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ATTORNEYS AT LAW

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CHILD CUSTODY QUESTIONNAIRE

About You

Name:
Address:
City, State, Zip:
Home Phone: ()
Work Phone: ()
Fax: ()
Cell Phone: ()
Birth Date:
Place of Birth:
Social Security Number:
Driver's License Number (please include state where issued):

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

Table with 3 columns: Address (Please include Address, City, State), Dates of Residence, Reason for Leaving. Rows 1-4.

Current Employer Name:
Address:
City, State, Zip:
Employer's Telephone Number: ()
How long with current employer?
Current Position:
Current Salary:

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

Table with 3 columns: Place of Employment, Dates of Employment, Reason for Leaving. Rows 1-4.

Have you been married before? [] Yes [] No If yes, how many times:

ABOUT YOUR CURRENT SPOUSE

Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: (_____) _____ Work Phone: (_____) _____
 Fax: (_____) _____ Cell Phone: (_____) _____
 Birth Date: _____ Place of Birth: _____
 Social Security Number: _____
 Driver's License Number (please include state where issued): _____

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

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

Current Employer Name: _____
 Address: _____
 City, State, Zip: _____
 Employer's Telephone Number: (_____) _____
 How long with current employer? _____
 Current Position: _____ Current Salary: _____

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 EX-SPOUSE

Name: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: (_____) _____ Work Phone: (_____) _____
 Fax: (_____) _____ Cell Phone: (_____) _____
 Birth Date: _____ Place of Birth: _____
 Social Security Number: _____
 Driver's License Number (please include state where issued): _____

Please state your ex-spouse's residence address for the last five (5) years:

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

Current Employer Name: _____
 Address: _____
 City, State, Zip: _____
 Employer's Telephone Number: (_____) _____
 How long with current employer? _____
 Current Position: _____ Current Salary: _____

Please state your ex-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 ex-spouse been married before? Yes No If yes, how many times: _____

ABOUT YOUR CURRENT MARRIAGE

Date of Current Marriage: _____

City, County, State of Current Marriage: _____

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) |
|--------------|------------------------|-----|------------|---------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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 or Principal: |
| Address: | Date(s) Attended: |
| City, State, Zip: | Phone Number: () |

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

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

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

CARE OF THE CHILDREN

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

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

Describe the nature of the activities and how often you and your spouse participate: _____

- | | | |
|--|------------------------------|---------------------------------|
| Do you or your spouse participate in educational activities with the children? | <input type="checkbox"/> You | <input type="checkbox"/> Spouse |
|--|------------------------------|---------------------------------|

Describe the nature of the activities and how often you and your Spouse participate: _____

- | | | | |
|---|------------------------------|---------------------------------|--|
| Do the children receive religious training? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If yes, who provides the training? | <input type="checkbox"/> You | <input type="checkbox"/> Spouse | |
| Who arranges the children's birthday parties? | <input type="checkbox"/> You | <input type="checkbox"/> Spouse | |
| Who helps the children with their homework? | <input type="checkbox"/> You | <input type="checkbox"/> Spouse | |
| Who attends parent-teacher conferences? | <input type="checkbox"/> You | <input type="checkbox"/> Spouse | |
| Are the children more likely to turn to you or your spouse when they have problems? | <input type="checkbox"/> You | <input type="checkbox"/> Spouse | |

- | | | | |
|---|------------------------------|-----------------------------|--|
| Are the children in daycare or with a sitter? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| If so, how many hours per week? | _____ | | |

Daycare or Sitter Information:
 Name: _____
 Address: _____
 City, State, Zip: _____
 Work Phone: (_____) _____ Cell Phone: (_____) _____

- | | | |
|--------------------------------------|------------------------------|---------------------------------|
| Who arranges for daycare for sitter? | <input type="checkbox"/> You | <input type="checkbox"/> Spouse |
| Who disciplines the children? | <input type="checkbox"/> You | <input type="checkbox"/> Spouse |

Describe discipline: _____

- | | | |
|--|------------------------------|---------------------------------|
| Do you feel the children are closer to you or your spouse? | <input type="checkbox"/> You | <input type="checkbox"/> Spouse |
|--|------------------------------|---------------------------------|

Why? _____

