                    |             |                   |
|  |                    |             |                   |

Children's school information:

| Name of Child | Name and Address of School | Dates Attended | Teacher or Principal who knows the child |
|---------------|----------------------------|----------------|--|
|               |                            |                |  |
|               |                            |                |  |
|               |                            |                |  |
|               |                            |                |  |

### Daycare Costs

Amount per week: \_\_\_\_\_

Paid by: \_\_\_\_\_

Is daycare expense paid by cash or check? \_\_\_\_\_

Name of daycare provider: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Do any of your children have special needs?  Yes  No

If yes, please elaborate:

### Health Insurance

Who pays for family health care coverage? \_\_\_\_\_

Is it an extra cost?  Yes  No

If yes, please provide the cost of coverage for:

Employee only: \_\_\_\_\_ Employee plus child(ren): \_\_\_\_\_

Employee + child(ren) + spouse: \_\_\_\_\_

Are there any special healthcare costs (i.e. orthodontic, etc.)?

Who pays?

Company/provider name and address including city, state, and zip code:

**Please provide documentation from your employer or insurance provider showing your monthly health insurance premium costs.**

## CARE OF THE CHILDREN

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

- |   |                              |                                       |
|---|------------------------------|---------------------------------------|
| Who helps the child(ren) 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 care of the child(ren) during the day?  | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who take care or would take care of the child(ren) while you work?                          | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who arranges for getting the child(ren) together with playmates?                            | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who puts the child(ren) 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 child(ren) to doctor's appointments? | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who cares for the child(ren) when they are ill?   | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who takes the child(ren) to school?   | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who picks the child(ren) up from school?  | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who shops for the child(ren)'s clothes?   | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Who transports the child(ren) to extracurricular activities?                                | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |
| Do you or the other parent participate in recreational activities with the child(ren)?      | <input type="checkbox"/> You | <input type="checkbox"/> Other Parent |

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

- Do you or the other parent participate in educational activities with the child(ren)?  Yes  No

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

- Do the children receive religious training?  Yes  No
- If yes, who provides the training?  You  Other Parent
- Who arranges the child(ren)'s birthday parties?  You  Other Parent
- Who helps the child(ren) with their homework?  You  Other Parent
- Who attends parent-teacher conferences?  You  Other Parent
- Is/Are the child(ren) more likely to turn to you or the other parent when they have problems?  You  Other Parent

- Is/Are the child(ren) in daycare or with a sitter?  Yes  No

If so, how many hours per week? \_\_\_\_\_

- Who arranges for daycare or sitter?  You  Other Parent

- Who disciplines the child(ren)?

Describe discipline:

- Do you feel the child(ren) is/are closer to you or the other parent?  You  Other Parent

Why?

**ABOUT YOUR CURRENT SPOUSE/SIGNIFICANT OTHER**

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number (include state where issued): \_\_\_\_\_

Please list all addresses your spouse/significant other has resided at for the last five (5) years if different than yours:

| Address<br>(please include Address, City, State, and Zip Code) | Dates of Residence | Own or Rent | Reason for Moving |
|--|--------------------|-------------|-------------------|
|  |                    |             |                   |
|  |                    |             |                   |
|  |                    |             |                   |
|  |                    |             |                   |

Current employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ How long with current employer? \_\_\_\_\_

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

Please list your spouse's/significant other's employment history for the last five (5) years:

| Employer | Occupation | Dates of Employment | Reason for leaving |
|----------|------------|---------------------|--------------------|
|          |            |                     |                    |
|          |            |                     |                    |
|          |            |                     |                    |
|          |            |                     |                    |

Have you been married before?     Yes     No    If yes, how many times? \_\_\_\_\_

Does your spouse/significant other have a criminal background?     Yes     No

If yes, please elaborate:

**ABOUT YOUR CURRENT MARRIAGE**

Date of Current Marriage: \_\_\_\_\_

In what City, County, & State: \_\_\_\_\_

Are there any children:  Yes  No

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

| Child's Name | Social Security Number | Sex | Birth Date | Birth Place (City, State) |
|--------------|------------------------|-----|------------|---------------------------|
|              |                        |     |            |                           |
|              |                        |     |            |                           |
|              |                        |     |            |                           |
|              |                        |     |            |                           |