



STINSON, LASSWELL & WILSON, L.C.  
ATTORNEYS AT LAW

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### CHILD SUPPORT QUESTIONNAIRE

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

#### ABOUT YOU

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

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

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

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

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

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

Driver's License State Issued from and Number: \_\_\_\_\_

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

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

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

How long with current employer: \_\_\_\_\_

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

Gross Pay: \$ \_\_\_\_\_ Base Wage/Salary: \$ \_\_\_\_\_

How often are you paid:  Monthly  Every two weeks  Twice a month  Weekly

**(Please provide copies of your 6 most recent paystubs and your 3 most recent Federal and State Income Tax Returns)**

Hours Worked per Week: \_\_\_\_\_ Average Overtime Per Week: \_\_\_\_\_

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

Expenses or Reimbursements by Employer (i.e. company car provided or paid for by employer, cell phone provided or paid for by employer, etc.)

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

**OTHER PARENT**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_  
Fax: (\_\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_\_) \_\_\_\_\_  
Current Marital Status: \_\_\_\_\_ Number of Children in the Home: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's License State Issued from and Number: \_\_\_\_\_  
Employer Name: \_\_\_\_\_  
Employer Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_  
How long with current employer: \_\_\_\_\_  
Current Position: \_\_\_\_\_  
Gross Pay: \$ \_\_\_\_\_ Base Wage/Salary: \$ \_\_\_\_\_  
How often are they paid:  Monthly  Every two weeks  Twice a month  Weekly  
Hours Worked per Week: \_\_\_\_\_ Average Overtime Per Week: \_\_\_\_\_  
Commissions and/or Bonuses: \_\_\_\_\_

Expenses or Reimbursements by Employer (i.e. company car provided or paid for by employer, cell phone provided or paid for by employer, etc.)

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

Name of Child	Date of Birth	Social Security Number	Who Currently has Residential Custody

Children **NOT** of the Parties:

Please complete below for all children **NOT** of the parties

Name of Child	Date of Birth	Social Security Number	Who Currently has Residential Custody	Support Payment	Relationship to the Party

### 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: \_\_\_\_\_

## HEALTHCARE COSTS

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.**

## SUPPORT FOR OTHER CHILDREN

Does either parent pay child support for children from a previous marriage?  Yes  No

If yes, please provide:

Case number: \_\_\_\_\_ County & State of Case: \_\_\_\_\_

How much child support is paid per month and by whom? \_\_\_\_\_

## 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 (include specific days/times & drop off/pick up schedule): \_\_\_\_\_

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 no: What is the estimated child support arrearage amount? \_\_\_\_\_

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

Has execution or garnishment (i.e. has the Court Trustee or another attorney issued a contempt or garnishment to their wages/bank accounts, etc.) ever been issued on arrearage? \_\_\_\_\_

Do you currently have a holiday schedule? \_\_\_\_\_

## DOCUMENTS NEEDED FROM CLIENT

Please provide the following with completed questionnaire to our office.

- Journal Entry of Judgment and Decree of Divorce or Journal Entry of Judgment and Declaration of Paternity
- Latest Parenting Plan in effect
- All Orders Modifying Child Support along with Child Support Worksheets
- Most recent W-2 Form
- Copies of paycheck stubs for the past six months
- Proof of payment of daycare costs
- Evidence showing monthly health insurance premium cost, names of persons covered, and amount of health insurance premiums attributable only to children